

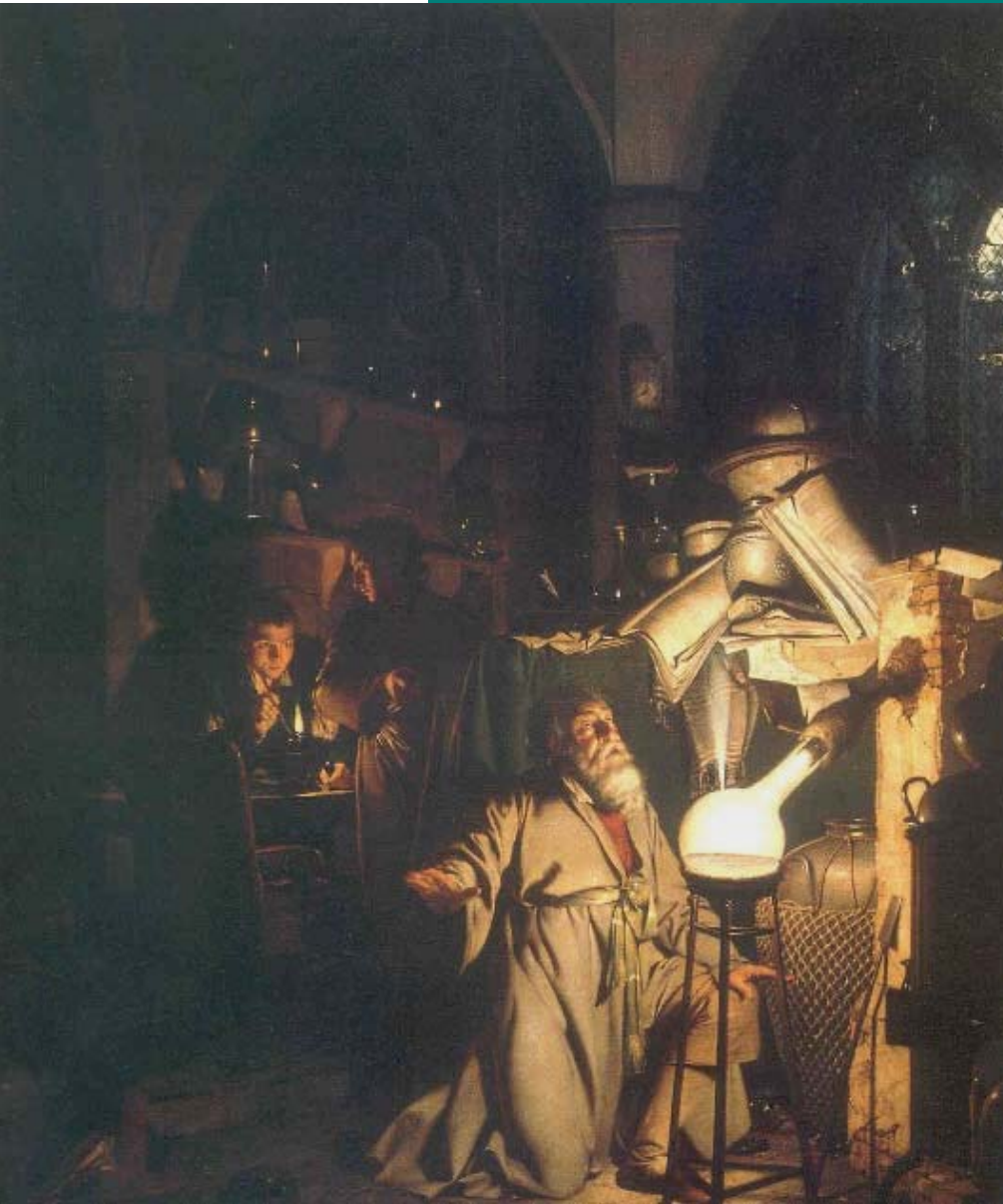
van Fosfordom tot Fosforbom

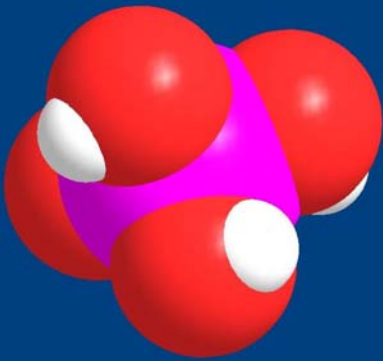
Bart De Moor



Ontdekking van een 'phosphoriserende' stof

1669, Duitse amateur
alchemist Brand





Fosfor: 'brood'nodig

- Nodig voor intracellulaire energie overdracht (ATP), als second messenger (cAMP en cGMP), in DNA/RNA en fosfolipiden:

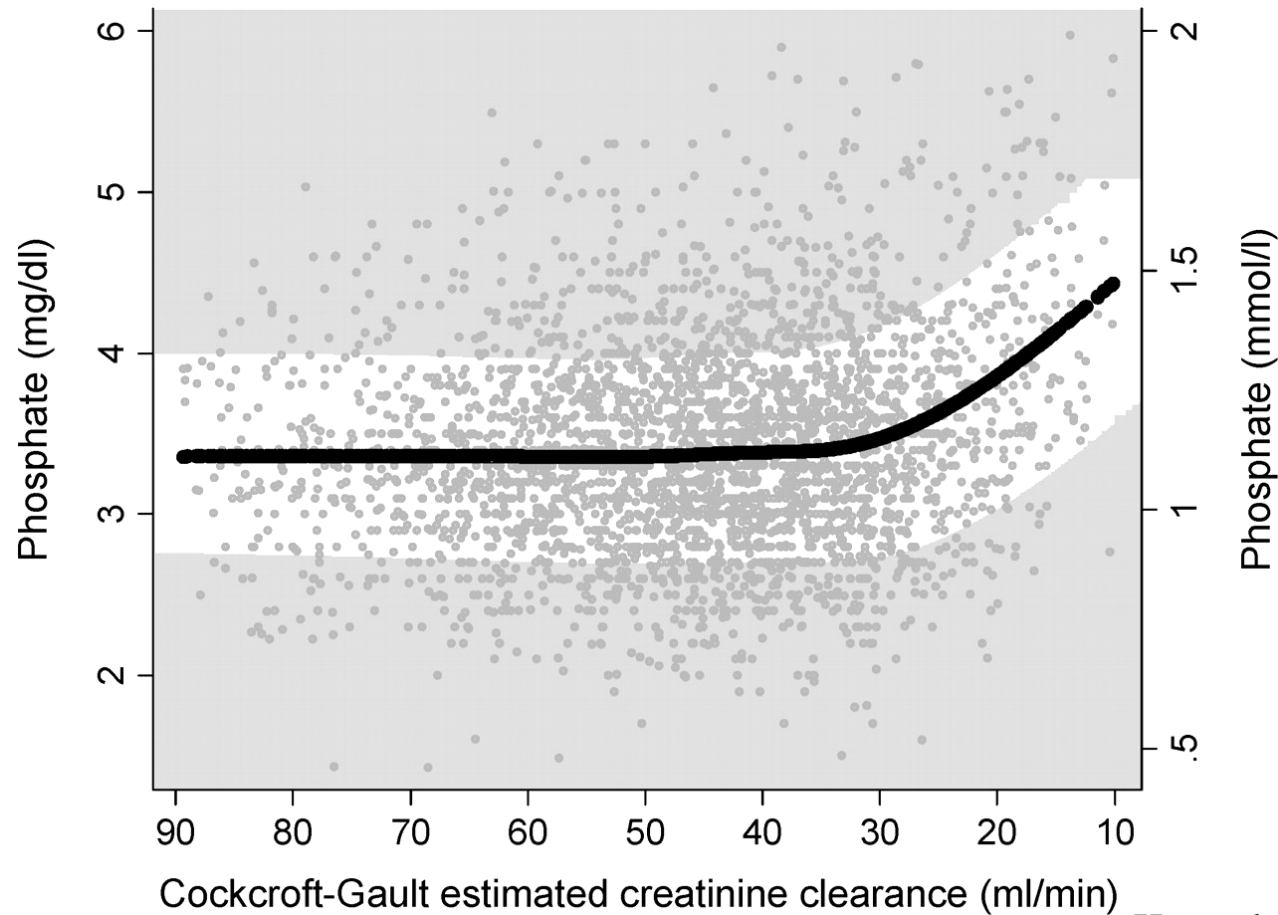


- Nodig voor bot en tanden onder vorm van hydroxyapatiet:





