

Reducing your phosphate intake

Department of Renal Medicine

Patient Information Leaflet

Introduction

Your renal consultant has found that your levels of phosphate are too high. The information in this booklet will give you information on reducing your intake of higher phosphate foods and drinks.

Please note that the information in this booklet is only a guide. If you need any more information or have any queries, please speak to the Renal Unit staff.

What is phosphate?

Phosphate is a mineral found in your body and in many foods. The kidneys normally help to control the level of phosphate in your blood. If your kidneys are not working properly, phosphate is not removed when it should be and the phosphate levels in your blood can become too high.

Why do I need to reduce my intake of phosphate?

Over time, high levels of phosphate can cause bone disease and blockage of blood vessels. This can increase your risk of having a stroke, heart attack and other serious health problems. High levels of phosphate can also make you feel itchy.

Not all people with kidney disease need to limit higher phosphate foods and drinks. People only need to reduce their intake of these foods if their blood levels of phosphate are too high.

The target level for phosphate in your blood is:

0.9 to 1.5mmols/l (or 1.1 to 1.7mmols/l for people having dialysis)

Suggestions for reducing your intake of high phosphate foods are on the following page.

Main sources of phosphate and alternatives

	Higher phosphate foods (to limit)	Lower phosphate alternatives
Dairy and alternatives	<p>Cow's milk or fortified soya milk: up to half pint a day. Avoid evaporated, condensed and powdered milk where possible</p> <p>Cheese: once or twice a week. This includes cheese spread e.g. Dairylea, Laughing Cow, Primula</p> <p>Yoghurt: up to two small pots a week</p>	<p>Organic (unfortified) soya milk</p> <p>Cottage cheese or cream cheese (e.g. Philadelphia or supermarket brands of soft cheese)</p> <p>Soya yoghurts, crème fraiche</p>
Meat, fish and eggs	<p>Shell fish (including prawns), kippers, mackerel, pilchards, sardines, roe: limit to no more than one portion of these a week</p> <p>Liver, kidney, paté, fish paste</p> <p>Eggs: up to four a week</p>	<p>White fish, fish fingers, salmon, tuna, lean beef, lamb, pork, chicken and turkey</p>
Breakfast cereals	<p>Cereals containing bran or nuts e.g. All-Bran, branflakes, muesli</p>	<p>All other cereals and porridge oats</p>
Sweet and savoury snacks	<p>Chocolate and foods containing chocolate, nuts, cereal bars, crumpets/pikelets, pancakes, naan bread, rye crispbread, scones, Marmite, peanut butter</p>	<p>Plain or jam/cream filled biscuits, plain cakes, teacakes, cream cakes and doughnuts, sweets, mints, marmalade, jam (limit sweet foods if you have diabetes or are trying to lose weight)</p> <p>Cream crackers, wholemeal or white bread, pitta bread, chapattis, rice cakes</p>
Drinks	<p>Any milky drinks, malted milk drinks (e.g. Horlicks or Ovaltine), hot chocolate, cola drinks, lager, stout</p>	<p>Tea, coffee, squash, lemonade or fruit-flavoured fizzy drinks (choose sugar-free drinks if you have diabetes or are trying to lose weight)</p>

Please note: many processed foods contain added phosphates, so try to choose fresh, unprocessed foods as much as possible.

If you need more information, please ask your doctor to refer you to a renal dietitian. Diet changes may not be enough to reduce your phosphate levels. In this case, your doctor may recommend that you take a medication called **phosphate binders**.

What are phosphate binders?

These tablets help to reduce the amount of phosphate that your body absorbs from your food.

To work properly, phosphate binders must be taken just before or just after food. Ideally the tablets should be taken with all of your meals, although if you are only on a small dose, you may be advised just to take them with your largest meal of the day.

Phosphate binders which are currently in use include:

AdCal and Calcichew (calcium carbonate)

Phosex and Renacet (calcium acetate)

Osvaren (magnesium carbonate/calcium acetate)

Renagel and Renvela (sevelamer)

Fosrenol (lanthanum carbonate) – must be chewed **with or after** food but not before

Velphoro (sucroferric oxyhydroxide)

If these medications are prescribed for you, your doctor or dietitian will give you more information about them.

Can I find out more?

The following weblink has more information on kidney conditions and phosphate binders:

www.nhs.uk

<http://www.nhs.uk/Conditions/Kidney-disease-chronic/Pages/Treatment.aspx>

Contact information

The Renal Unit at Russells Hall Hospital on 01384 244384

7.30am to 8pm, Monday to Saturday

9am to 5pm, Sunday

Out of these hours, ring the hospital switchboard number and tell them you are a renal patient. Ask to speak to the haemodialysis nurse on call.

Remember: the renal team is always willing to give help and advice. Please contact us, however small your query.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/renal/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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