Donate and Save a Mate

Kidney News

Newsletter of the Canberra Region Kidney Support Group Inc.
ABN 77 396 063 641
All Correspondence to: PO Box 5051, GARRAN ACT 2605 or
E Mail: crksg@yahoo.com

The views expressed in this newsletter are not necessarily those of the CRKSG.

Volume 4 **Spring 2004** **Issue 3**

CRKSG – THE PATIENTS' VIEW

Invitations are being sent to all Canberra patients inviting them, their Family, Friends and/or Carers to attend a forum, here in Canberra, on a range of issues common to renal patients.

This is your opportunity to find out what progress has been made and where we are at with kidney failure. This is your chance to discuss issues with patients first hand.

Renal Specialists will be there to discuss the latest issues. Talk to members who have dialysised overseas, travelled the State with or without a caravan or motorhome. Find out about taking a holiday on a Cruiseliner. The CRKSG invite you to a BBQ and social afternoon on Sunday 10 October 2004 commencing at 1230pm at the Pearce Community Centre, Building 1, Collett Place, Pearce ACT.

Registration forms are required to assist with catering arrangements. If you have not received your letter, please contact CRKSG at PO Box 5051 Garran ACT 2605. E-Mail at crksg@yahoo.com Phone SHOUT on 62901984 and leave a message.

INSIDE THIS ISSUE

KIDNEY HEALTH AUSTRALIA

Kidney Health Australia has released an Open Letter to the Prime Minister, John Howard and Leader of the Opposition Mark Latham

THE STATE OF KIDNEY DISEASE IN AUSTRALIA

A Call To Action

The simple and proven fact is that if kidney disease is detected early and managed appropriately, the relentless progression to kidney failure that usually occurs can be slowed or reduced by between 20– 50% in most cases.

There is convincing evidence that in Australia this straightforward clinical task is not being achieved at the very time that an epidemic of diabetes combined with an ageing population is creating greater numbers of patients with kidney failure.

- Only ½ of high risk groups (eg diabetics) are having the right tests done to detect early kidney damage
- Only ¼ of those with significant complications known to accelerate kidney disease progression (eg high blood pressure) are treated effectively.
- Over ¼ of all patients coming to dialysis and transplantation do not see a kidney specialist till less than 90 days before dialysis starts. This late referral has been shown to be associated with an increased mortality of 7% one-year later compared to those referred appropriately.

Australia is failing to provide adequate funding for those affected by kidney disease and failure. This is evident in the fact that in Australia:

- There are no systematic programs within the Health system supporting kidney disease early detection and management aimed at preventing progression.
- Chronic kidney disease is not an agreed National Priority in Health and no National Strategy or Action Plan has been developed that addresses the problem
- There is the lowest rate of acceptance for new patients onto dialysis or transplantation of any country in the OECD (except Iceland) with a notable shortfall in treating the elderly where the acceptance rate >75 years of age is half that in most European countries
- There is the lowest deceased organ donor rate of any country in Western Europe and North America meaning that large numbers of Australians are obligated to remain on dialysis – a treatment costing 4-5 times as much as transplantation and with a mortality rate at least 2-3 times higher.

There is an opportunity for significant financial saving from an effective chronic kidney disease prevention of progression program. A conservative estimate of achieving a 10% reduction in the rate of progressive deterioration in kidney function of those

Continued page 3

ANZOD STATISTICS

The 2004 Report of the Australia and New Zealand Organ Donation Registry (ANZOD Registry), showing data collected to 31st December 2003 has been released. In 2003 there were 179 donors (9.0 donors per million population [dpmp]) with 325 kidneys transplanted into recipients. With 9.0 dpmp, Australia is rated 14th behind Spain (33.8 dpmp), Austria (22.0 dpmp) US (20.4 dpmp) and even NZ (9.9 dpmp).

Within Australia, the highest donor rate was in the ACT (15 dpmp) population adjusted to include the NSW Southern Area Health Region and 25 dpmp unadjusted. The lowest donor rate was in NSW (7 dpmp).

