

# KIDNEY CONNECTION

Fall 2007

## Phosphorus and Your CKD Diet

**P**hosphorus is a mineral found in your bones. Along with calcium, phosphorus is needed for building healthy strong bones, as well as keeping other parts of your body healthy.

Normal working kidneys can remove extra phosphorus in your blood. When you have Chronic Kidney Disease (CKD) your kidneys cannot remove phosphorus very well. High phosphorus levels can cause damage to your body. Extra phosphorus causes body changes that pull calcium out of your bones, making them weak. High phosphorus and calcium levels also lead to dangerous calcium deposits in blood vessels, lungs, eyes, and heart. Phosphorus and calcium control is very important for your overall health.

A normal phosphorus level is 3.5 to 5.5 mg/dL. Ask your doctor or dietician for your last phosphorus test result. Dialysis can remove some phosphorus from your blood but it is important for you to understand how to limit build up of phosphorus

## Heart of the Matter: Blood Pressure and Your Kidneys

### What does high blood pressure mean to you?

High blood pressure and kidney disease are two common conditions, each affecting the other. High blood pressure causes kidney disease and chronic kidney disease (CKD) causes high blood pressure. More important, both conditions increase the risk of heart disease and stroke. Treatment of high blood pressure and kidney disease can reduce your chance of having a heart attack or stroke.

### The epidemic of high blood pressure

Approximately 50 million adult Americans have high blood pressure. The level of blood pressure increases with age. About 60 percent of the population over the age of 60 has high blood pressure. High blood pressure (also known as hypertension) is a silent condition: that means that there are not usually any signs or symptoms. (*cont. on pg. 5*)



### A Message from the Executive Director, Lisa Allgood

Many people will ask: **How can I help the National Kidney Foundation of Kentucky?** One of the best ways to help kidney patients and transplant recipients and continue kidney disease prevention education is through a financial contribution. Your donation means we can continue our programs and services that have made us the state-wide experts in kidney health. Here are some ways you can make a contribution:

**Donate online.** Make a secure donation now by credit card to the National Kidney Foundation of Kentucky at [www.nkfk.org](http://www.nkfk.org). Click on the Donate Now button.

**Donate by mail.** Send a check to support our programs or services

**Donate by phone.** Make a credit card contribution or pledge by phone.

**Memorial or In Honor donations.** Remember/honor a loved one or friend, honor them on their birthday or transplant anniversary, etc.

**Gift of assets.** Such as real estate, works of art, life insurance policies, tangible property and securities/stocks

**Estate Planning /Will.** Consider including the NKFK in your Will

#### Financial contributions last fiscal year allowed the NKFK to:

- Provide free kidney health screenings to 1,089 participants through our Kidney Early Evaluation Program (KEEP)
- Teach 317 school age children about kidney disease prevention and organ donation
- Provide 5,200 educational brochures to professionals and the public about kidney disease prevention and organ donation
- Provide \$40,000 in direct financial assistance to kidney patients and kidney transplant recipients

Thanks for your consideration and support.

## Mark your Calendar! 2007 & 2008 Events

### Program Events

#### **KEEP Screenings**

**October 13**  
Louisville  
Magazine St. 7th Day  
Adventist Church

**October 16**  
Maysville  
Boys & Girls Club

**November 1**  
Henderson  
Location TBA

**November 10**  
Richmond  
Location TBA

**November 16**  
Paris  
Location TBA

**Support Group**  
2nd Thursday every month  
Call for information

#### Special Events

**NKFK Gala**  
March 8, 2008  
Hyatt  
Downtown Louisville

**Turn your  
trash into  
cash!**



Recycle your  
empty ink jet and  
toner cartridges,  
and cell phones  
for the **NKFK!**

**The NKFK receives \$2-\$67.50  
for every cartridge and cell  
phone  
donated!**

For more information, please contact  
Johanna Clapp at 502-585-5433 or  
jclapp@nkfk.org!