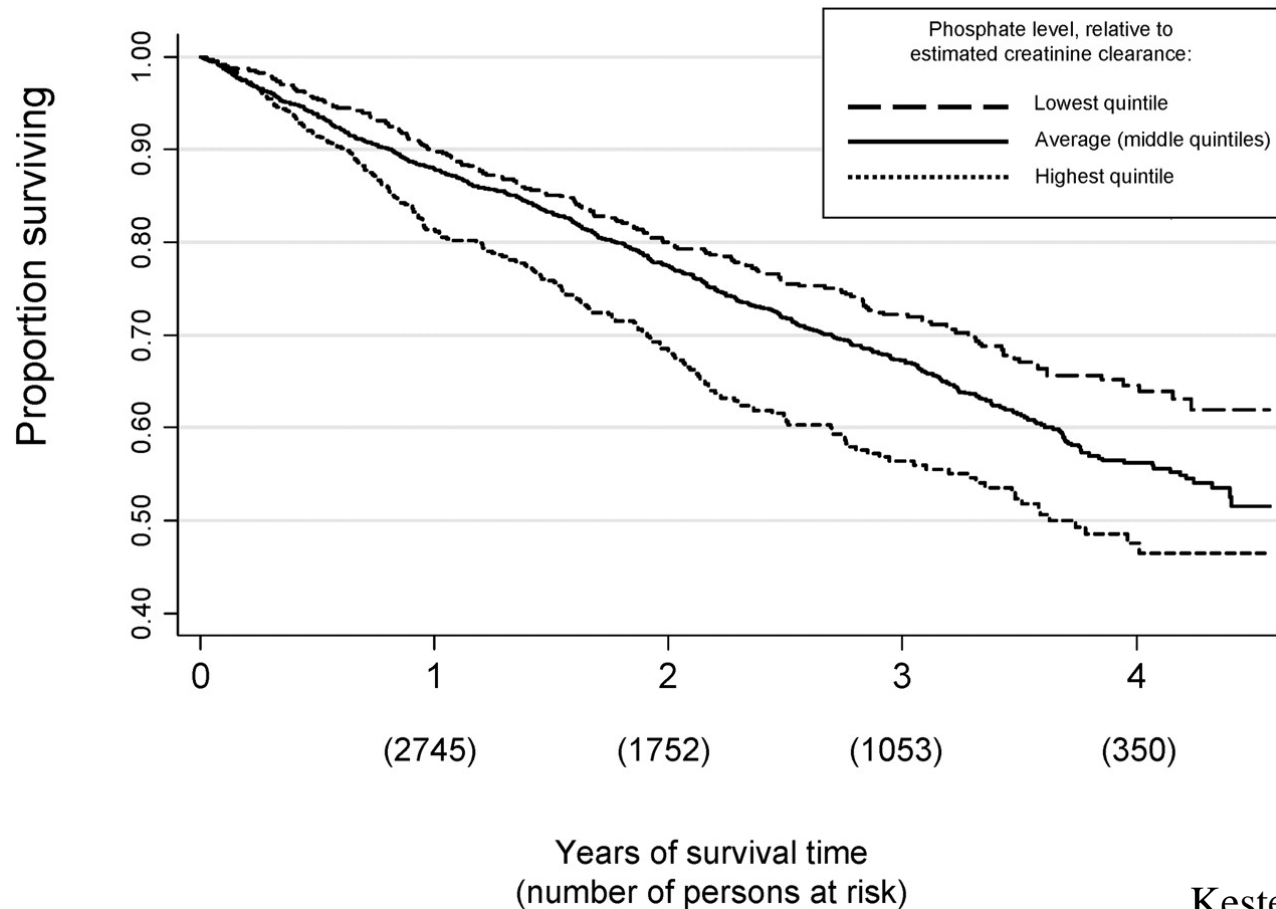
Fosfor stapelt op bij nierfalen



Kestenbaum, JASN, 2005

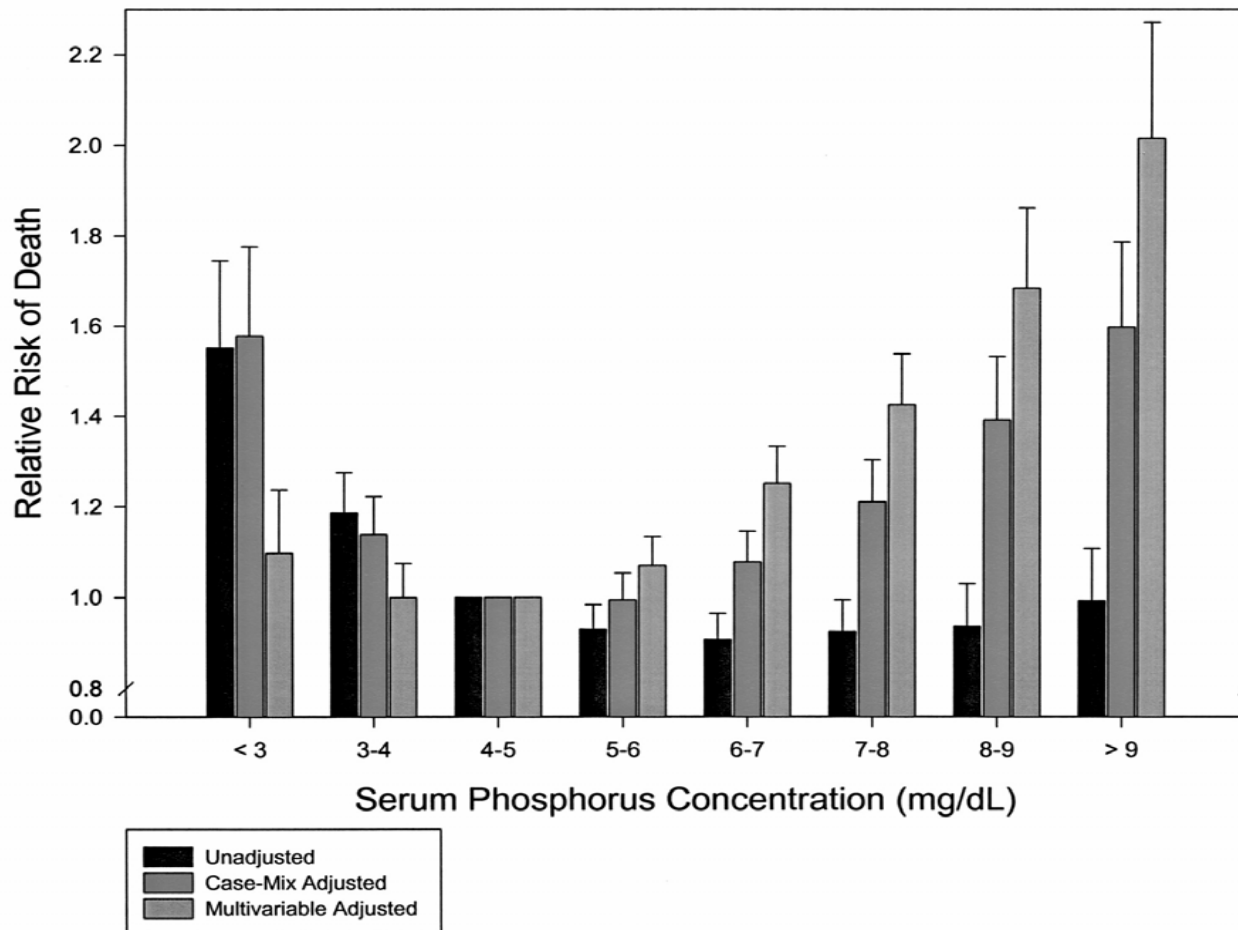


Fosfatemie correleert met overleving (CKD 1 → 5)

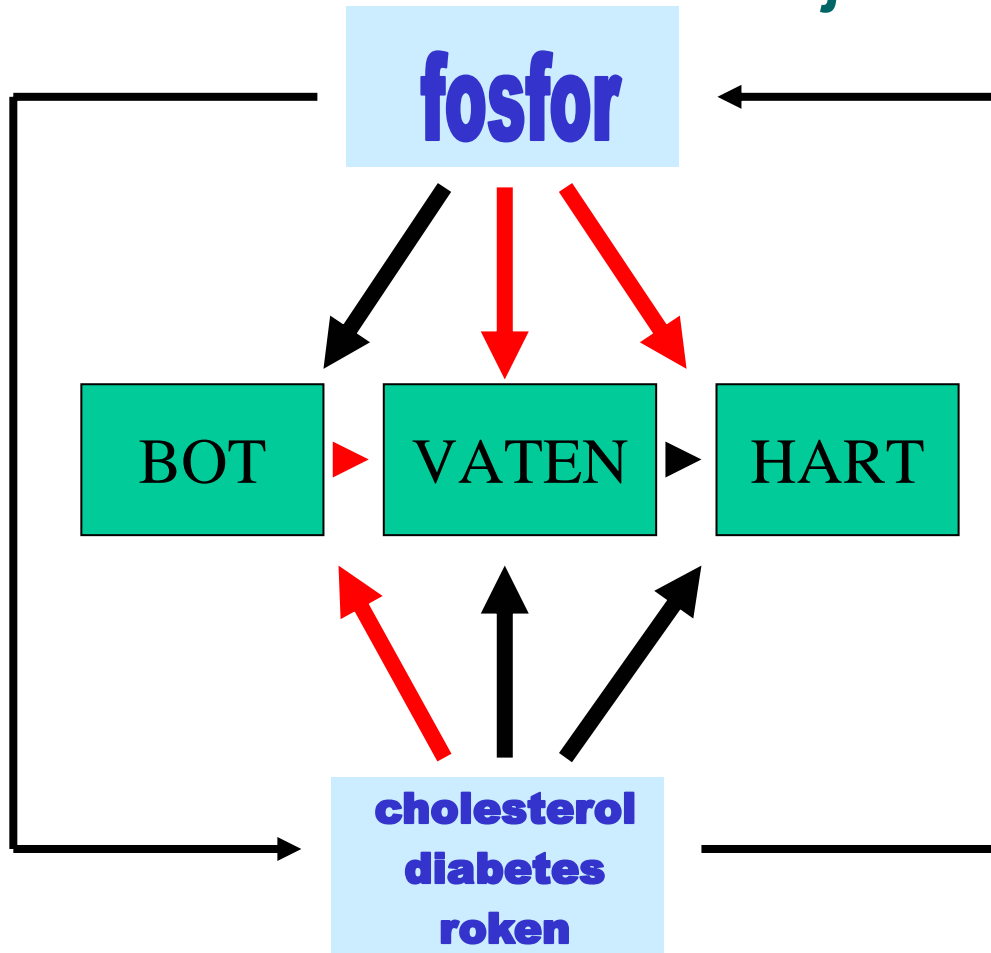




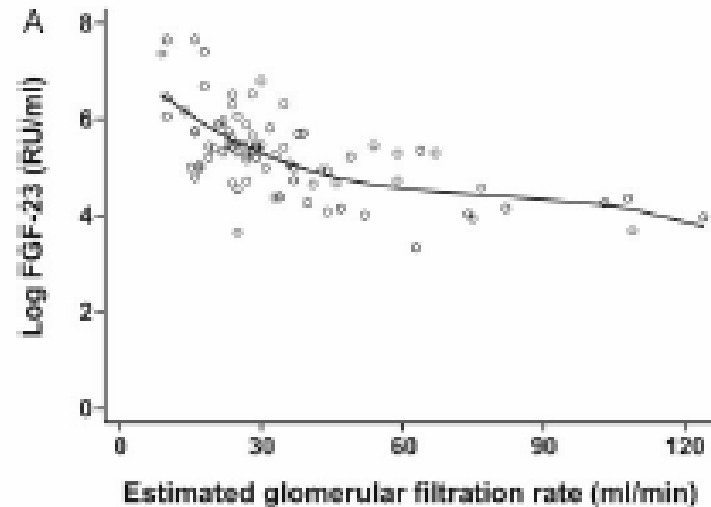
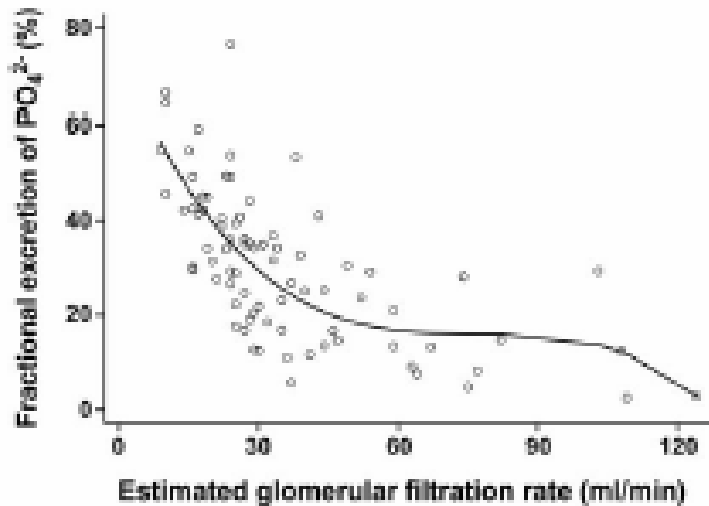
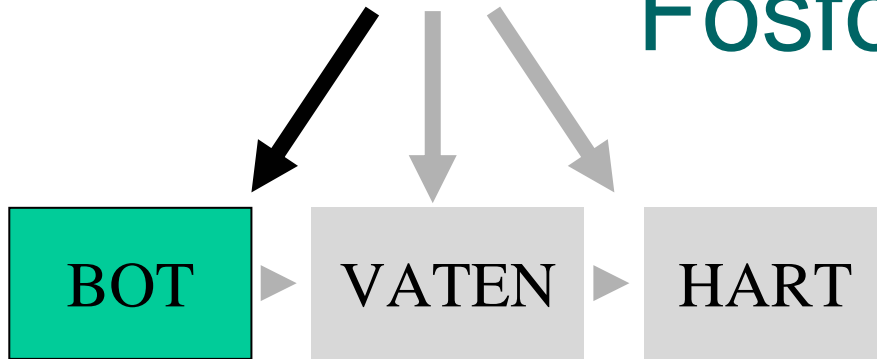
Fosfatemie correleert met overleving (*HD patiënten*)



Waarom is fosfor gecorreleerd aan overlijden?