There were 1488 patients waiting for a kidney transplant and 325 kidney cadaveric transplants performed in 2003. Waiting List Vs Cadaver Transplants (Fig 48).

Waiting List by Transplant Centres January 2004	
Figure 44	Kidney
Patients awaiting a transplant at 31 Dec 2003	1488
Patients who died while on the waiting list during 2003	45
Data provided by the National Organ Matching Further information about waiting times is available from the National Organ Matching Services (NOMS)	

TRANSPLANTED SOLID ORGANS 01-JAN-2003 to 31-DEC-2003

DONOR STATE TO DESTINATION STATE

			DESTINATION STATE						
YEAR	ORGANS TRANSPLANTED	DONOR STATE	QLD	NSW	VIC	SA	WA	AUST	NZ
2003	KIDNEY	QLD	66	10	0	1	0	77	0
		NSW	2	72	6	4	0	84	0
		ACT	0	15	0	0	1	16	0
		VIC	2	4	64	1	1	72	0
		TAS	0	0	3	0	0	3	0
		SA	1	3	2	32	0	38	0
		NT	0	0	0	2	0	2	0
		WA	2	4	2	2	23	33	0
		NZ	0	0	0	0	0	0	57
			73	108	77	42	25	325	57

16 Kidney Organs were transplanted from the ACT in 2003.

The distribution of blood groups in the general population

	Australia	New Zealand
0	49%	46%
A	39%	40%
B	9%	10%
AB	3%	4%

Continued this page

** Reference: Australian Red Cross and Auckland Regional Blood Centre

Average waiting time in years, for patients transplanted with cadaver donor organs in 2003					
(Figure 45)	A	AB	B	O	All
Kidney	3.4	1.9	4.2	3.9	3.7

The report can be accessed via our Internet Web Site http://www.anzdata.org.au.

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AMGEN Amgen Australia

'Energy for Life' Support Program

If you're taking Aranesp, then has your Renal Doctor or Nurse told you about the Energy for Life support program?

This program has been developed by Amgen Australia to support patients with chronic kidney disease by providing information to help them feel confident about living with and managing their condition. The Energy for Life support program offers newsletters, diet tips and recipes, a journal for patients to keep track of how they're feeling, and advice on topics such as stress management, depression, managing fatigue and exercise. Patients will receive a patient pack containing a range of materials, such as books and videos, designed to help them understand more about chronic kidney disease and make living with it a little easier.

Enrolment forms are available from your renal team and when complete can be forwarded by reply-paid envelope. Once enrolled, patients will automatically be registered for the Energy for Life support program. The program is supported by Amgen Australia and does not cost patients anything.

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The Independent Living Centre (ILC) is an information resource centre that provides an equipment display of hundreds of items that people are able to try and compare. An equipment database of 6000 items, plus information on a range of organisations and services, complements the display. Anyone is welcome to use the ILC services, including people with disabilities, older people, their carers, parents, advocates and other service providers, health professionals.
The Independent Living Centre
24 Parkinson street Watson ACT Ph: 6205 1906

FREE CRKSG Membership
APPLY NOW!
Don't miss a copy of the newsletter
Become a Member TODAY

Peritoneal Dialysis Patients. The Editor of the CRKSG is looking for someone to write an article on Travel for peritoneal dialysis patients. Contact the CRKSG today!

From page 1

with early chronic kidney disease translates through into large real savings through reducing the burden of kidney failure.

Kidney Health Australia on behalf of the kidney community calls on all concerned Australians to support an approach to Government to develop:

- Programs that are specifically designed to detect kidney disease early and prevent progression into kidney failure.
- A comprehensive program or framework to deliver service improvements along the continuum of chronic kidney disease as, and when, it affects patients and their families.
- Special programs to remove the barriers that currently prevent dialysis being readily available to those who prefer to use the home environment for this form of treatment.
- Adequate funding for patients with chronic kidney disease and kidney failure to allow Australia to catch up to international benchmarks of heath care delivery in this area.

Interested in creating a Web Site for the CRKSG.
Contact CRKSG today.

