

Secondary hyperparathyroidism (SHPT) What you need to know

What is SHPT?



Your kidneys play an important role in controlling the levels of **vitamin D hormone, calcium** and **phosphate** in your blood.^{1,2}

When you have chronic kidney disease, your kidneys gradually become unable to maintain the right balance of these blood parameters.^{1,2}



In order to bring them back into balance, your parathyroid glands release **parathyroid hormone (PTH)**.^{1,2}

PTH works at first, but as chronic kidney disease gets worse, abnormally large amounts of PTH are released.²

The excessive release of PTH caused by chronic kidney disease is known as **secondary hyperparathyroidism**,¹ or **SHPT**, and it can cause serious health problems over time.^{3,4}

What could happen if my SHPT is not managed?



Your parathyroid glands may grow, allowing them to produce even more PTH and **make your condition worse**.^{1,2}



Your blood vessels and heart valves may harden,^{1,5,6} **increasing your risk of heart complications**.^{3,4,7}



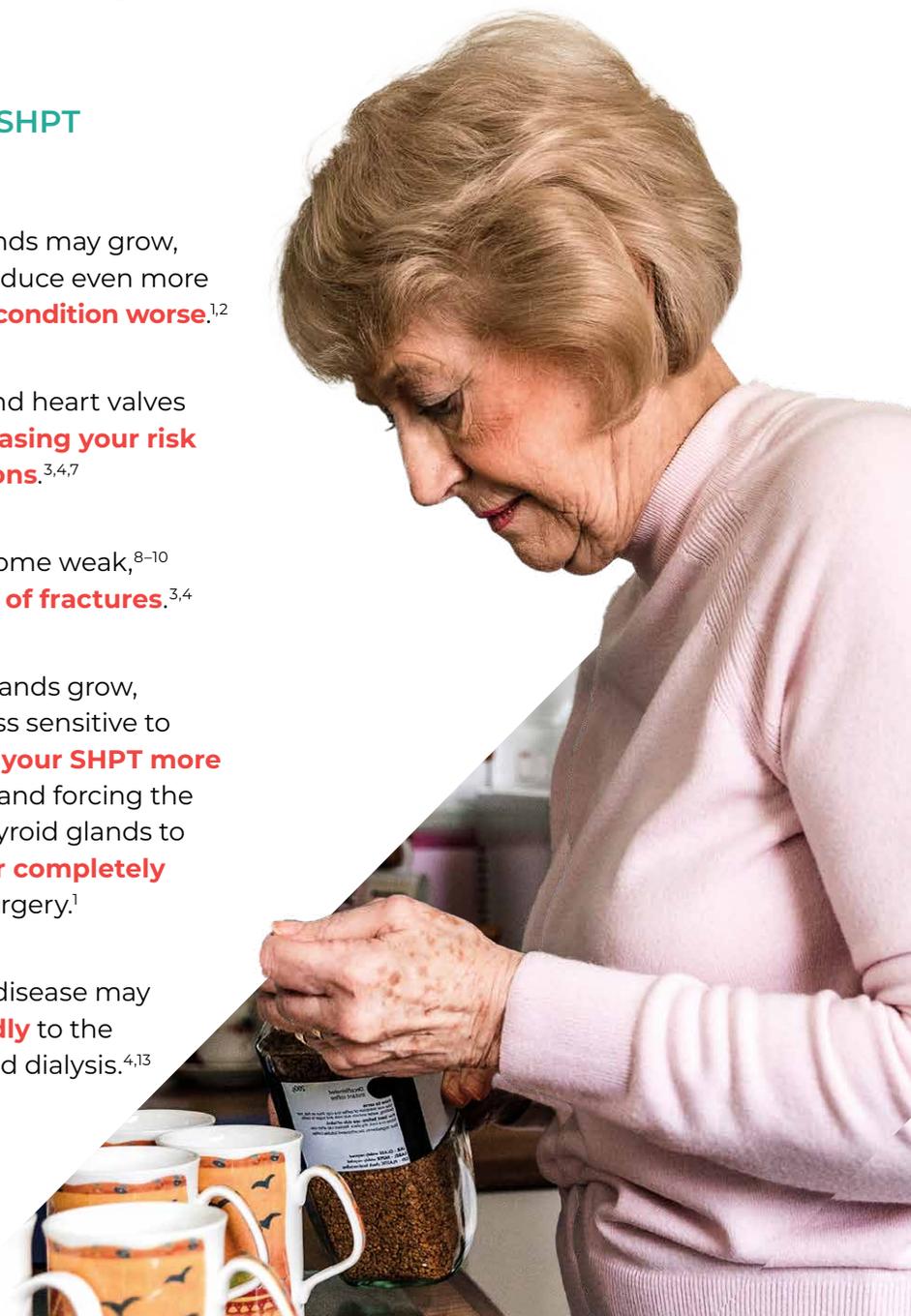
Your bones may become weak,⁸⁻¹⁰ **increasing your risk of fractures**.^{3,4}