## NKFK Chapter News

### **Bowling Green**

The Bowling Green Chapter of the National Kidney Foundation of Kentucky joined with The Medical Center to present the 1<sup>st</sup> Ride Out Loud Bike event held at Chaney's Dairy Barn. The event was a great success with 175 riders coming out to support the NKFK. The cyclists had the opportunity to learn about prevention of kidney disease and sign up to be an organ donor with the Kentucky organ donor registry. Thanks to our contributing sponsors: Bowling Green Bike Club, KODA, Citizens First Bank and Franklin Bank and Trust. The event raised \$3,500.00 to benefit programs and services of the NKFK. Thanks to all the volunteers for your time and talent. Mark your calendars: 2<sup>nd</sup> Annual Ride Out Loud will be held on August 16, 2008 at Chaney's. Please plan to join us.

### **Lexington**

The Lexington Chapter meets the 4<sup>th</sup> Friday of even months at the Kentucky Clinic. The next meeting will be October 26, 2007 at 11:30am in Room J005. The chapter is instrumental in bringing the National Kidney Foundation of Kentucky (NKFK) programs and services to the Lexington area. We have several projects in development and all those interested in supporting the NKFK mission are encouraged to participate. For more information, please contact Lisa Allgood at 1-800-737-5433.

*If you are interested in attending a chapter meeting, please contact the NKFK at 502-585-5433.*

## Phosphorus and Your CKD Diet (cont. from pg. 1)

You can keep your phosphorus level normal by understanding your diet and medications for phosphorus control. You will need to take medicines called phosphorus binders to help keep phosphorus in the foods you eat from getting into your blood. Your dietician and doctor will help you with this. Below is a list of foods high in phosphorus.

### High-Phosphorus foods to limit or avoid

|                             |   |  |
|-----------------------------|---|--|
| <b>Dairy Foods</b>          | Milk<br>Hard Cheeses<br>(American, cheddar, Swiss)<br>Yogurt<br>Ice Cream               | Pudding/Custard<br>Cottage Cheese<br>Cream Soups   |
| <b>Dried beans and peas</b> | Kidney beans<br>Lima beans<br>Pinto beans<br>Pork and beans<br>Baked beans<br>Soy beans | Garbanzo beans<br>(chick peas)<br>Lentils<br>Split peas<br>Black-eyed peas   |
| <b>Whole Grains</b>         | Bran Cereals<br>Wheat germ<br>Oatmeal   |  |
| <b>Beverages</b>            | Dark Colas<br>Beer  | Drinks made with milk<br>Canned ice teas   |
| <b>Nuts and Seeds</b>       | Almonds<br>Cashews<br>Pistachios<br>Sunflower seeds                                     | Peanuts<br>Peanut butter   |
| <b>Other foods</b>          | Organ meats (liver, kidneys,<br>sweetbreads)<br>Sardines<br>Clams, oysters<br>Chocolate | Tofu<br>Quick breads from boxed mixes<br>(cornbread, corn muffins, biscuits)<br>Pancakes, waffles from boxed mixes |

## Phosphorus and Your CKD Diet (cont. from pg. 3)

Your doctor may order a medicine called a phosphate binder for you to take with meals and snacks. This medicine will help control the amount of phosphorus your body absorbs from the foods you eat. There are many different kinds of phosphate binders. Pills, chewable tablets, and powders are available. Some types also contain calcium, while others do not. You should only take the phosphate binder that is ordered by your doctor or dietitian.

When your phosphate level is too high, think about your diet and substitute lower phosphorus foods for a while. Talk to your dietitian and doctor about making changes in your diet and ask about your phosphate binder prescription.