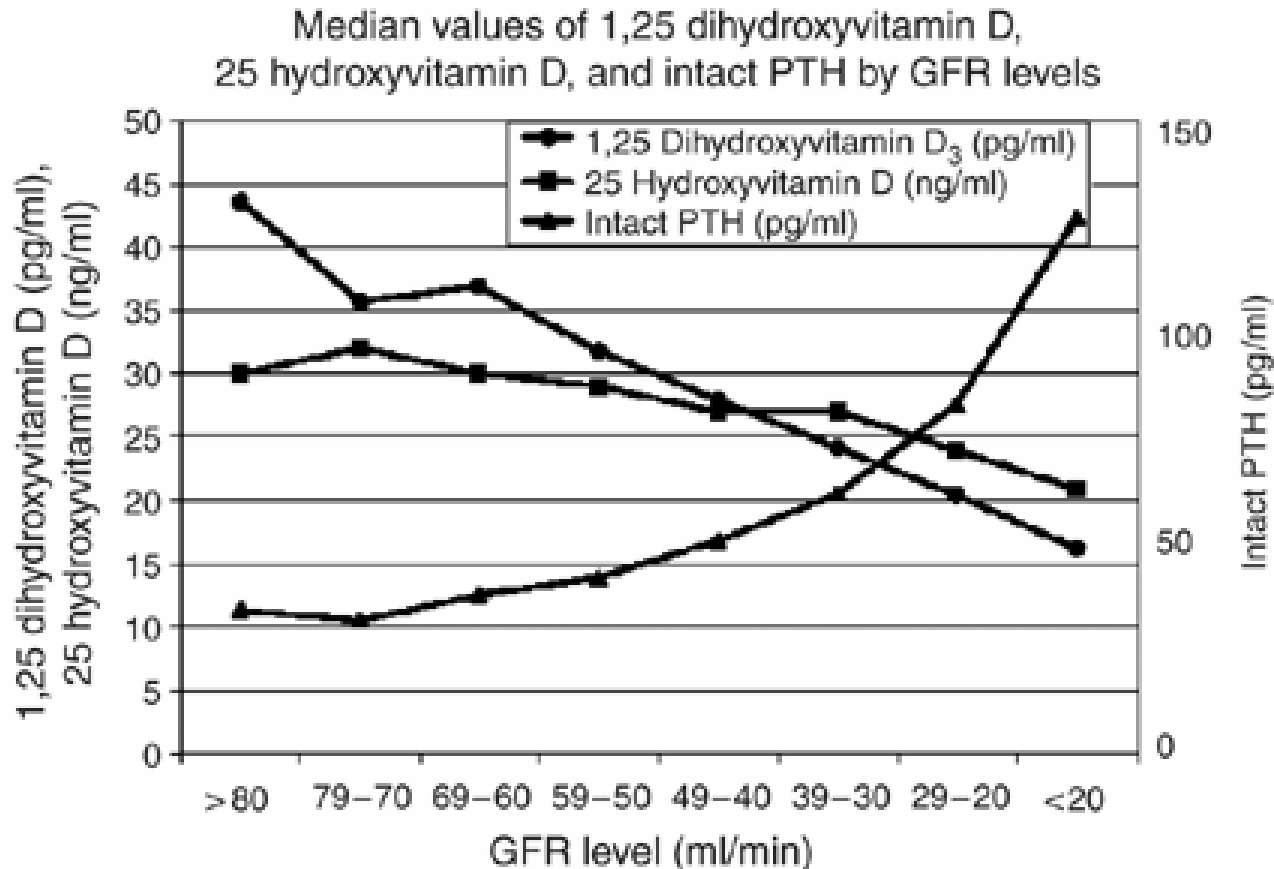


Fosfor en het bot (1)



Fosfor en het bot (2)

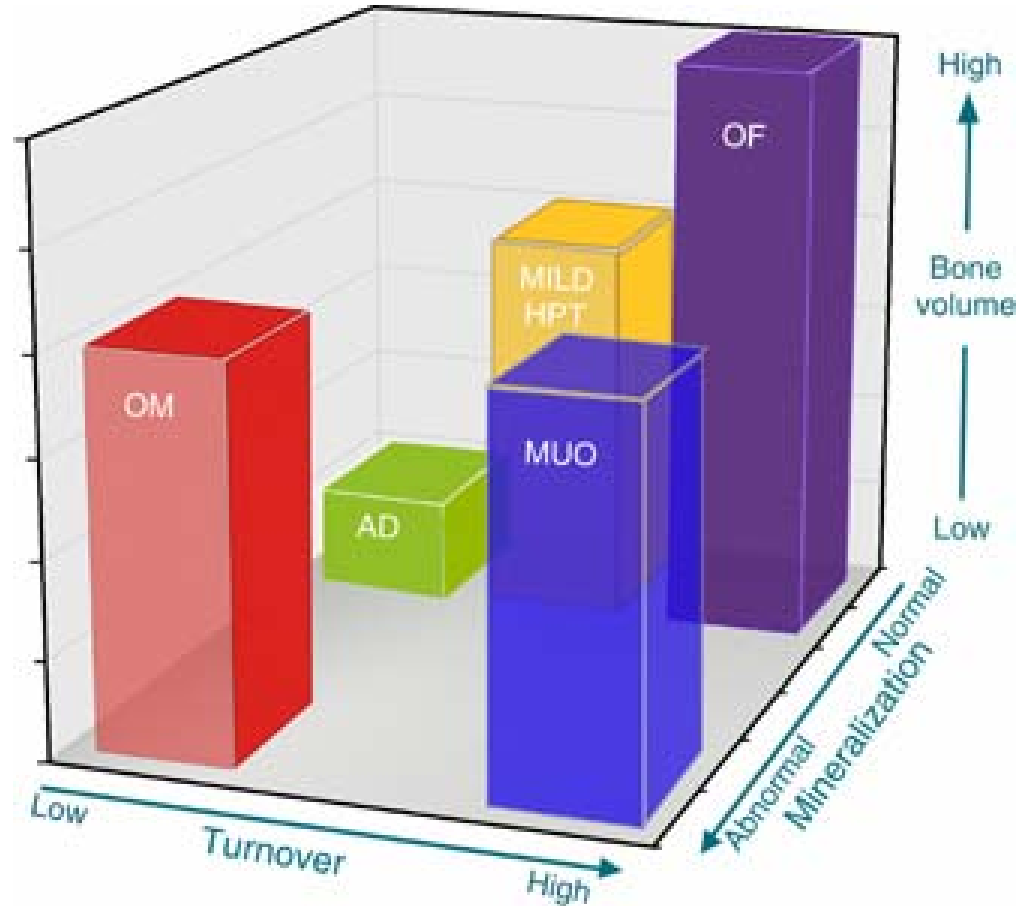
BOT



Levin, KI, 2007

Fosfor en het bot (3)

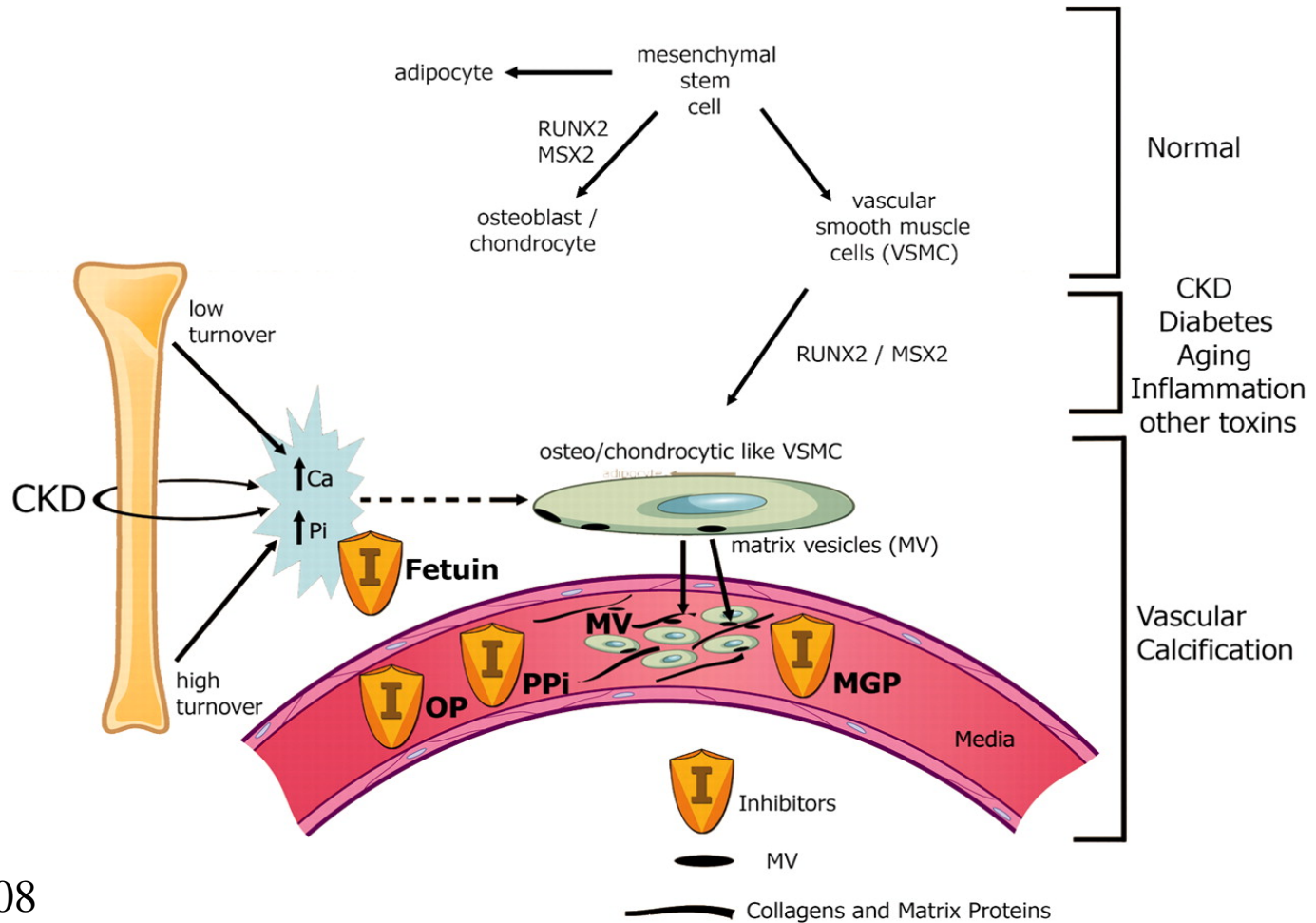
BOT



OM= osteomalacia, AD= adynamic bone disease, MUO= mixed uremic osteodystrophy
Mild HPT= Mild hyperparathyroidism, OF= osteitis fibrosa