If your parathyroid glands grow, they may become less sensitive to medication, **making your SHPT more difficult to treat**.^{2,11,12} and forcing the need for your parathyroid glands to be **either partially or completely removed** through surgery.¹



Your chronic kidney disease may **progress more rapidly** to the stage where you need dialysis.^{4,13}



What are the symptoms of SHPT?

In the early stages of SHPT, you may **not** have any symptoms.¹⁴



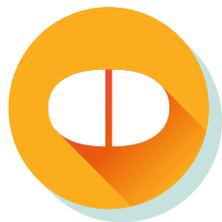
As SHPT progresses, you may experience **tiredness, muscle soreness** and **aching in your bones and joints**. These symptoms may gradually increase in severity.¹⁴

If you experience these or any other symptoms, please tell your doctor or nurse.

How is SHPT managed?

Effective management of SHPT is possible, especially if it is **treated early**.^{15,16}

The goal of treatment is to control your PTH level by **restoring the balance** of your vitamin D hormone, calcium and phosphate levels.^{1,15}

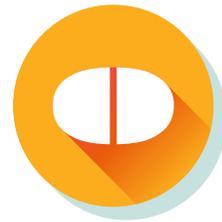


This can be achieved with various medications, which your doctor may prescribe either alone or in combination.¹

What can I do to improve the management of my SHPT?



Attend your check-ups as scheduled so that your doctor can monitor your SHPT carefully.



Always take your medications as instructed by your doctor.



To remember when to take your medications, **make a note** on your calendar, set an alarm on your phone and/or ask your caregiver to remind you.

If you can't keep up with your treatment plan for any reason, please tell your doctor or nurse.

Contributors

This flyer was developed in collaboration with the medical professionals presented below.

Professor Dr Helga Frank,

Medical Director of Nephrocare Starnberg GmbH,*
Starnberg, Germany

Professor Dr Helmut Reichel,

Medical Director of Nephrology Center,*
Villingen-Schwenningen, Germany

*Details accurate as per December 2020.



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To visit the website and learn more about SHPT and how it is managed, scan this code with your phone's camera (you may need to install a QR-code-scanning app).

References: **1.** Cunningham J et al. Clin J Am Soc Nephrol. 2011;6:913–21. **2.** Rodriguez Met et al. Am J Renal Physiol. 2005;288:F253–64. **3.** Geng C et al. Osteoporos Int. 2019;30:2019–25. **4.** Xu Y et al. Clin Kidney J. 2021;sfab006. **5.** Linefsky JP et al. J Am Coll Cardiol. 2011;58(3):291–7. **6.** Castro RH et al. Poster C-1002 presented at: European Congress of Radiology (ECR) 2011; 2011 March 3–7; Vienna, Austria. **7.** Lishmanov A et al. Int Urol Nephrol. 2012;44:541–7. **8.** Rix M et al. Kidney Int. 1999;56(3):1084–93. **9.** Qi Q et al. Am J Kidney Dis. 1995;26(4):622–31. **10.** Torres A et al. Kidney Int. 1995;47:1434–42. **11.** Fukuda N et al. J Clin Invest. 1993;92:1436–43. **12.** Gogusev J et al. Kidney Int. 1997;51:328–36. **13.** Schumock G et al. Curr Med Res Opin. 2008;24:3037–48. **14.** Levy AR et al. Am J Kidney Dis. 2020;75(3):373–83. **15.** Tomasello S. Diabetes Spectr. 2008;21:19–25. **16.** Locatelli F et al. Nephrol Dial Transplant. 2002;17:723–31.

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