Renal Replacement Therapies

..... getting better all the time

The Renal Resource Centre NSW are presenting a fully sponsored one day conference for NSW and ACT renal patients in Sydney on 23 Oct 04. The program has been endorsed by the Australian & New Zealand Society of Nephrology, The Renal Society of Australasia, Kidney Health Australia, The Renal Association of NSW and Transplant Australia.

The conference covers:

- New Trends in Dialysis;
- Preventing Complications in Cardiovascular and Renal Bone disease;
- Making the Most of Life;
- Transplantation Update, including the future directions in Transplantation; and
- Stem Cell Research.

The conference organisers have been overwhelmed with responses before many renal patients were even advised. To register your interest in attending future presentations contact: CRKSG at PO Box 5051 Garran ACT 2605. E-Mail at crksg@yahoo.com.

For full details of the Conference, check the web site at www.renalresource.com

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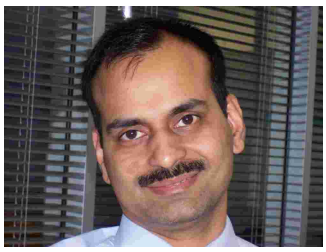

Know your Doctors

This issue is the second in a series of articles on the Renal Doctors at Canberra Hospital.

Dr Girish Talaulikar

Dr Girish Talaulikar, Renal Specialist at the Canberra Hospital was born in India. Girish received his Nephrology training at the Christian Medical College Vellore, India commencing in 1998. He undertook 2 years of Nephrology training before working on staff for 3 years in India. In 03-04 he undertook his Registrar training at The Canberra Hospital and was awarded his fellowship (FRACP) before commencing as a Renal Specialist. Whilst in India, Girish worked in a 1800 bedded hospital that performed approx. 110 Transplants and approx. 11000 dialysis treatments a year.

Girish is well placed to comment of the differences between treatment in Australia and overseas. He says that the Australian Health Model is very good; it provides social equity at a basic level. Only Australia and Japan don't reuse dialysers, India reuse dialysers which then requires stringent quality control procedures to be put into place. In India, dialysis is used as a bridge to transplants usually from living relatives. Few can afford ongoing haemodialysis or PD because the patients are required to pay for the treatment. Girish says that in India haemodialysis is used as a bridge towards a transplant.

Girish is ambivalent about staying or returning and has a global approach to working where his services are required. Girish is very interested in the 'quality of life issues' of haemodialysis patients. One of the reasons he took up Renal Medicine was the issue of dependency on a machine. Girish commented that a 'Renal Physician' is a person with a medical degree, a 'Good Renal Physician' is a person who not only has a degree but also cares for his patients, and he has a respect for Dialysis patients.

Girish married Dipti, his classmate from Medical School and they have a five-year-old daughter. Dipti is a hematologist (a blood disease specialist) and works at TCH. Girish is interested in Current Affairs and Politics and reads mainly non-fiction books. He has seen the eastern seaboard and Perth and would like to visit the NT and outback. Girish is currently studying Clinical Epidemology to strengthen his Research base.

The CRKSG BBQ and Patients Forum

Sunday 10 October 2004 commencing at 1230pm at the Pearce Community Centre, Building 1, Collett Place, Pearce ACT. Registration forms are required to assist with catering arrangements, please contact CRKSG at
PO Box 5051 Garran ACT 2605 or
E Mail at crksg@yahoo.com or
Phone SHOUT on 62901984 and leave a message.

Dialysis Unit Guide - QLD

Unit Name: Atherton Satellite Dialysis Unit
Suburb / Town: ATHERTON Ph: 07 4091 5442

Unit Name: Wesley Haemodialysis Unit
Suburb / Town: AUCHENFLOWER Ph: 07 3232 7281

Unit Name: Bundaberg Renal Unit
Suburb / Town: BUNDABERG Ph: 07 4150 2440

Unit Name: Cairns Base Haemodialysis Unit
Suburb / Town: CAIRNS Ph: 07 4050 6700

Unit Name: Calvary Satellite Dialysis Unit
Suburb / Town: CAIRNS Ph: 07 4052 5160

Unit Name: Caloundra Private Renal Dialysis Unit
Suburb / Town: CALOUNDRA Ph: 07 5491 1522