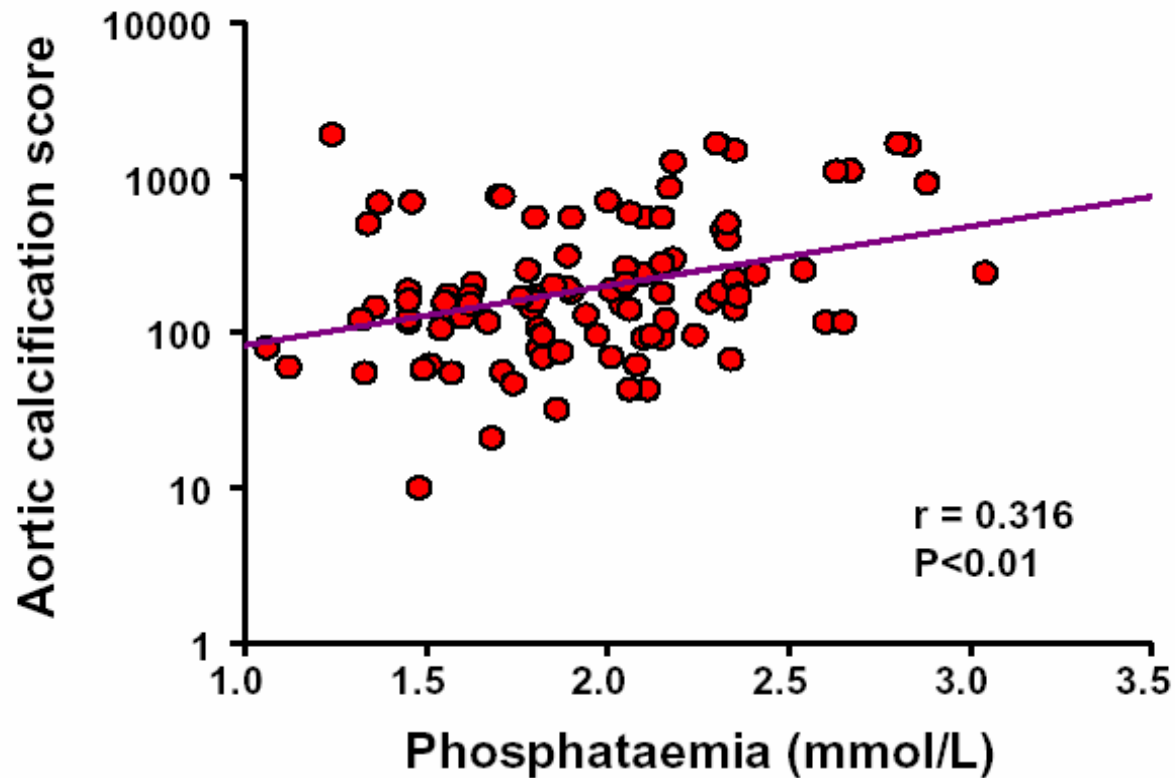
VATEN

Fosfor en vaatverkalkingen



VATEN

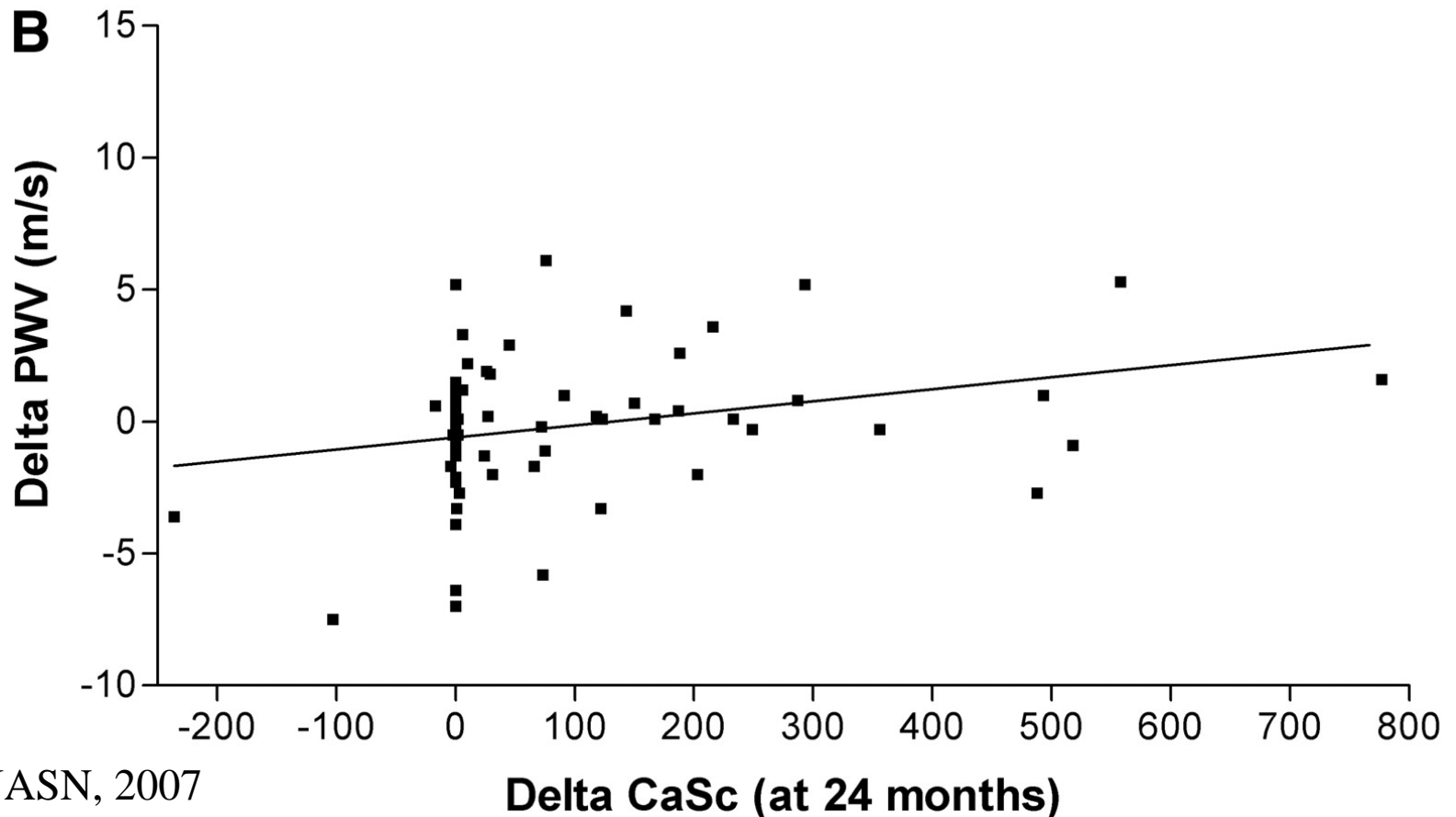
Fosfor en vaatverkalkingen





↓
VATEN

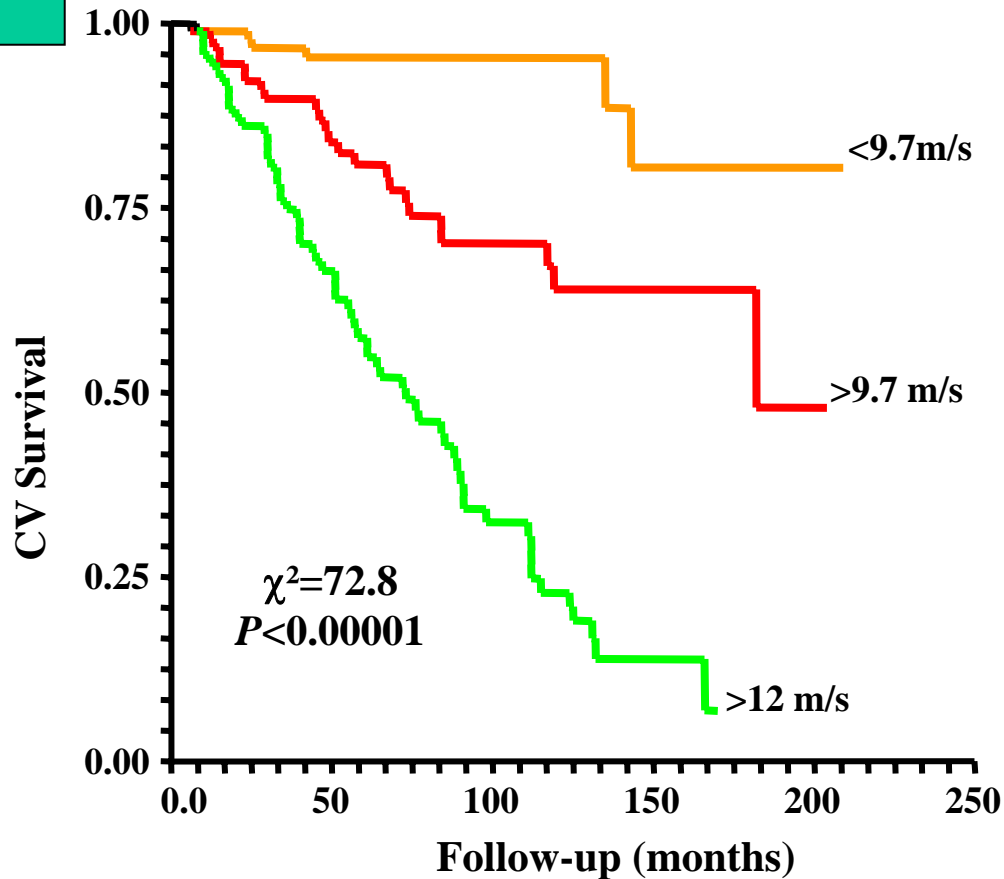
Calcification and arterial stiffness



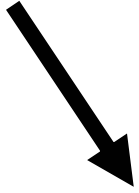
Sigrist, CJASN, 2007

Stiffness and mortality

VATEN

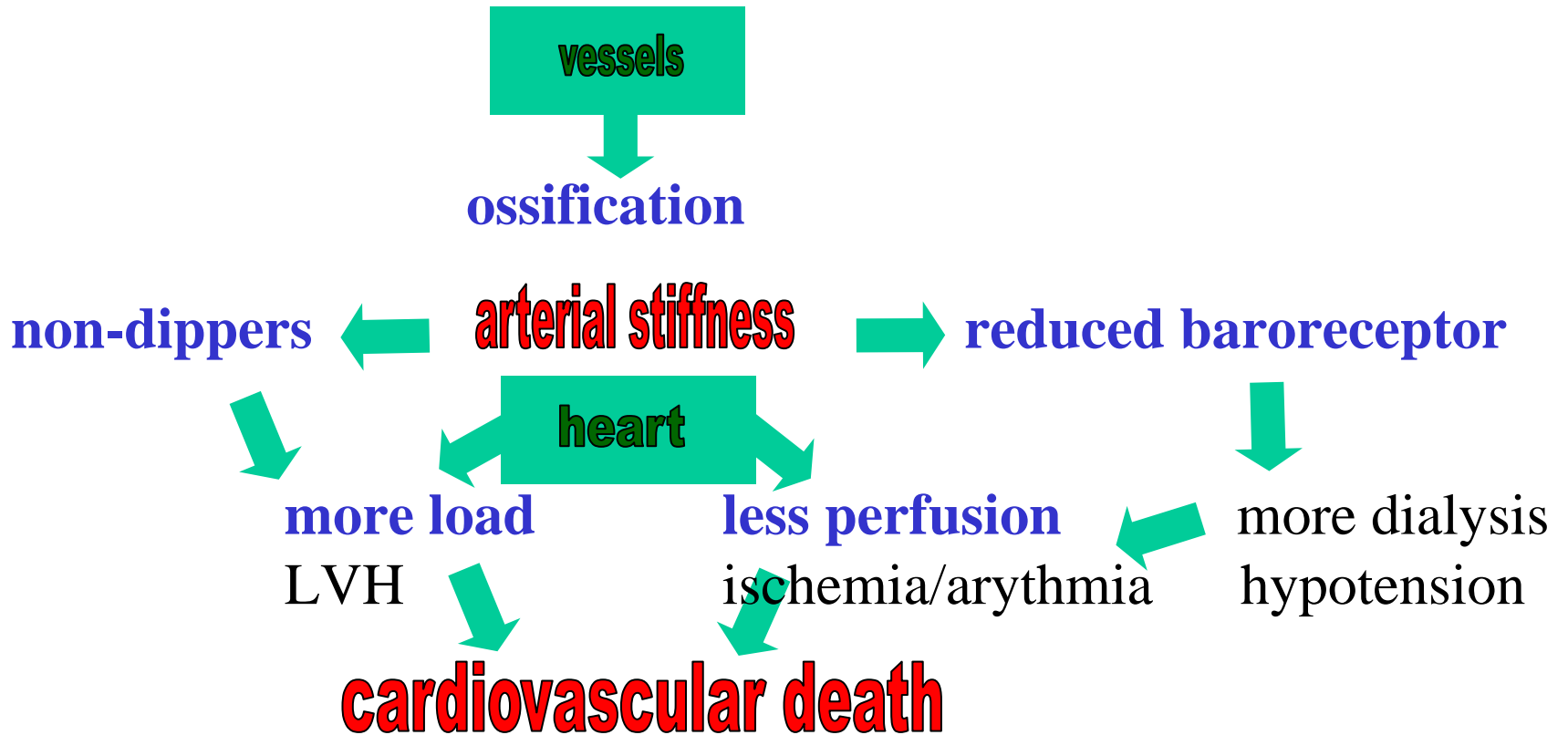


Study of 241 hemodialysis patients for 72±41 months (mean ±SD), divided into three tertiles according to PWV



