Management of Secondary Hyperparathyroidism: The Role of Vitamin D

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Symposium Description and Objectives
Low levels of 25-hydroxyvitamin D are prevalent in individuals with CKD. Vitamin D insufficiency and deficiency contribute to the development of secondary hyperparathyroidism (SHPT) and may be associated with increased cardiovascular and overall mortality in patients with CKD. Epidemiologic studies have indicated a survival benefit of vitamin D agents across all stages of CKD. However, controversy exists as to which vitamin D compounds are best suited for this population. Although some opinion-based guidelines recommend administration of nutritional vitamin D agents such as ergocalciferol or cholecalciferol as the first therapy in SHPT associated with low circulating levels of 25-hydroxyvitamin D, SHPT remains incompletely addressed by current vitamin D repletion options.

This symposium describes abnormalities in metabolism of vitamin D and consequences of vitamin D insufficiency in CKD. The roles of phosphorus retention, fibroblast growth factor 23, and vitamin D deficiency in the pathogenesis of SHPT are reviewed. The goals of treatment of vitamin D insufficiency and SHPT in patients with dialysis- and non–dialysis-dependent CKD, as well as current and emerging novel therapeutic options, are discussed.

Upon completion of this symposium, the participant will be able to: 1) describe current pathophysiologic mechanisms of SHPT; 2) identify vitamin D abnormalities in CKD including the role of vitamin D disarrays in SHPT; and 3) discuss conventional and novel approaches for vitamin D therapy in CKD.

Symposium Schedule
Thursday, November 5, 2015

Introduction
Anna L. Zisman, MD – Moderator
University of Chicago

New Insights into Pathophysiology of SHPT and the Role of Vitamin D Disarray
Csaba P. Kovesdy, MD
University of Tennessee Health Science Center, Memphis VA Medical Center

Vitamin D Therapy for the Management of SHPT
Michal L. Melamed, MD
Albert Einstein Medical College

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