

BNSSG Health Community's Traffic Light System Shared Care Guidance



Please complete all sections.

Type in the grey shaded areas (deleting the prompts for information in each section).

Section 1: Heading

Trust: North Bristol NHS Trust
Specialty / Department: Renal
Drug:lanthanum carbonate hydrate (Fosrenol)

Section 2: Treatment schedule

Lanthanum carbonate is available in 250mg, 500mg, 750mg and 1g chewable tablets. The usual dose of lanthanum carbonate is 500mg - 1g taken with each meal (daily dose of 1.5 - 3g up to a maximum daily dose of 3.75g). Aim of treatment is to maintain the serum phosphate in patients with CKD Stages 3 and 4 between 0.9 and 1.5 mmol/L and between 1.1 and 1.8 mmol/L in CKD 5 and dialysis patients. Patients on lanthanum are regularly reviewed by doctors and dieticians in clinic or on dialysis.

Section 3: Monitoring

No specific monitoring in primary care is required. All monitoring of serum phosphate, calcium and PTH levels will be performed by the hospital/dialysis unit and dose adjustments made accordingly by doctors or dieticians in conjunction with primary care.

Section 4: Side-effects

The most common side effects documented are hypocalcaemia and gastrointestinal disturbances such as abdominal pain, constipation, diarrhoea, dyspepsia, flatulence, nausea and vomiting. Please see the SPC for a full list of adverse effects.

Section 5: Drug interactions

Lanthanum may increase gastric pH and therefore medication that is known to interact with antacids such as chloroquine, hydroxychloroquine and ketoconazole should not be taken within 2 hours of lanthanum.

There is a theoretical interaction between lanthanum and tetracycline, doxycycline and the quinolones and therefore it is recommended that they are not taken within 2 hours of lanthanum.

Section 6: Cautions and special recommendations

Pregnancy/lactation - There is not sufficient data to recommend the use of lanthanum in pregnancy and risk/potential benefit must be considered when used while breastfeeding.

Section 7: Advice to the patient

Tablets should be chewed and not swallowed whole and lanthanum should be taken with or immediately after food. Patients should adhere to the diet recommended by their renal dietician in order to control phosphate and fluid intake. Fosrenol may induce dizziness and vertigo which may impair ability to drive or use machinery.

Section 8: Responsibilities for Secondary Care

Initiation of lanthanum (minimum of 1 month supply), regular monitoring of phosphate and calcium with appropriate dose adjustments and good communication with primary care.

Section 9: Responsibilities for Primary Care

Continue initial supply and make dose adjustments as advised by secondary care

Section 10: Contact details

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Section 11: Document details

Date prepared:	30 th March 2010
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Section 12: Collaboration

Not applicable

Section 13: References

1. SPC for Fosrenol (lanthanum carbonate hydrate) accessed via www.emc.medicines.org.uk , last updated 12/1/10
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