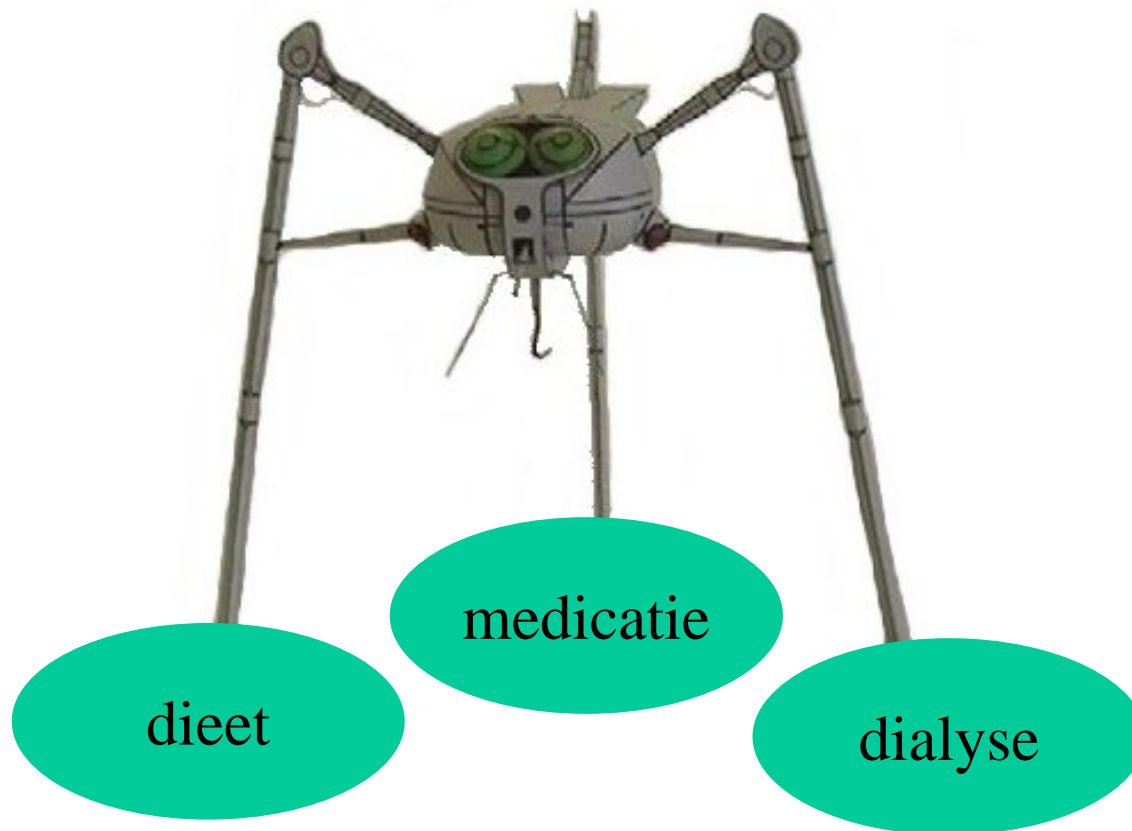
HART

Fosfor en het hart



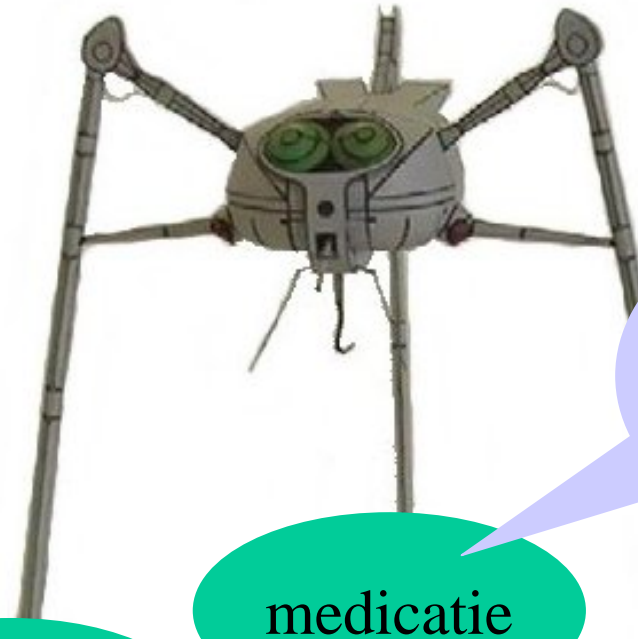


Controle van de fosfatemie





Controle van de fosfatemie



strengere
fosforbeperking
geeft eiwittekort

dieet

medicatie

hoe meer
pillen, des te
minder ze genomen
worden

dialyse

één dialyse
verwijdert
de fosforinname
van één dag



dieet

Dieet: voornaamste fosforbron zijn eiwitten (proteïnen)





dieet



Dieet: verborgen fosfaatzuren

E338: Fosforzuur

E339a: Natriumdiwaterstoffosfaat

E339b: Dinatriumwaterstoffosfaat

E339c: Trinatriumfosfaat

E340a: Kaliumdiwaterstoffosfaat

E340b: Dikaliumwaterstoffosfaat

E340c: Trikaliumfosfaat

E341a: Monocalciumfosfaat

E341b: Calciumwaterstoffosfaat

E341c: Tricalciumdifosfaat

E343: Magnesiumfosfaat

La vache qui rit.



Een blikje cola van 33 cl bevat 44 tot 62 mg,
een blikje cola light tussen 27 en 39 mg fosfaten.



dieet

Iatrogene fosfaatintoxicaties



Prepacol = Dulcolax + Na_2PO_4 477 mg en NaHPO_4 2.09 g

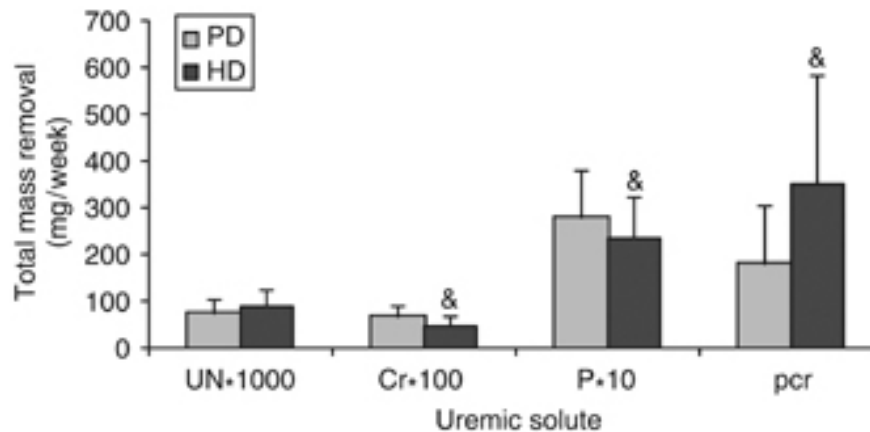
Fleet Phosphosoda = $\text{Na}_2\text{PO}_4 \cdot 7 \text{H}_2\text{O}$ 0.9 g en
 $\text{NaHPO}_4 \cdot 1 \text{H}_2\text{O}$ 2.4 g

