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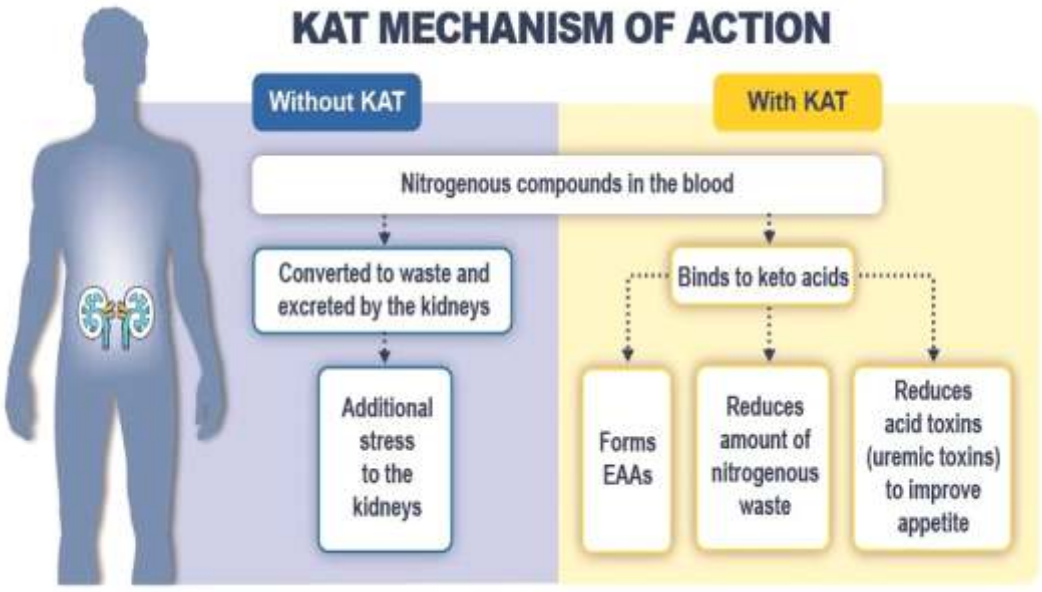
ALPHA KETOANALOGUE (DOUBLE STRENGTH) TABLETS

Balance the **BURDEN**

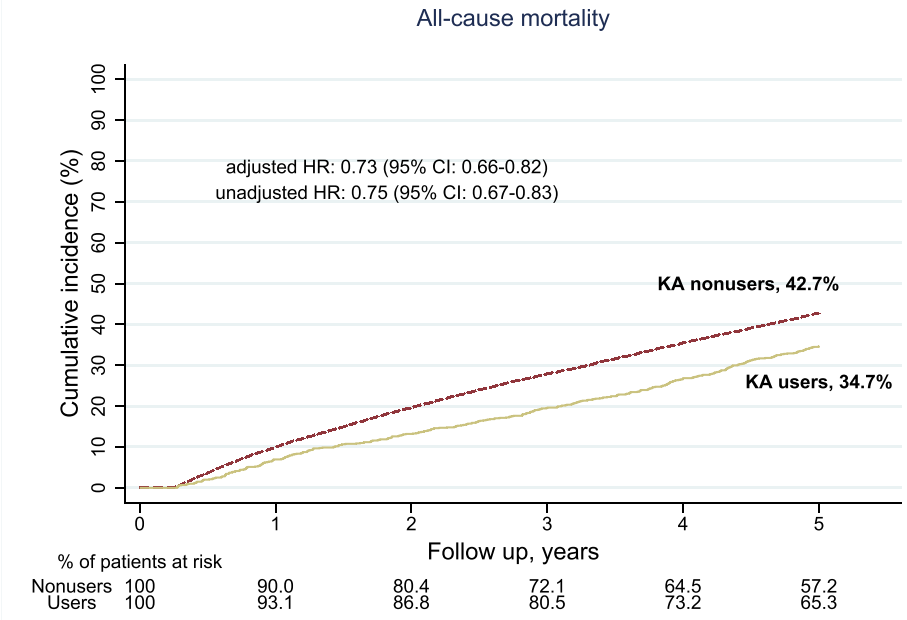
Balance the BURDEN

KETO ANALOGUE MECHANISM OF ACTION



KAT: KETO ANALOGUE THERAPY
EAA: ESSENTIAL AMINO ACID

KETOANALOGUE SUPPLEMENTS REDUCE MORTALITY IN PATIENTS WITH PREDIALYSIS ADVANCED DIABETIC KIDNEY DISEASE



✓ The 5-year all-cause mortality rate in the KA users was lower than that in the nonusers (34.7% vs 42.7%).