Unit Name: Henry Dalziel VC Dialysis Unit
Suburb / Town: GREENSLOPES Ph: 07 3394 7512

Unit Name: Acute Renal Unit
Suburb / Town: HERSTON Ph: 07 3636 8575

Unit Name: Fraser Coast Renal Service
Suburb / Town: HERVEY BAY Ph: 07 4120 6850

Unit Name: Home Hill Dialysis
Suburb / Town: HOME HILL Ph: 07 4782 1633

Unit Name: Innisfail Satellite Dialysis Unit
Suburb / Town: INNISFAIL Ph: 07 4061 5362

Unit Name: Ipswich Renal Dialysis Unit
Suburb / Town: IPSWICH Ph: 07 3810 1740

Unit Name: Renal Unit
Suburb / Town: KEPERRA Ph: 07 3355 9200

Unit Name: Dialysis Unit
Suburb / Town: MACKAY Ph: 07 4968 6241

Unit Name: Renal Dialysis Unit
Suburb / Town: MEADOWBROOK Ph: 07 3299 8816

Unit Name: Nambour Selangor Private Renal Dialysis
Suburb / Town: NAMBOUR Ph: 07 5441 2311

Unit Name: Renal Unit
Suburb / Town: NAMBOUR Ph: 07 5470 6894

Unit Name: Renal Unit
Suburb / Town: NOOSAVILLE Ph: 07 5455 9403

Unit Name: Redcliffe Dialysis Unit
Suburb / Town: REDCLIFFE Ph: 07 3883 7388

Unit Name: Robina Dialysis Unit
Suburb / Town: ROBINA Ph: 07 5501 8772

Unit Name: Ward 2C Haemodialysis Unit
Suburb / Town: ROCKHAMPTON Ph: 07 4920 6291

Unit Name: Allamanda Dialysis Unit
Suburb / Town: SOUTHPORT Ph: 07 5519 1400

Unit Name: Gold Coast Dialysis Centre
Suburb / Town: SOUTHPORT Ph: 07 5571 8526

Unit Name: Peritoneal Dialysis Unit
Suburb / Town: SOUTHPORT Ph: 07 5571 8200

Unit Name: Renal Unit
Suburb / Town: STRATHPINE Ph: 07 3881 7238

Unit Name: Renal Unit
Suburb / Town: TOOWOOMBA Ph: 07 4631 6451

Unit Name: Renal Unit T.G.H.
Suburb / Town: TOWNSVILLE Ph: 07 4781 9258

Unit Name: haemodialysis
Suburb / Town: TUGUN Ph: 07 5598 9174

Unit Name: Cambridge St Dialysis Centre
Suburb / Town: VINCENT Ph: 07 4781 9258

Unit Name: Arts Haemodialysis Unit
Suburb / Town: WOOLLOONGABBA Ph:07 3240 2731

Source:
The latest information is available on the Kidney Health Australia Web site

CALENDAR OF EVENTS

CANBERRA REGION KIDNEY SUPPORT GROUP MEETINGS – DATES FOR 2004

WHEN: 14 SEP, 12 OCT, 9 NOV, AND 14 DEC.
PLACE: PEARCE CENTRE, TIME: 7.30PM

TRANSPLANT EDUCATION SEMINARS

WHEN: 29TH OCT 04, PLACE: CANBERRA HOSPITAL, TIME: 1PM
LIMITED SEATING – CONTACT MIKKI ON 62443062 OR ALISON ON 62443353

RENAL EDUCATION PROGRAM - LIVING WITH KIDNEY FAILURE – DATES FOR 2004

WHEN: 18TH & 25TH NOV 04. PLACE: CCDC, TIME: 1.30

THE CRKSG BBQ AND PATIENTS FORUM

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E Mail at crksg@yahoo.com or
Phone SHOUT on 62901984 and leave a message.

