The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Hyperphosphataemia in Chronic Kidney Disease (Dr Gemma Gallacher)
NICE Reference	CG 157
Date of Review:	
Date of Publication	13/03/13
Summary of Guidance (Max 250 words)	Standard management of hyperphosphataemia involves pharmalogical and non-pharmalogical interventions, education and support. **Dietary Management (adult, children and young people)** • A dietary assessment should be carried out by a specialist renal dietician to provide individualised advice on dietary phosphate management **Phosphate Binders (children and young people)** • In addition to dietary management a calcium-based phosphate binder can be used as first-line therapy • If serial serum calcium measurements rise towards the age-appropriate upper limit of normal, consider a calcium-based binder in combination with sevelamer hydrochloride **Phosphate Binders (adults)** • Calcium acetate should be used in combination with dietary management as first line therapy • Consider calcium carbonate if calcium acetate is not tolerated • Non-calcium based binders can be used in adults with stage 4/5 CKD if calcium-based binders are not tolerated • Non-calcium based binders can be used in combination if hypercalcaemia develops or if serum PTH is low. • In adults with stage 5 CKD on dialysis consider combining calcium-based binder therapy with, or switching to, sevelamer hydrochloride or lanthanum carbonate if serum calcium rises above upper limit of normal or serum PTH levels are low If a combination of binders is used, the dose must be titrated in all patients to achieve serum phosphate control whilst limiting hypercalcaemia. At every routine review, assess patient's serum phosphate control and look at: • Dietary phosphate management • Phosphate binder regimen • Adherence to diet and medication • Factors influencing phosphate control- vitamin D or dialysis
Impact on Lab (See below)	☐ None
Lab professionals to be made aware	☐ Chemical Pathologist ☐ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	Healthcare scientists and chemical pathologists should be aware of the risks of hyperphosphataemia and the management of patients with CKD.

Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- **Moderate**: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by Gemma Gallacher

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