### Suggestions for lowering phosphorus in your diet

| <b>IINSTEAD OF THESE<br/>HIGH-PHOSPHORUS FOODS</b>                      | <b>TRY THESE<br/>LOW-PHOSPHORUS FOODS</b>  |
|---|--|
| 1 cup milks (230 mg)*   | 1 cup non-dairy creamer (100mg)<br>Or 1/2 cup milk (115 mg)                            |
| 1 cup cream soup made with milk (275 mg)                                | 1 cup cream soup made with water (90 mg)   |
| 1 ounce hard cheese such as American, cheddar, muenster, Swiss (145 mg) | 1 ounce cream cheese (30 mg)   |
| 1/2 cup ice cream (80 mg)   | 1/2 cup sherbet or 1 popsicle (0 mg)   |
| 12 oz can cola (55 mg)  | 12 oz can non-cola such as ginger ale or lemon soda (3 mg)                             |
| 1/2 cup lima or pinto beans (100 mg)                                    | 1/2 cup mixed vegetables or green beans (35 mg)  |
| 1/2 cup of pudding or custard made with milk (150 mg)                   | 1/2 cup pudding or custard made with non-dairy creamer (50 mg)                         |
| 1/2 cup peanuts (200 mg)  | 1 1/2 cups light salt/low fat popcorn (35 mg)  |
| 1 1/2 oz chocolate bar (125 mg)   | 1 1/2 oz hard candy in fruit flavors or jelly beans (3 mg)                             |
| 2/3 cup oatmeal (130 mg)  | 2/3 cup cream of wheat, cream of rice or grits (40 mg)                                 |
| 1/2 cup bran cereal (140-260 mg)  | 1/2 cup non-bran cereal, such as shredded wheat, rice cereals, corn flakes (50-100 mg) |

\* Numbers in parenthesis tell how much phosphorus is in the food. Article from National Kidney Foundation, [www.kidney.org](http://www.kidney.org).

## Heart of the Matter: Blood Pressure and Your Kidneys (cont. from pg. 1)

Many people with high blood pressure do not know that they have it. Sometimes, by the time they are found to have high blood pressure they already have heart disease or kidney disease or may have had a stroke. Although the diagnosis and treatment of high blood pressure has improved in the past few years, more than 70 percent of people with hypertension still have blood pressure levels above the recommended treatment goal. In May 2003, new guidelines for high blood pressure were reported. The report describes a new classification for people with blood pressure between 120-139 systolic (the top number in a blood pressure reading) or 80-89 diastolic (bottom number).

People with pressure readings in these ranges are considered to have “prehypertension.” Those in the prehypertension range are at a higher risk than those with lower blood pressures and are more likely to get high blood pressure where medication is needed.

### The epidemic of chronic kidney disease

In this country, 300,000 people have kidney failure and have to be treated with dialysis or kidney transplantation; approximately 19 million more people have chronic kidney disease (CKD) with decreased kidney function or other signs of kidney damage. More than 50 percent of people with CKD and more than 90 percent of those with kidney failure have high blood pressure. High blood pressure caused kidney disease in over 20 percent of people with kidney failure. In adults, kidney function decreases with age. High blood pressure speeds the loss of kidney function with age.

By age 60 to 69, seven percent of people have lost half their kidney function. After age 70, 25 percent of people have lost half their kidney function. Unfortunately, like people with high blood pressure without kidney disease, more than half of those with CKD and high blood pressure have blood pressure levels above the treatment goal. This means that their blood pressure is higher than it should be, even with treatment. If this is so, this would indicate that your current treatment should be evaluated. According to the NKF-K/DOQI guidelines, the recommended blood pressure levels for people with CKD at all stages is 130/80.

### The heart of the matter

Heart disease and stroke are the first and third most common causes of death in the United States. People with high blood pressure and CKD have a greater chance of having heart disease or a stroke than those without kidney disease or high blood pressure. In fact, having heart disease or a stroke is more threatening to their lives than kidney failure. At higher levels of blood pressure and lower levels of kidney function, the chance of heart disease or stroke is worse. People who go on to have kidney failure are 10 to 100 times more likely to die from heart disease or stroke than people without

kidney failure. Because of this, it is clear that the treatment of high blood pressure and CKD are very important. Fortunately, good blood pressure drugs are available that often help control it.

### Treatment of high blood pressure in people with CKD

People with kidney disease at all stages should see a doctor or other health care worker regularly, have their blood pressure taken frequently and take the right medications. The treatment of high blood pressure slows the worsening of CKD. Treatment of high blood pressure and CKD also prevents heart disease and stroke.