"KAs could be considered as a therapeutic choice to prolong survival in patients receiving a LPD."

References: 1. Clinical Nutrition. Volume 40, Issue 6, June 2021, Pages 4149-4160 I 2. Am J Kidney Dis. 2015 May;65(5):659-73.

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ALPHA KETOANALOGUE (DOUBLE STRENGTH) TABLETS

VERY LOW PROTEIN DIET PLUS KETOACID ANALOGS OF ESSENTIAL AMINO ACIDS SUPPLEMENT TO RETARD CHRONIC KIDNEY DISEASE PROGRESSION

A retrospective cohort study

Duration: 12 months

Two Groups: Total Patients- 140

Group-1: Treatment Group n= 70,

Dosage: 0.3 g/kg/day Protein + KA/EAA

Group-2: Control Group n=70,

Dosage: 0.6 g/kg/day Protein

The KA/EAA (630 mg/tablet) prescribed at 1 tablet/5 kg body weight daily.

End Points: Changes in estimated GFR decline rates and amount of proteinuria between the treatment and control groups.

Results: Changes in renal and metabolic parameters after 12 months of treatment

PARAMETER	LPD (n = 70)		VLPD + KA/EAA (n = 70)	
	BASELINE	12 MONTHS	BASELINE	12 MONTHS
BUN (mg/dL)	22.8 ± 7.3	24.3 ± 7.1	22.2 ± 6.76	21.9 ± 7.0
Creatinine (mg/dL)	1.6 ± 0.4	1.8 ± 0.4	1.7 ± 0.3	1.7 ± 0.5
GFR (mL/min/1.73 m^2)	41.6 ± 10.2	36.8 ± 8.8	39.1 ± 9.2	38.9 ± 12.0
24 hr Urine protein (g)	0.6 ± 0.5	0.9 ± 1.1	0.2 ± 0.4	0.3 ± 0.5
Albumin (g/dL)	4.2 ± 0.4	4.1 ± 0.4	4.2 ± 0.4	4.2 ± 0.4

- At 12-month follow-up, No significant changes in estimated GFR and urine protein were found in the VLPD plus KA/EAA group.
- A significant mean difference in rate of change in estimated GFR (-5.2 ± 3.6 mL/min/1.73 m^2 per year; $P < 0.001$) was observed between the two groups.

CONCLUSION:

VLPD supplementation with KA/EAA is associated with delayed renal progression while preserving the nutritional status in the patients with CKD. Co-administration of VLPD and KA/EAA may prove an effective alternative to conservative management of CKD.

Reference: Kidney Res Clin Pract. 2018 Dec; 37(4): 384–392.

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BACKGROUND:

Chronic kidney disease (CKD) patients belong to the group of subjects with one of the highest burdens of daily pill intake with up to >20 pills per day depending on the severity of their disease. Non-adherence to medications is quite common in chronic kidney diseases because of High Pill Burden. Non-adherence to medication is potentially harmful and can lead to increased cost of treatment over long term. Studies have shown that non-adherence in CKD caused, uncontrolled hypertension, more frequent dialysis, increase in expense of medications and hospitalisations.

"The burden of taking lots of pills and non-Adherence affect the quality of life of pre-dialysis patients even more than the complications associated with CKD."

DESCRIPTION:

RENOLOG-DS is double strength of traditional Alpha Ketoanalogue tablets to reduce high pill burden in CKD patients and increase their adherence to the therapy.

INDICATION:

Prevention and Treatment of damages due to faulty or deficient protein metabolism in Chronic Kidney Disease patients.

MECHANISM OF ACTION:

On absorption Alpha Ketoanalogue get converted to their respective amines by taking up the Nitrogen from non-essential amino acids, thus reducing the nitrogenous waste load on the kidneys and fulfilling the nutritional requirement.

BENEFITS:

- Reduction of uremic symptoms, which are largely due to an accumulation of degradation products of the protein metabolism
- Preservation of the residual renal function and therefore slowing down the rate of progression of the chronic kidney disease and delaying the onset of dialysis
- Preservation of the nutritional status, despite the marked reduction of the daily protein intake
- Improvement of metabolic complications due to renal insufficiency (e.g. proteinuria, disturbances in calcium-phosphate, carbohydrate, and lipid metabolism)

DOSAGE:

1 Tablet/10 kg body weight/day along with meal, divided in 3 equal dosage.

USP:

- Reduces Pill Burden
- Better Patient compliance and adherence
- Improves treatment outcomes
- Minimizes Medication error

References: 1. Int J Cur Res Rev | Vol 10 • Issue 19 • October 2018 | 2. Nephrol Dial Transplant (2015) 30: 39–44

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