The Association for Clinical Biochemistry & Laboratory Medicine

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Managing anaemia in people with chronic kidney disease
NICE Reference	NG8
Date of Review:	June 2015
Date of Publication	June 2015
Summary of Guidance (Max 250 words)	Appropriate education programmes should be offered to patients diagnosed with anaemia of CKD. Focus on managing anaemia of CKD; causes, symptoms and treatments; professional support and monitoring; and lifestyle advice. Offer iron therapy to patients with anaemia of CKD not receiving haemodialysis, before ESA therapy. Oral iron should be trialled before intravenous iron. Failure to achieve target haemoglobin levels within 3 months, or patients intolerant to oral iron should be offered high-dose low-frequency intravenous iron. Offer low-dose high-frequency intravenous iron to patients receiving haemodialysis, unless contraindicated. Monitor serum ferritin >1 wk post therapy, and 1 – 3 months for ongoing therapy. Target serum ferritin <800 mg/L (review at 500 mg/L and adjust dose as appropriate). ESA therapy should only be offered to compliant patients without comorbidities who are likely to benefit from treatment. Initiation, optimisation and review of effectiveness of ESA therapy should be achieved through a care plan between patient and prescriber. Target Hb levels between 100 – 120 g/L in patients ≥2 years, and between 95 – 115 g/L ≤2 years. Iron status should be optimised before, or managed concomitantly with ESA using intravenous iron therapy, unless contraindicated. Target >6 HRC% or >29 pg RBC Hb count (unless ferritin >800 mg/L). Monitor 2 – 4 wks after initiating ESA therapy, 1 – 3 months in maintenance phase, or more frequently following a dose adjustment. Agreed co-ordinated protocols between primary and secondary care must be established for ESA therapy. Do not prescribe Vitamin C, folic acid, carnitine or androgens to treat anaemia of CKD.
Impact on Lab (See below)	☐ Moderate
Lab professionals to be made aware	✓ Laboratory Manager ✓ Chemical Pathologist ✓ Clinical Scientist ✓ Biomedical Scientist

Please detail the impact of this guideline (Max 150 words)	Healthcare Scientists should be aware that MHRA guidance (2007) states using ESAs to achieve Hb levels >120 g/L is associated with an increased risk of death and serious cardiovascular events in people with CKD, therefore patients receiving ESA therapy should be monitored closely to ensure the lowest dose of ESA is used to provide adequate control of symptomatic anaemia. Evaluation and assessment of anaemia should be performed using % of hypochromic RBC (only if blood sample is processed within 6 hours), or reticulocyte haemoglobin content (CHr <29 pg). If these tests are not available or the patient has thalassaemia or thalassaemia trait, use transferrin saturation (<20%) and serum ferritin (<100 g/L). Transferrin saturation (<20%) and serum ferritin (<100 g/L) alone should not be requested to assess iron deficiency status, Hb and GFR should also be used.

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.

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