Two kinds of drugs are particularly good for the treatment of people with high blood pressure and kidney disease. One type of medicine, “angiotensin converting enzyme inhibitors” (ACE inhibitors), decreases the body’s ability to make angiotensin, a substance that increases blood pressure. Another type of medicine, “angiotensin receptor blockers” (ARB’s), stops the angiotensin from working so that it can’t increase blood pressure. These medicines work because of the following reasons: 1. They are good at lowering blood pressure. 2. They are better than other blood pressure medicines in slowing the loss of kidney function. 3. They protect against heart attacks and strokes and are the medicines that should be used first for the treatment of heart failure. Therefore, these two types of medicines are the best medicines for the treatment of most people with high blood pressure and CKD. (cont. on pg. 9)

More than 70 percent of people with hypertension still have blood pressure levels above the recommended treatment goal

## Don't Let Your Diet Get You Down!

---

“OKAY, SO YOU ARE SAYING I SHOULD EAT MORE MEAT, drink less milk, avoid canned soups, lunch meats, hot dogs, pickles and olives and limit oranges, bananas, potatoes and tomatoes. I need to increase the number of binders I take: three after each meal and two after each snack. Is that it?”

*Does this sound familiar?* Month after month, you are counseled by your dietitian to achieve lab results within the desirable ranges. Due to the limitations of the kidney diet, you may find it difficult, or even depressing, to follow such a diet. “Sometimes I just want to give up eating. By the time I figure out something to eat, I am not even hungry anymore,” commented one person on dialysis. “Or I want to eat everything in my kitchen to rebel against the diet!” she added.

Dealing with the complexities of the kidney diet and other lifestyle changes may contribute to feelings of hopelessness, pessimism, sadness and other symptoms of depression, which can make you apathetic and less likely to care for your own physical needs.

Depression is not a weakness or a character flaw; it, too, is a medical illness. Depression can affect your ability to sleep, work, and get along with others. People who are depressed may find daily tasks such as meal planning, shopping, food preparation and even eating to be a big struggle. As a result of poor eating due to depression, you may lose weight, have a low protein (albumin level), or, in some cases, you may overeat and have unplanned or unwanted weight gain.

If you think you are depressed over your diet, talk to your dietitian about how you are feeling. Together you can develop ideas about how to help you stay positive about your diet. These could include:

- **Setting short-term goals for your lab values.** Perhaps the idea of eating more protein, eating less potassium and phosphorus and drinking less fluid is overwhelming. Work with your health care team to decide where to prioritize. It may be easier for you to choose one lab value that is not within goal range and take steps to improve it. For example, you may decide to work on reducing your phosphorus level first. Try substituting one low phosphorus food item for one higher in phosphorus (try sherbet or sorbet instead of ice cream).

Achieving a series of small, easy goals helps build your confidence and improve your health.

- **Looking through kidney cookbooks at your local library or bookstore for menu ideas.** There are also Web sites that offer many kidney-friendly recipes. Try [www.kidney.org/patients/cookbook](http://www.kidney.org/patients/cookbook), [www.culinarykidneycooks.com](http://www.culinarykidneycooks.com) or [www.ikidney.com](http://www.ikidney.com). Decide to try a new recipe once per week and share your favorites with other people who are on dialysis and your dietitian. You will also be helping others who are dealing with the same challenges of the kidney diet.
- **Preparing larger quantities of food and freezing leftovers.** Quickly reheating is a breeze when you are feeling too tired to cook from scratch. Some people find they are worn out after their treatment, causing them to skip meals. Enjoying leftovers after treatment can be a quick and easy way to improve nutrition and boost your energy level.
- **Buying frozen dinners that are lower in sodium, potassium and phosphorus.** Some nutrition labels now also list the food's potassium content. If you find one you like without nutrient information, see your dietitian for guidance.
- **Eating with others if possible.** Pleasant conversation leads to a relaxed environment. If you live alone, consider inviting an understanding friend, relative, or even another person who is on dialysis over for companionship during mealtime. Do not be afraid to ask them to bring a dish to share. You may find that many people want to lend a helping hand.
- **Eating several small meals throughout the day** may help increase the amount you eat, making sure that you take in enough calories during times you may have a smaller appetite or might not feel so hungry. Try a mid-morning and/or mid-afternoon snack.

