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Treatment of CKD-MBD

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Chronic Kidney Disease-Mineral and Bone Disorder (CKD-MBD) is a disease entity that encompasses mineral, bone and calcific cardiovascular abnormalities which develop as a complication of CKD. CKD-MBD plays an important role in the high cardiovascular-specific mortality and morbidity of CKD patients and the treatment of this complication is crucial for the improvement of clinical outcomes in this patient group.
The mainstay of treatment as suggested by the KDIGO 2017 CKD-MBD update is to lower high serum phosphate and simultaneously maintain serum calcium levels. Prevention of hyperphosphatemia by dietary restriction of phosphate, use of phosphate-lowering agents and dialysis for patients with CKD stage G5D are the proposed treatment methods. Care should be taken when restricting phosphate intake in patients, as these foods are also major sources of protein, and patients are often at risk of malnutrition. Also, in patients receiving phosphate-lowering treatments, doses of calcium-based phosphate binders should be restricted as this has been shown to be associated with coronary-artery calcification and increased cardiovascular mortality compared to non-calcium binders.
Another important mainstay treatment is the treatment of secondary hyperparathyroidism. The updated KDIGO guidelines recommend the treatment of elevated PTH levels on the basis of several serial values rather than a single high value. In non-dialysis CKD patients, calcitriol and vitamin D analogs should be reserved for severe and progressive hyperparathyroidism. In dialysis patients requiring PTH-lowering therapy, calcimimetics, calcitriol or vitamin D analogs should be considered.