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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

NHE3 Inhibitors in Practice

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Episode 7

Dr. Sprague:
Hello. I'm Dr. Stuart Sprague here at University of Chicago, Endeavor Healthcare, and I'm here to moderate the CME on ReachMD. Here to me today is Dr. Steven Fishbane.

Steven, let's review how to identify the appropriate patient who may actually benefit from using NHE3 inhibition.

Dr. Fishbane:
Yeah, thank you. We're really looking for patients who either haven't been able to achieve goals using traditional phosphate binders, or who haven't been tolerant of these agents. And I know in my practice, there's not a week that goes by where I don't have patients where they're on binders, the patients are trying to take the binders as best they can, and yet we're just not getting to the targets that we're looking to achieve.

And there's a couple of profiles in particular that I think that it's helpful for us to think about. One of them is the patient who is always close to the goal. Maybe the phosphorus is 5.8 or 6, and they're almost where we need them to be, but they're not quite at the targets that have been laid out. And for those patients, I find it to be very helpful as add-on therapy, looking at the NHE3 inhibitor.

We've got another kind of patient, and I feel like this is the most common situation that I see; this is the patient where they have months where they actually get into the target range, and probably more months where the target just isn't achieved. And those are the patients where I feel like we get a lot of success, where using the medication to be able to effectively finally achieve more consistent, more consistent achievement, of the goal over time.

And then I think a third profile, which I definitely struggle with, certain by patients who are always above the target range. And there is a conversation that goes on, and it's a regular conversation: Are you taking your binders? Are you struggling with it? I don't like to increase the dose of the binders, because I don't feel completely confident that the patient has been using them. And I think that's an additional kind of patient where the addition of tenapanor gives us the ability to get towards the target range without putting an additional significant – and sometimes a lower pill burden for the patient.

And I think there's other profiles that might fit as well, but I think those are three classic profiles, Stuart, that seem to me to be ones that do very well with this medication.

Dr. Sprague:
No, I would tend to agree. And those are very similar to some of my patient experiences.

In fact, I've had a couple patients that – I'm thinking of, one in particular who's about a 45-year-old female who had been on dialysis for about 3 years, who never was able to get her phosphorus less than 7.

And she'd been prescribed multiple different phosphate binders with doses increased, dietitians, counseling, or etc. And I decided to, well, let's try tenapanor on her, and we gave it to her. And I told her, we could cut your binder dose in half when we start that. And as it turns out, her phosphate from the mid 7s dropped precipitously, less than 5. And we went on and we're talking to her, and she was tolerating it well. And about a month or 6 weeks afterwards when I was rounding at the dialysis unit, she goes, 'You want to know something, Dr. Sprague? I couldn't stand the phosphate binders, and I never took any of them. I tried one or two of each one, and never took them. Matter of fact, I'm not taking any of them now. I'm just taking the tenapanor.' And to me, that was a perfect example on how this could be a very effective therapy.. And I had kind of written her off as someone who's intolerant of binders, which is one of the indications for using it, and in just using tenapanor and or now she's had phosphate control for about 5 or 6 months, basically less than 5 almost every month.

Dr. Fishbane:
I think that's a wonderful example. Thank you.

Dr. Sprague:
Okay. Well, again, it's about our time here. I'd like to thank you, Steven, for your discussion. I'd like to thank everybody else for listening. And goodbye.

Dr. Fishbane:
Thank you.