Many factors come into play with both the causes and the solutions for depression, including nutrition and diet. Having a positive attitude toward your kidney diet, while forming new eating habits (what, where, when and with whom you eat) can play a role in improving your physical health and your mental outlook.

By Cathy Keller, RD, LDN  
Article from Family Focus, Vol.14, No. 3, pg. 7

## Kidney Walk Awards

Dialysis Team Challenge  
Largest Team  
Night Hawks—FMC Oldham

Dialysis Team Challenge  
Top Fundraiser  
Night Hawks—FMC Oldham

Largest Team  
Phi Sigma Sigma Gamma Tau

Top Fundraiser  
Sassy Sister III

**Congratulations!!**

**And a Special Thanks to our Committee Members!**

## Side by Side for Life: Kidney Walk 2007

Chronic kidney disease is a public health issue affecting 20 million Americans. The NKFK Kidney Walk, held September 15, brought together dialysis patients, transplant recipients, donor families, and others in the medical community to celebrate life and walk the path of prevention of kidney disease.

Executive Director, Lisa Allgood, welcomed over 300 walkers and encouraged all to continue the fight against kidney disease. Walkers of all ages enjoyed the two mile walk at Waterfront Park and visited the Wellness Tent, Kid's Corner Activities, and enjoyed the food provided by Qdoba and Sara Lee.

Thanks to all who supported this year's Kidney Walk and a special thanks to our volunteers. The Kidney Walk wouldn't be successful without you!



Do you like participating in the Kidney Walk and want to be more involved?

**Then join the Kidney Walk Committee!**

Meetings are held monthly beginning in January.

For more information, please call the NKFK at 502-585-5433.

## Ride Out Loud 2007



*Off to a great start! 175 riders participated in this 1st annual event.*



*A young participant decorates her helmet before the race.*

## Gift of Life Gala 2008

Planning has begun on next year's Gift of Life Gala to be held on March 8, 2008 at the Hyatt Regency in Louisville. Chuck and Sue Fischesser are the co-chairs of the event again this year and we also welcome two new committee members; Bill D'Antoni and Tina Kauffmann. Bill and Tina are new members of the NKFK Board of Directors. The gala is an uplifting evening of dining, dancing, a live and silent auction and award presentations to several outstanding honorees. Next year's gala entertainment will feature The Beatles tribute band "Eight Days A Week." Please mark this on your calendar as a "don't miss" event!



## Volunteer Spotlight: Jenny Wrightington & Terra Jackson



“Sassy Sisters” Terra and Jenny

Terra and Jenny have been dedicated volunteers of the NKFK for over 5 years. Terra has been an instrumental part of the Gala committee for three years and participated as a team captain along with her sister Jenny for the Kidney Walk. Terra and Jenny have raised more than \$10,000 for the Kidney Walk within the past three years. Jenny has also served as part of the NKF Program Committee, Walk Committee and Gala Committee. The time and talent that these sisters have given to our organization has been tremendous and very much appreciated!

### Why did you become involved with the NKFK?

**TERRA:** I guess it is embedded in my 'person' to GIVE BACK. My mother taught us at a very young age that there are others in the world that have it so much worse off than we do and we should be grateful for all that God has given us. My sister has suffered with kidney disease for many years, so NKFK is an organization I gravitated to naturally and with which I am passionate about being involved.

**JENNY:** I became involved as this directly affects me as a kidney dialysis patient. I have first hand experience with what a grueling struggle life can be for those on dialysis. If there is anything I can do to improve the quality of life for those on dialysis or prevent others from having the need to go on dialysis, I would gladly do it.

### What is the importance of the NKFK mission for you?

**TERRA:** Working with the foundation helps me to gain a better understanding of what my sister is working through with her kidney disease. It also helps to keep me informed of opportunities for her to achieve a better quality of life down the road. Although I am involved with many charities, The National Kidney Foundation of Kentucky holds a special place in my heart because I have witnessed my sister's long struggle with kidney disease and, by being involved with NKFK, I feel I am working alongside her in her fight.

**JENNY:** I really believe in the mission.. I also feel in Louisville/KY we have too many people going on kidney dialysis machines because of our lifestyles, poor nutrition, environmental issues, lack of education on healthy lifestyles, addressing early warning signs of high blood pressure etc.. I do not know but hope we can get a handle on the matter soon and at a minimum make people aware of things they can control.