Fleet Enema of **Fosfaatlavement**





Hemodialyse en Peritoneale Dialyse



mass removal



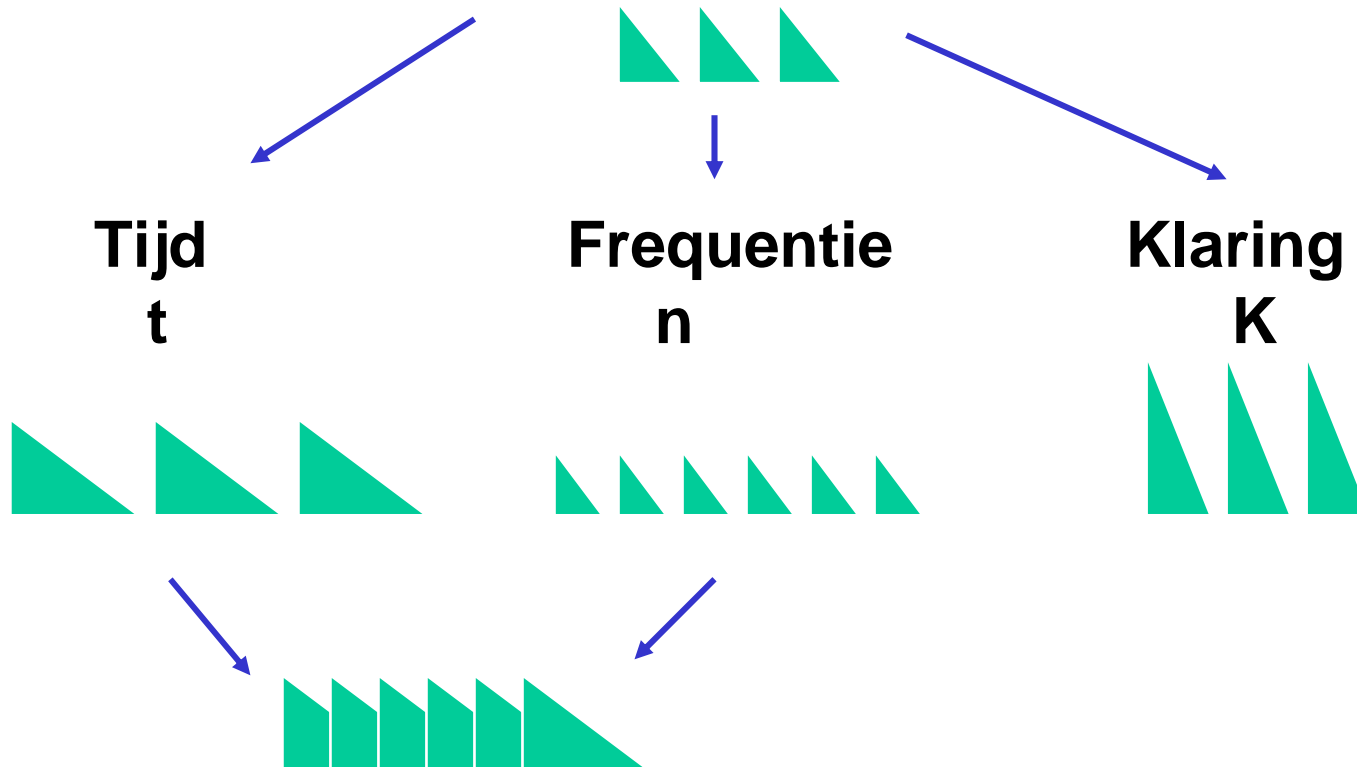
dialyse



Virga Jesseziekenhuis

Dialyse strategieën

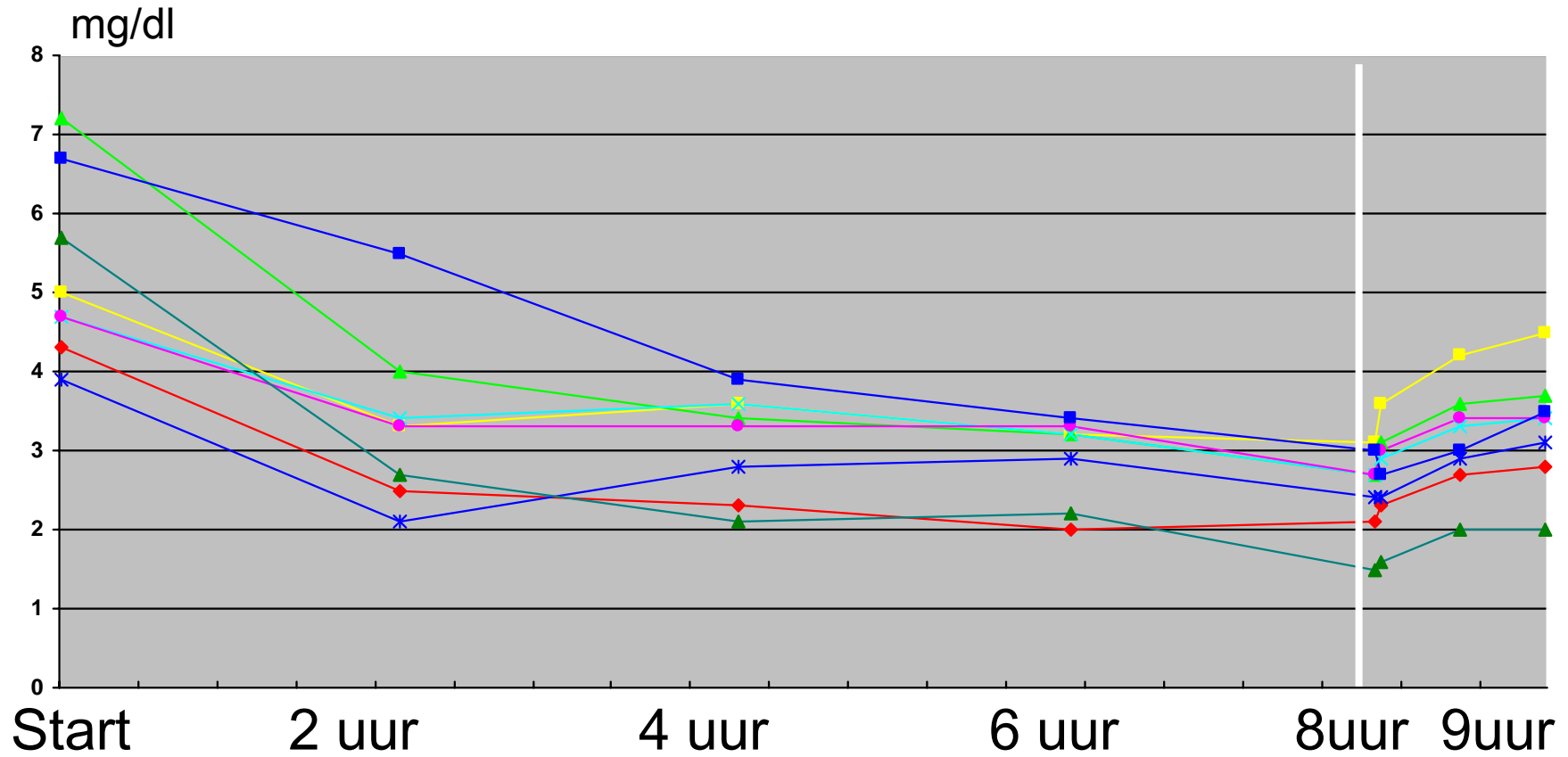
Conventionele dialyse





dialyse

Langdurige nachtelijke dialyse



n=8 nachtelijke dialysepatiënten (eigen data)



Dagelijkse dialyse

	3 x 4 uur Qb: 370 ml/' Qd: 500 ml/'	3 x 8 uur Qb: 370 ml/' Qd: 500 ml/'	6 x 2 uur Qb: 370 ml/' Qd: 800 ml/'	6 x 8 uur Qb: 250 ml/' Qd: 100 ml/'
stKt/V	2.4	3.26	3.26	4.77
Fosfatemie (mg/dl)	5.76	5.39	4.6	4.2

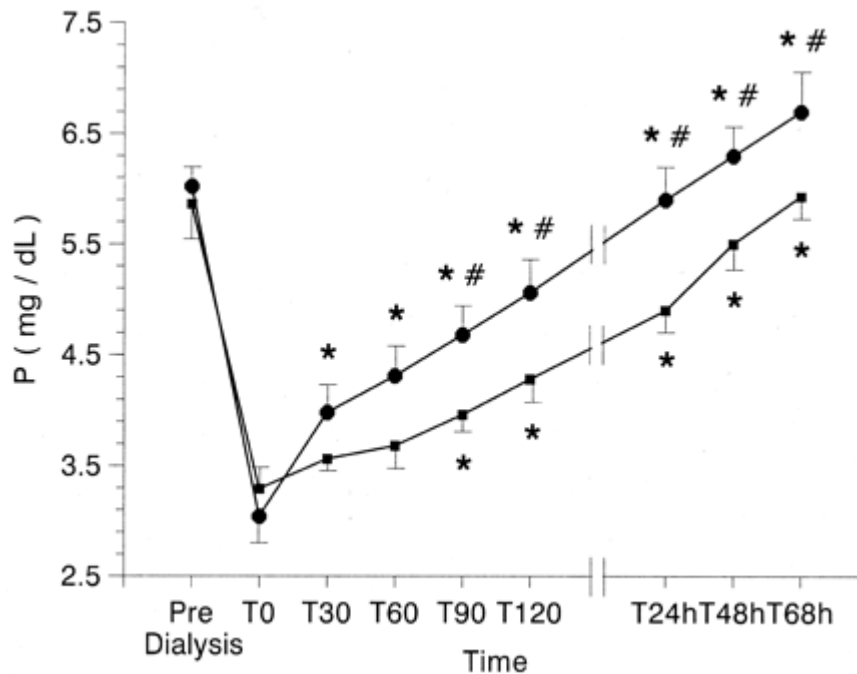


dialyse



Virga Jesseziekenhuis

Hemodiafiltratie



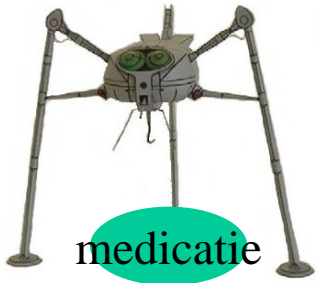
Voor identieke Kt/V:

Hemodiafiltratie
- 1170 +/- 90 mg per sessie

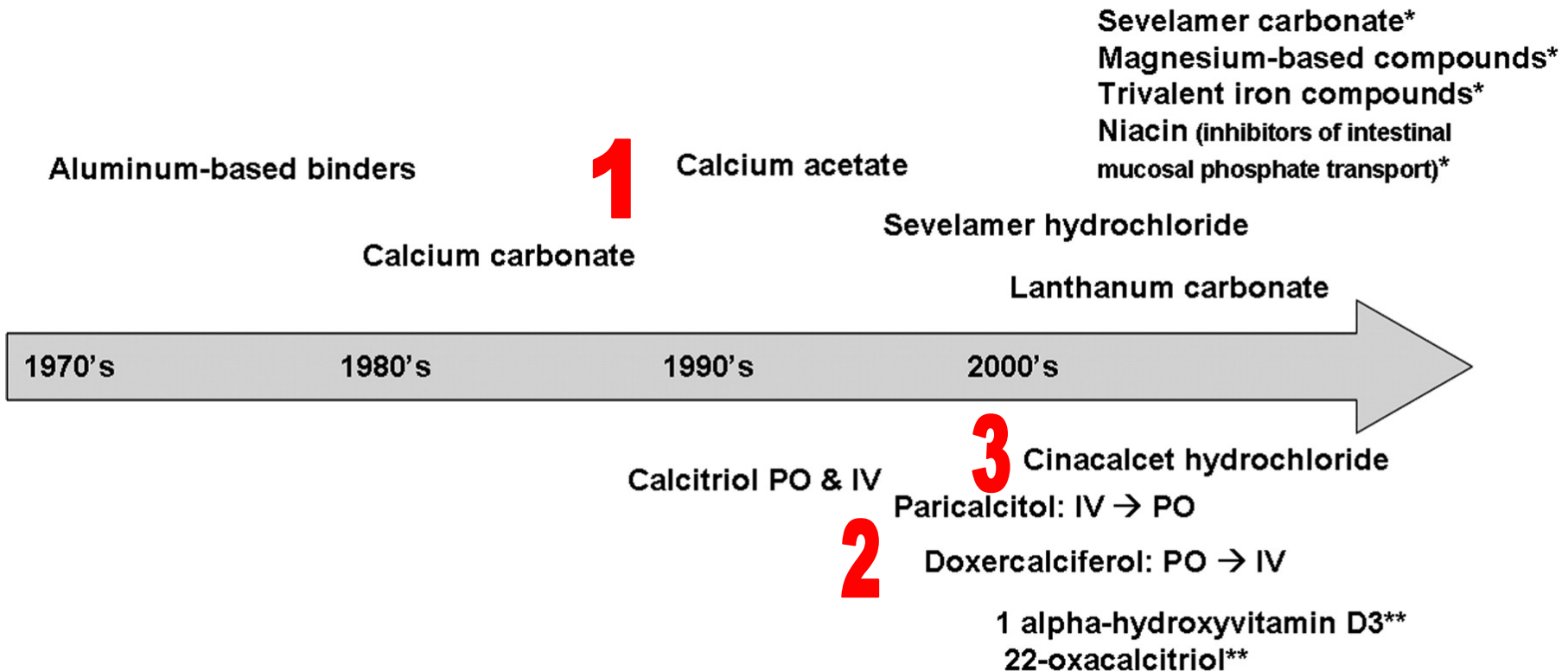
Hemodialyse
- 814 +/- 79 mg per sessie

- Hemodiafiltratie
- Hemodialyse

Minutolo, J Am Soc Nephrol, 2002



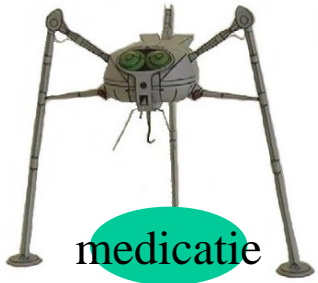
Phosphorus binders through the years



*Not yet FDA approved as phosphate binder

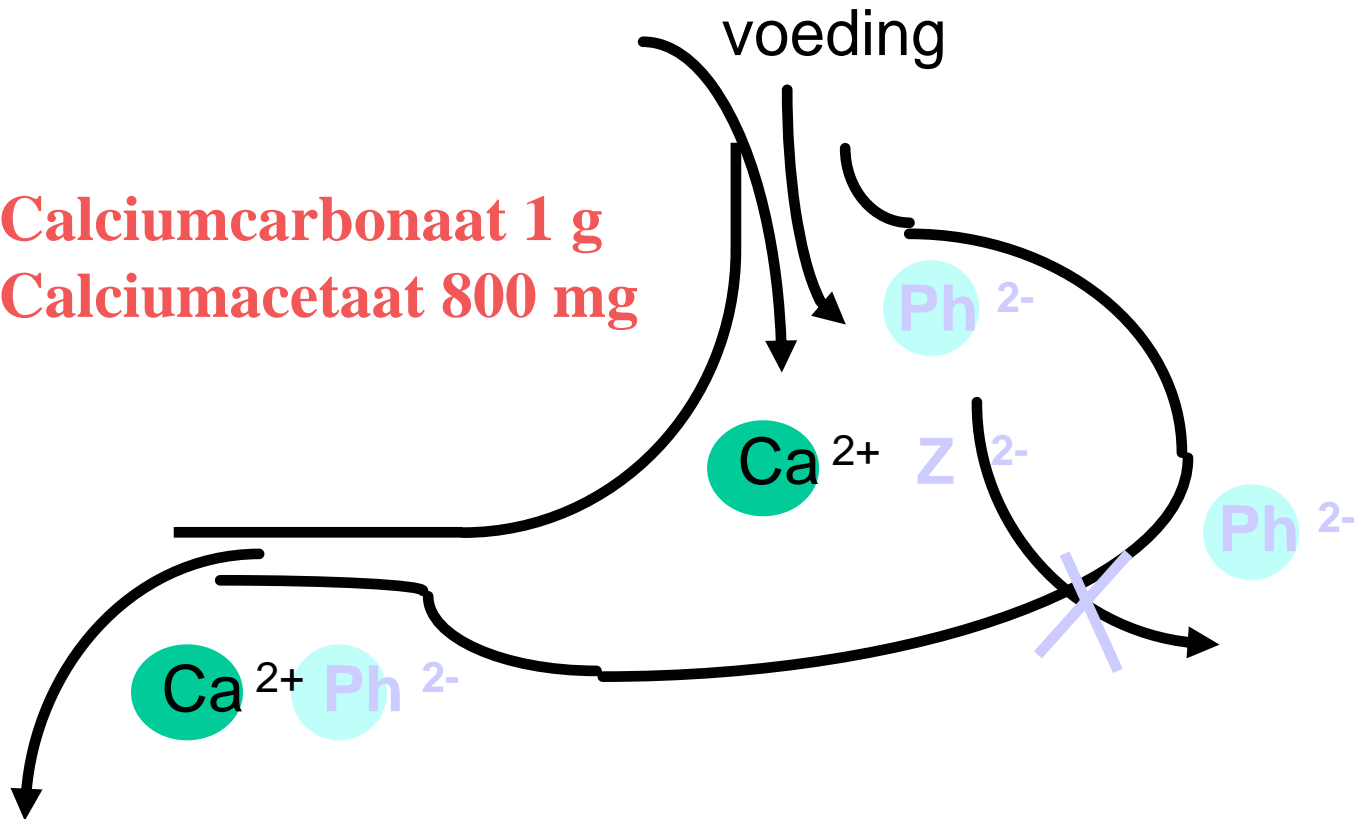
**Not approved in the US

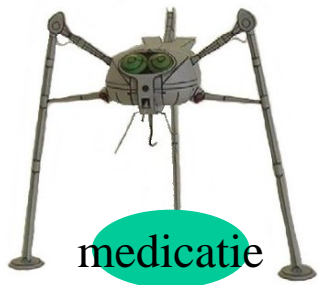
Kovesdi, CJASN, 2008



Fosfaatbinders

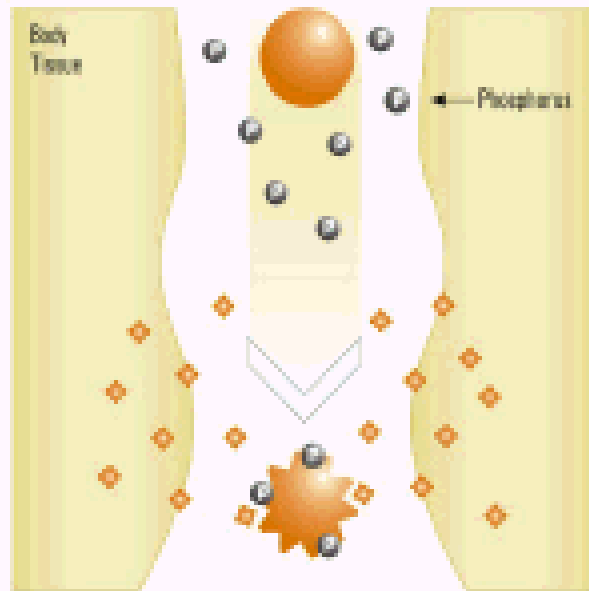
Calciumcarbonaat 1 g
Calciumacetaat 800 mg



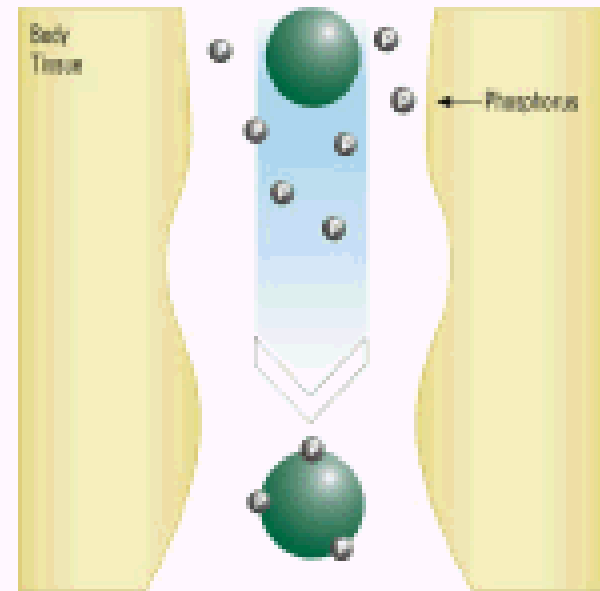


Calciumhoudende versus niet calciumhoudende fosfaatbinders

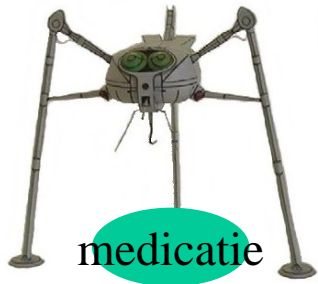
Calcium- and metal-based binders in the GI tract



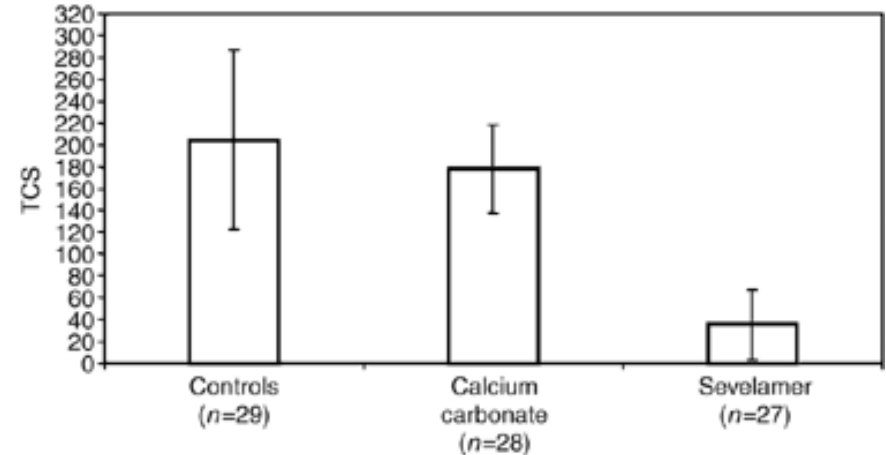
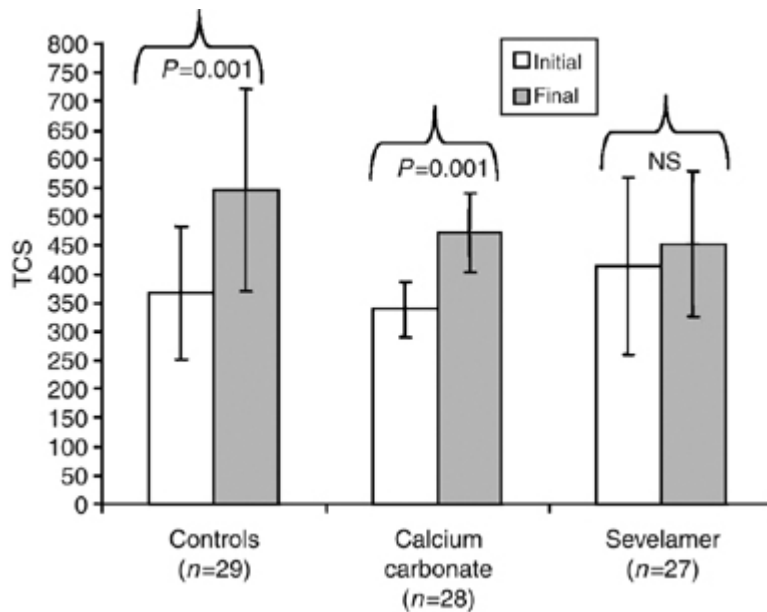
Renagel in the GI tract

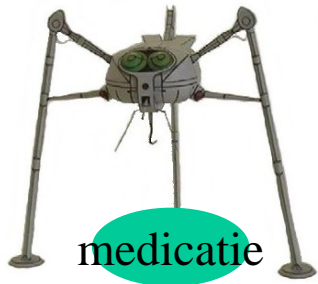


Renagel®

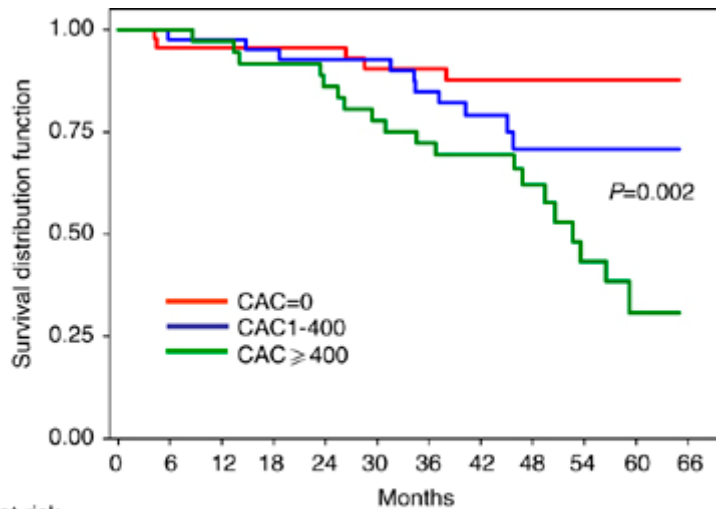


Calcification score, phosphorus binder choice in predialysis patients

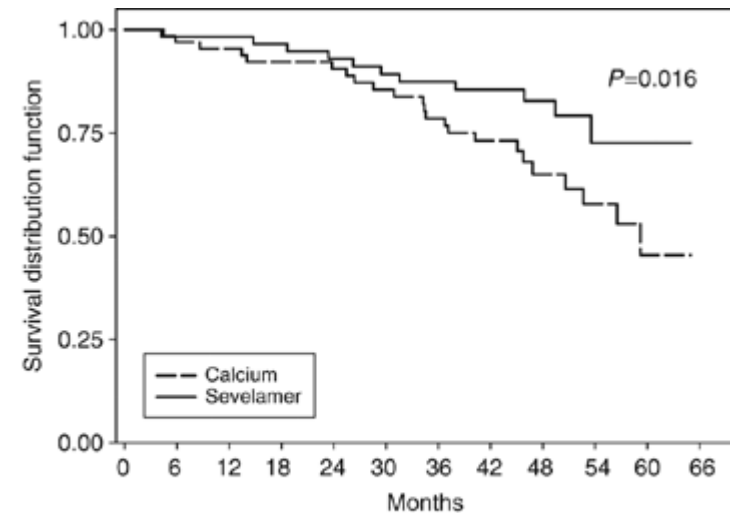




Calcification, Phosphorus binder choice and survival in dialysis patients

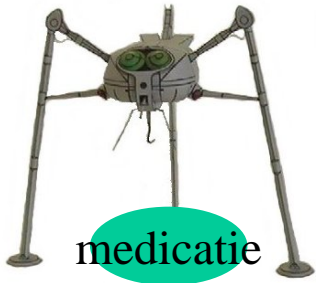


No. at risk	0	6	12	18	24	30	36	42	48	54	60	66
CCS = 0	46	42	42	39	34	18	4					
CCS < 400	42	41	40	36	32	14	1					
CCS \geq 400	39	37	35	31	26	15	4					