THREE CONTENTIOUS ISSUES IN DIALYSIS

The following is from the Nocturnal Home Haemodialysis Web Site operated by the Department of Renal Medicine at the Geelong Hospital, Barwon Health, Geelong, Victoria, Australia. A/Prof Agar is the Director of Nephrology and given CRKSG approval to repeat his work. He is also the Chief of Medicine at Barwon Health, a senior transplant physician at the Transplant Clinic, St. Vincent's Hospital, Melbourne, and a Clinical Associate Professor of Medicine, University of Melbourne. Check the web site at: www.nocturnaldialysis.org

In Dr Agar's paper on Nocturnal Haemodialysis - A Brief Overview, he reviews Conventional Haemodialysis (CHD) that we are all familiar with and asks 'Can dialysis be made better?' He introduces nocturnal haemodialysis (NHD) and looks at the benefits, risks and who is suitable.

Nocturnal haemodialysis:
- Is long, slow, gentle, self-performed dialysis
- Is undertaken at home after a quiet dialysis machine has been installed in the bedroom
- Can be done anywhere from every alternate night through to 6 or 7 nights per week
- Delivers up to 4 times the amount of dialysis (8-9 hrs/treatment, 6-7 nights/wk = 50-60 hrs/wk compared to the ~12 hrs/wk for CHD)

Benefits include:
- No more of the usual side-effects of CHD
- No more 'crashes' from falling blood pressure
- No fluid, dietary or potassium restrictions
- No need for phosphate binding medicines
- No need for BP medication for most patients
- No need for a dialysis partner – solo home overnight dialysis is not only possible, it is practical to use NHD in un-partnered people

Further benefits include:
- Stress on the heart is diminished
- Calcium deposits in blood vessels regress
- Sleep patterns normalize to refreshing rest
- Sleep apnoea improves or resolves
- Thinking clears and memory improves
- Sexual drive/function improves

And the biggest benefits of all:
- Day-time and waking hours are given back
- Day-time activities return to normal without dialysis interference
- Energy to work and work capacity is restored
- Employment opportunity is again equal with those who are not on dialysis
- Independence and self-esteem is restored

Potential risks include, but are yet to demonstrate:
- 'Over-dialysis' – the inadvertent removal of essential substances by prolonged filtration
- Access disconnection or infection
- Blood or fluid loss whilst asleep

Continued this page

- Heparin-related osteoporosis
- Technique 'burn-out'

Though all potential risks, none have yet

Dr Agar looks at why Haemodialysis has not changed much since the acceptance of the +/- 4 hrs dialysis, three times a week regimen which commenced in the 1970's. He discusses the choices now available in the 21st century, such as
- The Conventional satellite/centre-based, 3 x weekly HD
- Short 'daily' (2 to 2.5 hrs, 6 days/week) satellite/centre-based HD
- Nocturnal (every alternate night (3.5) through to 6 or 7 nights a week) home-based HD;
- Nocturnal 'sleep-over' in-centre HD; or
- Mobile HD vans.

At the Geelong Hospital, there are:
- 13 who are on 6/wk NHHD,
- 5 who are on 3.5/wk NHHD,
- 4 are satellite-based short daily HD,
- 4 are in-centre short daily HD,
- 2 are conventional haemodialysis (CHD) at home,
- 18 are true in-centre CHD and
- the remainder are satellite CHD.

Dr Agar believes we (Geelong Hospital) are truly approaching a 'flexible dialysis program' where a range of dialysis options are feasible and can be tailored to clinical imperatives and/or lifestyle aspirations – all without 'blowing the budget'

Free and active discussion is necessary before dialysis can emerge from the apathy that I (Agar) believe has shackled it for 3 decades, setting it on a new path to a more outcome-driven, flexible and affordable treatment in the future.

The three *Contentious Issues In Dialysis* discuss some rather more complex concepts – particularly in the first section on 'optimal' dialysis, which is more relevant to those who work in the dialysis field.
The three sections are:
1. What is 'Optimal' haemodialysis – is 'adequate' still good enough?
2. Towards 'Flexible' haemodialysis – is conventional HD doing enough?
3. How much 'bang for each buck' – can more be done better, but for less?

Full details on the web at: www.nocturnaldialysis.org
Authored by A/Prof John Agar.

Revised: 7th July 2004.