## NKFK Volunteer Opportunities

- ✓ KEEP Screenings
- ✓ Kidneys in the Classroom
- ✓ Health Fairs
- ✓ NKFK Golf Events
- ✓ Kidney Walk
- ✓ CKD Education Program
- ✓ Health Fairs
- ✓ Gift of Life Gala

*To find out more about NKFK volunteer opportunities, please contact Laura Temple at 1-800-737-5433 or ltemple@nkfk.org*



## Welcome Aboard!!

The NKFK is proud to have the following join the Board of Directors for 2007.

**Jim Crouch**  
**Bill D'Antoni**  
**Tina Kauffman**  
**Mary Lou Marzian**  
**Marissa Vincent**  
**Colleen Wilson**

**Thank you for your commitment and we look forward to working with you!**

## Going for the Gold: Team Kentucky Athlete Mark McGaha



Judy and Mark McGaha

My story begins on New Years Eve 1998. I woke that morning with a rash all over my body. I went to the immediate care center and the doctor said it was the hives. He also said to go to my family doctor and have my blood pressure checked out because it was high. The following week I went to my family doctor and after some tests he told me I had a problem with my kidneys and sent me to see a specialist. The kidney specialist ran all kinds of tests and it was determined that due to years of undetected high blood pressure, my kidneys had been damaged severely and I would need a transplant.

Several of my family and friends were tested for a possible living donor but none were candidates. My wife, Judy, went to be tested without telling anyone and was told it would be highly unlikely that she would be a match. After all the tests were run, we received the good news. Judy was a perfect match and could be a living donor for me. At the time we were also told that it was a one in ten million chance of being a match with a non-blood relative donor. Judy was my wife and now the person who could give me a kidney and new lease on life. This was a miracle and a gift from God, one that we had all prayed for. On June 12, 2000, we had the transplant at Jewish Hospital.

I got interested in the Transplant Games by reading a pamphlet I picked up while having my blood work done at Jewish Hospital. I noticed that one of the sports that were included in the games was bowling. Well you need say no more, I've been a bowler all my life! I've bowled in organized leagues since I was 15 years old, and have just begun my 35<sup>th</sup> season as a secretary of adult leagues. Bowling is the one thing that got me through my illness; it gave me something to look forward to.

The 2006 Transplant Games was a great experience for me. It was my first of many games to come, I hope. You meet lots of nice people with interesting stories. I urge all Transplant recipients to become involved regardless of your skill level. It will be one of the eye opening experiences of your life, I promise you that. At the games, I bowled next to a man that had two artificial legs along with being a transplant recipient. He was not that good of a bowler but he was out there trying! The 2008 Transplant Games will be held this coming July in Pittsburgh. Get involved with Team Kentucky! You will make new friends and you might win yourself a gold medal. Join Team Kentucky as we prepare for the games in Pittsburgh, Mark McGaha

To learn more about the US Transplant Games and joining Team Kentucky, please contact Lisa Allgood, Team Manager, at 1-800-737-5433 or [lallgood@nkfk.org](mailto:lallgood@nkfk.org).

### Heart of the Matter (cont. from pg. 5)

#### Prevention of high blood pressure and kidney disease in high risk individuals

Screening studies have shown that first degree relatives of people with kidney disease (parents, brothers, and sisters) are more likely to develop high blood pressure and kidney disease than those without a close relative with kidney disease or high blood pressure. People with a family history of kidney disease should have regular blood pressure checks so that high blood pressure can be found early, and treated. With early and effective treatment, people with high blood pressure can have fewer problems such as heart disease, kidney disease and stroke, and live longer and better lives.

