Co-trimoxazole is linked to an increased risk of sudden death among older patients taking an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB), according to a report in the British Medical Journal.

Using Ontario health data, the researchers identified 11,301 patients who were beginning PD or HD. From this group, 1003 propensity-matched pairs of incident PD and HD patients were identified. Eligible HD patients received individually prescribed cholecalciferol, based on National Kidney Foundation Kidney Disease Outcomes Quality Initiative guidelines. The main outcome of interest was the percentage of patients with 25(OH)D levels of 30 ng/mL or higher at the end of the randomization phase.

At 13 weeks, 61.5 percent of patients in the cholecalciferol group had 25(OH)D levels of 30 ng/mL or higher, compared with just 7.4 percent of the placebo group. Cholecalciferol was also associated with higher levels of 1,25-dihydroxyvitamin D3 (1,25(OH)2D), 22.5 versus 11 pg/mL; and a higher likelihood of normal calcium levels, 76.9 versus 48.2 percent.

There was no significant difference in hypercalcemia incidence or in levels of phosphate and intact parathyroid hormone. Among patients from the placebo group, open-label treatment did not alter the percentage reaching the 25(OH)D target level.

Current guidelines recommend a 25(OH)D level above 30 ng/mL in patients receiving maintenance hemodialysis, but they do not address how to achieve that target. The new study finds that 13 weeks of once-weekly oral cholecalciferol is an ‘effective, safe, inexpensive, and manageable’ approach to increasing 25(OH)D and 1,25(OH)2D levels. The authors note that although their study did not address hard clinical endpoints, it found lower rates of falls and fractures in the cholecalciferol group (Massart A, et al. Biochemical parameters after cholecalciferol repletion in hemodialysis: results from the VitaDial randomized trial. Am J Kidney Dis 2014; 64:696–705).

Cholecalciferol Repletion Improves Vitamin D Status in Hemodialysis Patients

Physiologic doses of cholecalciferol enable most hemodialysis patients to achieve recommended levels of vitamin D and other biochemical measures, reports a trial in the American Journal of Kidney Disease.

The new study finds that 13 weeks of once-weekly oral cholecalciferol is an ‘effective, safe, inexpensive, and manageable’ approach to increasing 25(OH)D and 1,25(OH)2D levels. The authors note that although their study did not address hard clinical endpoints, it found lower rates of falls and fractures in the cholecalciferol group (Massart A, et al. Biochemical parameters after cholecalciferol repletion in hemodialysis: results from the VitaDial randomized trial. Am J Kidney Dis 2014; 64:696–705).