The CRKSG needs your help to provide articles for the next newsletter. Contact the CRKSG at crksg@yahoo.com or PO Box 5051GARRAN ACT 2605 or leave your article at the CCDC.

ACT's Carer Recognition Grants Program

The ACT Government has called for applications from incorporated non-profit organisations (such as CRKSG) to assist with the recognition and support of the Territory's estimated 43,000 carers. Projects must address one of the following:

Carer Support Projects: projects that improve the capability, skills, knowledge and networks of carers and former carers:

- Advice and counseling;
- Supports and written resources for family members including siblings;
- Carer mutual support groups;
- Social and recreational opportunities for specific groups of carers, including young carers, Aboriginal and Torres Strait Islander carers and older carers; and
- Supports for young carers to complete their education.

Strategic Projects: projects that inform the future development of innovation and responsive supports for carers:

- A training needs analysis of carers;
- A feasibility study to develop a carer recognition card;
- A needs analysis of appropriate respite options for young carers;
- A feasibility study to develop a new model of respite care that better recognises and supports Aboriginal and Torres Strait islander people's preference for kinship and family care; and
- The development of a 'Carer Support Kit' as a resource to assist professionals working in community, health and education settings to better support carers.

If there are any members who are interested in undertaking a project that relates to renal patients, the Canberra Region Kidney Support Group would like to hear from you.

ACT Government's Community Inclusion Fund.

The Community Inclusion Fund (CIF) is an ACT Government initiative to assist the most vulnerable members of our community, as part of a concerted attack on the causes of poverty and social exclusion. The Fund will be administered on advice from the Community Inclusion Board. The Community Inclusion Fund is open to community organisations and groups, and government agencies, using partnering arrangements and working collaboratively.

The Community Inclusion Fund is open to ACT Government agencies, non-government organisations and groups that are located in the ACT and proposing a partnering arrangement.

Applicants should note that project proposals must involve a partnering arrangement and collaborative work between an ACT Government department or agency and a non-government organisation or group to be eligible for funding. If there are any members who are interested in undertaking a project that relates to renal carers, the Canberra Region Kidney Support Group would like to hear from you.

Health Resources for Carers

Counselling services

Caring for a close family member or friend can be demanding and draining.

While many carers derive much satisfaction from caring for their loved ones, it can leave them feeling tired, stressed, anxious, guilty and sometimes resentful and angry. Many carers are put-off by the word 'counseling' and are afraid to ask for help or a shoulder to cry on.
Counselling is about talking to someone, who can work with you to make a difference in your caring role, and your life, so that you can better manage the load.

Commonwealth Carer Resource Centres in all capital cities offer both telephone and face to face counseling, which is focussed on the specific needs of the carer: stress management, coping skills, grief and loss, transition issues, emotional support and health and well being - to name a few.

Funded by the Department of Health and Ageing, short term Counselling (up to 6 sessions) is delivered by professional and qualified councillors. Contact the Commonwealth Carer Resource Centre in your state or territory on 1800 242 636 (free call, mobile excepted).

In The Media

7th August - The lack of a co-ordinated national strategy to deal with chronic kidney illness in Australia is a major black hole in the nation's health system according to Kidney Health Australia.

Ms Anne Wilson, Chief Executive of Kidney Health Australia, says the scope, burden and lack of funding for kidney disease in Australia is not well recognized outside the immediate world of kidney patients and carers.

"The reality is that present kidney health strategies are unsustainable. The prevalence of dialysis patients has continued to grow in the last decade from 3,384 patients on dialysis at Dec 31 1992 to 7,205 patients at Dec 31 2002, representing a mean growth rate of 11% per year. At the current rate of growth the numbers on dialysis will double in the next 12 years, with each patient costing $50,000 per annum or $1,000 a week."

Key issues to be addressed include:

From page 6

- The contribution of kidney failure to mortality in Australia has been seriously underestimated due to historical reliance on a single coded cause of death and poor concordance evident between death certificates and ANZDATA Registry records. A conservative estimate is that kidney disease causes or contributes to at least 9.5% of all deaths in Australia.