Written by Katrin Uhlig, MD and Andrew S. Levey.  
Article from *Kidney Care*, Vol. 1, No. 1

## Kidney Disease vs. Cancer: Did You Know?

- In the US in 2000, 99,000 people died from kidney failure, second only to lung cancer and more deaths than colon cancer, breast cancer, and prostate cancer.
- Seven percent of Medicare expenditures are for treatment of those with End Stage Renal Disease (ESRD), but ESRD patients comprise only six percent of Medicare insured.
- ESRD is projected to cost Medicare \$28 billion in 2010
- There are more than 360,000 patients in the US who have kidney failure; more than 4,120 live in Kentucky
- 1 in 9 adults has Chronic Kidney Disease (CKD); 449,000 Kentuckians may have CKD.

Information from *Kidney Wise Newsletter*, [www.nkfk.org](http://www.nkfk.org).

### Festive Cranberry Stuffing

(serves 10, 1/2 cup per serving)

#### Ingredients:

3 cups soft, stale bread crumbs  
1 cup diced, peeled, tart apples  
1/2 cup diced raw cranberries

1/4 cup chopped celery  
1/4 teaspoon poultry seasoning  
1/4 cup apple juice  
2 tablespoons unsalted margarine, melted

#### Directions:

Preheat oven to 350°F. Combine all ingredients in a large bowl and toss to mix. Place in a lightly greased casserole dish. Bake for 30 minutes

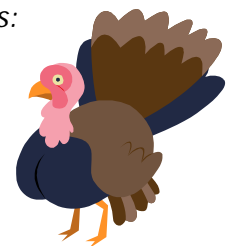
#### Dietary Analysis:

|                |     |            |     |
|----------------|-----|------------|-----|
| Calories:      | 150 | Sodium     | 243 |
| Carbohydrates: | 25  | Potassium  | 79  |
| Protein:       | 4   | Phosphorus | 45  |
| Fat:           | 4   |            |     |

#### Renal and Renal

#### Diabetic Exchanges:

1 Starch  
1 Low Potassium Fruit  
1 Fat



Have a Wonderful Thanksgiving Holiday from all of us at the NKFK!

## In Loving Memory...

The following individuals donated to the National Kidney Foundation of Kentucky in memory of loved ones from **June 15, 2007** through **September 6, 2007**. We are very grateful for these thoughtful contributions and wish to express our sympathy to the family and friends of the deceased.

*In Memory of Betty Lofton*

Mary H. Ballard  
Scott Gerstner, Lesley Henney, George McGaha, Keith Sims, Karen Whalen  
Samuel Lofton  
Joseph C. Bell, DMD  
Kathryn Voiers

*In Memory of Sandra Baker*

Virginia Morgan  
Leora & Allen Branham

*In Memory of Nancy Garling*

Marjorie Wilson  
Mary Larson

*In Memory of Robert E. Lawson*

Mr. & Mrs. Omar Barbour  
Kathryn & HC Bond, Jr.  
Phyllis Goldstein  
Ernestine Thompson

*In Memory of Timi Jean McClellan*

Tom & Linda Stephens, Jerry & Suzie Damron, & Richard & Carol Damron

*In Memory of Darlene Eckert*

Dr. Jill Watson

*In Memory of Miles Bacon*

Mr. & Mrs. Cleo Roseberry  
Janet Pate  
Mr. & Mrs. Dennis Coghill  
Mr. & Mrs. Ken Moran  
Zelma Comengore  
Mr. & Mrs. Raymond Lee  
Mr. & Mrs. George Schirmer  
Mr. & Mrs. Jerry Herlow

*In Memory of Tommy Leek*

Kathy Burkhardt  
John Renaker II  
Eric & Becky Moore  
Jim & Jan Froman  
Kellie & Dennis Boaz  
Robert & Patricia Froman  
William & Leola Wailer

*In Memory of Malcolm Cory*

Ellen Cruz  
Harry Cody  
Zenor, Arrenholze and Arrenholze-Zelevitz Families  
Jeanette Schoop  
Liane Garrett  
Amanda Rose & Mike Brutscher  
Kathryn Cruz  
Myra DeGroot  
Ashland Family

*In Memory of Jenny Sparks*

Tony & Virginia Crowder

*In Memory of Wendy Buchanon*

Elayne Borders

*In Memory of Eddie Myers*

Gene & Ann Edwards

*In Memory of Janene Ford*

Seven Counties Services

*In Memory of John Ray Piercy*

Julie Piercy  
Willie & Donna Piercy  
Donald Mullins  
Bob & Esther Gieser  
Mary Yunt