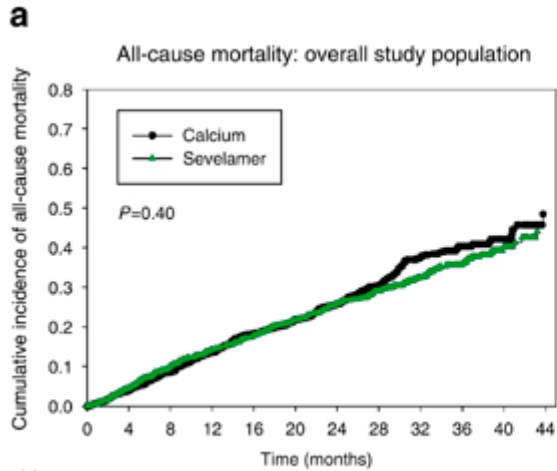


No. at risk	0	6	12	18	24	30	36	42	48	54	60	66
Calcium	67	63	60	55	45	22	5					
Sevelamer	60	57	57	51	47	25	4					

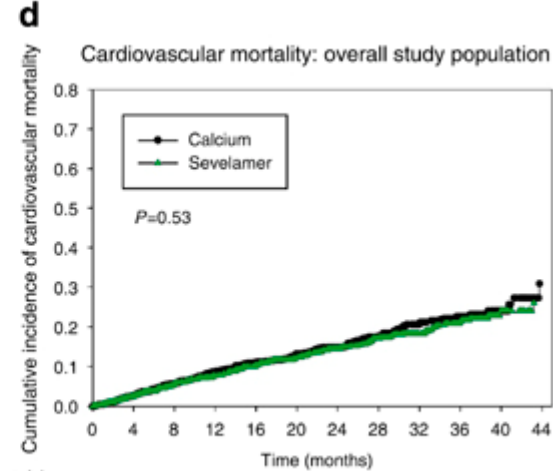
Block, Kidney Int, 2007



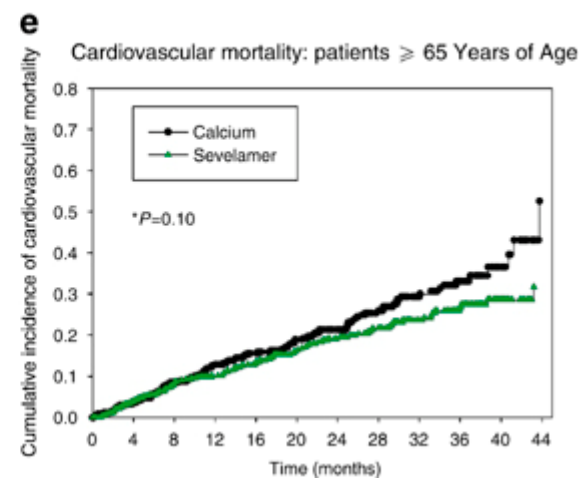
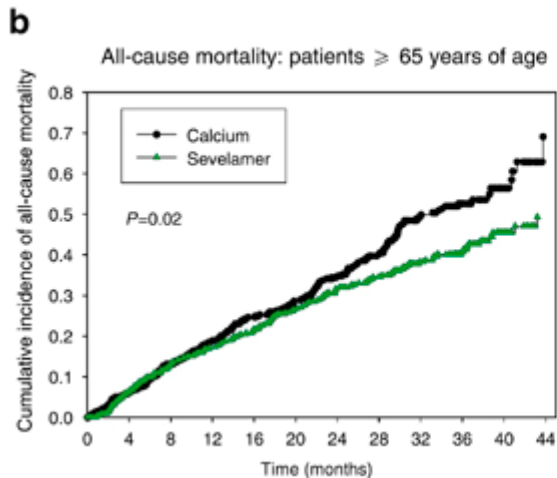
DCOR trial



No. at risk	0	4	8	12	16	20	24	28	32	36	40	44
Calcium	1050	888	753	640	559	491	430	347	259	161	64	12
Sevelamer	1053	882	737	656	591	520	449	379	298	196	66	18



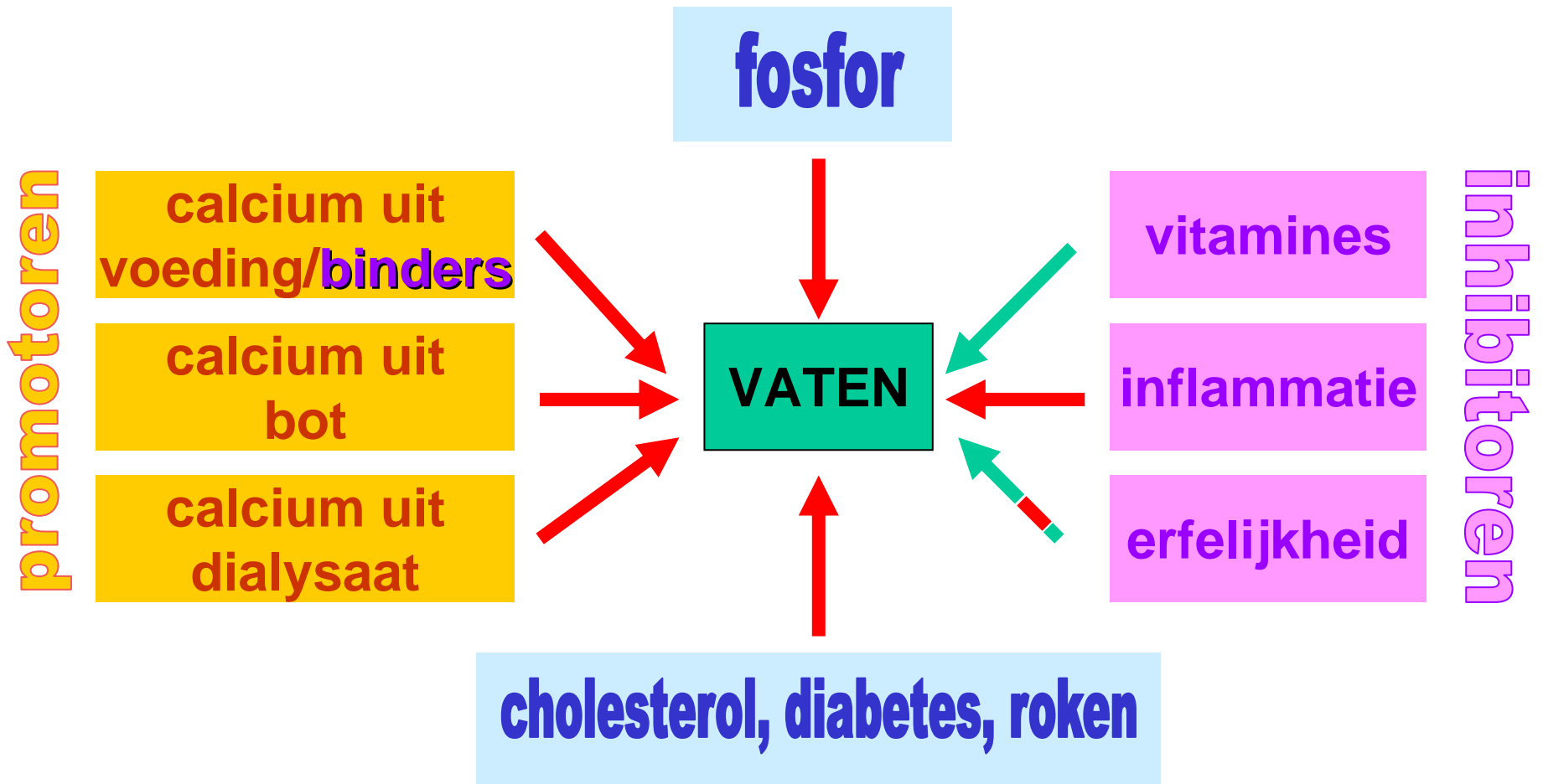
No. at risk	0	4	8	12	16	20	24	28	32	36	40	44
Calcium	1050	888	753	640	559	491	430	347	259	161	64	12
Sevelamer	1053	882	737	656	591	520	449	379	298	196	66	18



Suki, KI, 2007



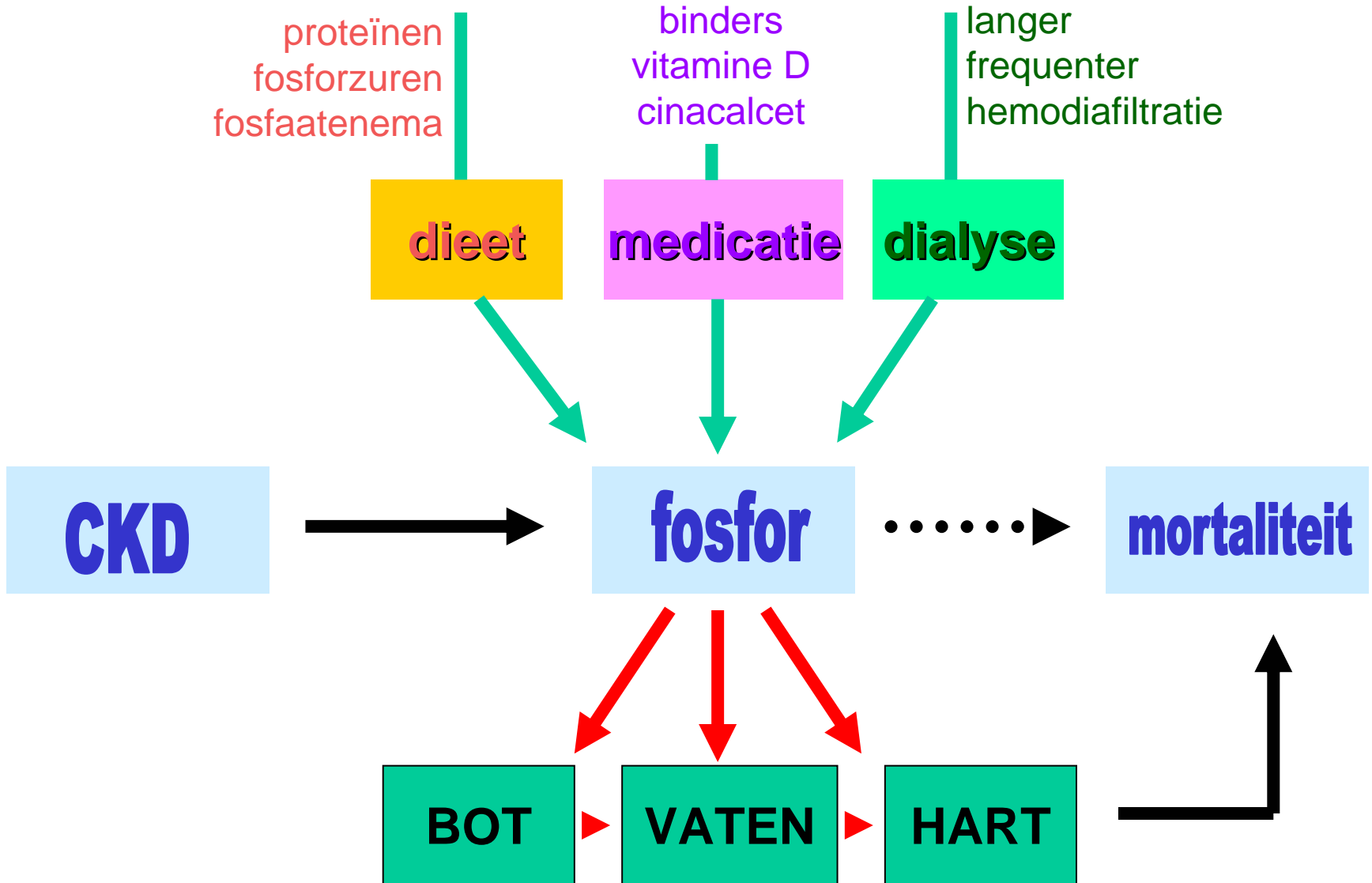
Waarom is het zo ingewikkeld?



Conclusie



Virga Jesseziekenhuis





Dank U voor de aandacht

1921: ontploffing van een fosforbom