- Recent surveys in Australia have shown there is a considerable gap in delivering evidence of prevention of progression and an unacceptably high rate of late referral to specialist care of those with advanced kidney disease.

- In Australia, there is no national strategy addressing chronic kidney disease issues and management.

There are no co-ordinated systematic programs (government or non-government) in place addressing ways to bridge the gaps between the evidence and advances in clinical care that have occurred over the last decade.

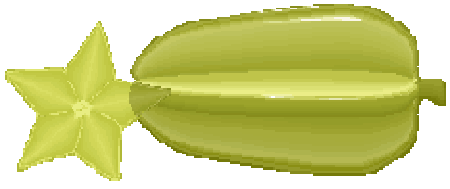
See the Kidney Health Australia Website for full details.

Statin Update

Last year, a widely reported US study examined regimens of the drugs Pravachol (pravastatin) and Lipitor (atorvastatin) in 502 patients with heart disease. Both drugs are statins, which lower LDL cholesterol. Researchers found that the patients taking Lipitor had a lower LDL than those on Pravachol and ultrasound showed plaque growth halted in Lipitor patients.

Doctors suspect that less plaque might lead to fewer cardiac incidents. But this study didn't show that Lipitor patients suffered fewer heart attacks, or lived longer than Pravachol patients and Lipitor was given in 80 mg doses, while Pravachol was given at 40mg, the highest dose available at that time.

"It may be a bit overspin to say one statin is better, but the study showed that lowering LDL to 79 gets you better results than if you lowered it to 110." Says Sidney Smith, past president of the American Heart Association. More research is needed, but don't rush to change your medication, since all statins reduce death from heart disease.



Starfruit

Phosphorus Content of Hard and Soft Cheeses

Cheese	Serving Size	Phosphorus Content
Blue	1 oz.	110 mg
Brick	1 oz.	128 mg
Brie	1 oz.	53 mg
Cheddar	1 oz.	145 mg
Colby	1 oz.	129 mg
Cottage cheese, low fat 2%	½ cup	170 mg
Cream cheese	1 oz. or 2 tablespoons	30 mg
Feta	1 oz.	96 mg
Gouda	1 oz.	155 mg
Monterey	1 oz.	126 mg
Mozzarella	1 oz.	105 mg
Muenster	1 oz.	133 mg
Neufchatel	1 oz.	39 mg
Parmesan, grated	1 tablespoon	40 mg
Parmesan, hard	1 oz.	197 mg
Provolone	1 oz.	141 mg
Ricotta, part skim	½ cup	226 mg
Romano	1 oz.	215 mg
Swiss	1 oz.	171 mg

***Note:** Always check with your dietitian before making any changes to your diet.*

Warning: Starfruit is Fruit to be Avoided in People with Chronic Kidney Disease

Maria Karalis, MBA, RD, LD a Registered Dietitian who has worked in various positions in the nephrology field for over 12 years and is the Nutrition Consultant for iKidney.com reports that Starfruit also known, as carambola, should not be eaten if you have chronic kidney disease. It should be avoided even in small amounts. It can cause several symptoms including insomnia, hiccups, agitation, muscle weakness, confusion, consciousness disturbances of various degrees, seizures, and cardio-respiratory arrest possibly leading to death.

Starfruit originated in Southeast Asia and is readily available in Taiwan. The various types contain different toxins including a powerful neurotoxin that builds up in blood and can cause irreversible damage. Currently there is no effective treatment available.

MEMBERSHIP APPLICATION
OR
MEMBERSHIP RENEWAL
FOR FY 04/05

Post Application to:
Canberra Region Kidney Support Group Inc
PO Box 5051 GARRAN ACT 2605.

Last Name: ..... First Name:.....Phone No:.....

Address:.....

I would like to make a voluntary donation to CRKSG for the amount of: $..... Membership is free. All Donations over $2 are tax deductible. Cheque/Money Order payable to CRKSG Inc

Please accept this application for membership to the Canberra Region Kidney Support Group Inc
ABN: 77 396 063 641

Signature:..... Date:.....

Canberra Region Kidney Support Group Inc
PO Box 5051
GARRAN ACT 2605

POSTAGE