*In Memory of Mary Hill*

Marion County Cattlemen Association

*In Memory of Loren Bright*

Hanover College Development Staff

*In Memory of Valerie Vickers*

Bob & Becky Farr  
Bobby & Mary Belle Holland  
Jackson Purchase, ACA  
Beverly Shores Church of Christ

*In Memory of Edna Pauline Brown*

James & Alice Beckham  
Carole James  
Emmett A. Meeks, Emmett & Debbie Meeks, & Leonard & Marily Beverley  
Lennie & Kelley Beverley  
Richard & Eddie Spiers  
Bobby & Darlene Graham

*In Memory of Raenelda Lusty*

Kenny & Terri French  
Joyce Ellis  
Kelli & Dennis Boaz  
Stella Leek

*In Memory of Ronald Thompson*

General John J. Pershing Memorial Hospital  
Mr. & Mrs. Ben Clark & Ann Helen

*In Memory of Betty Jo Burchett*

Mr. & Mrs. Ida C. Hall  
Gwendolyn Adcock  
Camille Dean  
Lorene Carney & Georgene McKenzie  
Stephen Green  
Robert & Mattie Harris

*In Memory of Peggy Brooner*

Rita & A.K. Stayton  
"BAS" Family & Friends from Geography

*In Memory of Mark McAtee*

Mikhail Goldenful  
Mary Parsley  
Lisa Murphy

*In Memory of Tony Crowder, Sr.*

Joseph Hamilton  
Robert & Sharon Niemeier

**Board of Directors**

Janet Connell  
R. Scott Cornell, MD  
Jim Crouch  
Bill D'Antoni  
Jan Day  
Chuck Fischesser  
Tina Kauffman  
Stefan Kiessler, MD  
Larry Kozlove  
Jeff Leonard  
Mary Lou Marzian  
Newton McCravy  
Patrick Northam  
Michael Parlier  
Sanford Reikes, MD  
Marissa Vincent  
Colleen Wilson



**National Kidney Foundation**  
of KENTUCKY

250 E. Liberty Street  
Suite 710  
Louisville, KY 40202  
(502) 585-5433  
(502) 585-1445 (fax)  
www.nkfk.org

**Staff**

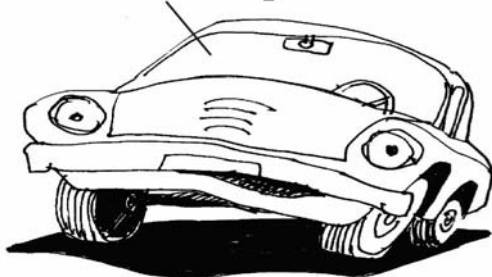
Lisa Allgood, Executive Director  
lallgood@nkfk.org  
Johanna Clapp, Admin. Assistant  
jclapp@nkfk.org  
Laura Temple, Program Associate  
ltemple@nkfk.org  
Leann Wiley, Bookkeeper  
lwiley@nkfk.org

This newsletter is supported by a grant from **GENZYME**



You can save  
**FIFTY LIVES!**  
Sign the Kentucky Organ Donor  
Registry at [www.donatelifeky.org](http://www.donatelifeky.org)!

**"I Want To Be Donated  
To Kidney Cars!"**



"The money I'll bring will help save lives and you won't have the hassle of trying to sell me. You can even get a free pickup. And, if you itemize, you'll get a tax deduction receipt. It's easy to do, so just call and please donate me today!"



**National Kidney Foundation**

Contact the National Kidney Foundation in your area, donate online at [www.kidneycars.org](http://www.kidneycars.org) or call us at **800.488.CARS**

***Kidney Connection***  
**is now on the web!**

**Please visit us at**  
**[www.nkfk.org](http://www.nkfk.org)!**

Yes! I would like to receive the  
*Kidney Connection*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Please complete and send to:

National Kidney Foundation of KY  
250 East Liberty Street, Ste. 710  
Louisville, KY 40202

Or email Johanna Clapp at [jclapp@nkfk.org](mailto:jclapp@nkfk.org)