UNDER THE ST Kidney Centers Live. Learn. Hope.

Transplant Connection

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What happens to your Social Security Disability benefits when you return to work?

After a transplant, many people on Social Security Disability return to work once they've regained their health. Studies show that patients who return to employment or volunteering have:

- better health
- more independence
- better quality of life
- less risk for depression

If you are thinking about going back to work and are currently on Social Security Disability Income (SSDI), there are important things you should know about your disability payments and whether they will continue. See the column at right.

For more information, contact your Social Security office or visit www.ssa.gov.



Tom Madsen of Seattle, who works at Metropolitan Market, received his kidney transplant in 2004.

If you return to work, will your SSDI continue?

- If you earn more than \$1,040 per month (for 2013), you may no longer be eligible for SSDI benefits.
- 2. To remain on SSDI, your disability must be severe enough to limit your ability to do basic work activities needed for most jobs, such as walking, standing, sitting, lifting, seeing, hearing, speaking, understanding and following instructions, and responding appropriately to colleagues and work situations.
- 3. If you are on SSDI at the time of kidney transplant, you are considered disabled for 12 months following surgery. After that, you will be evaluated to see if you remain disabled.
- Social Security will explore your ability to do work you have done in the past. If you are able, benefits are stopped.
- 5. If you cannot do the work you have done in the past, Social Security will review your age, education, work experience and physical and mental condition to determine what other work, if any, you can perform.
- If you return to work, there is a
 9-month trial work period in which you can continue to receive some SSDI benefits.



Many patients start out on brand name immunosuppressant drugs, but later are switched (often at the request of their insurance company) to a less expensive generic form of the drug. If that happens to you, **let your nephrologist know right away**.

A brand name drug is made by the same company that developed the drug. For a certain number of years, the government allows only that company to make and sell the drug under a patent.

After the patent period ends, other companies can make and sell a generic form of that drug. The government requires that the generic drug contain exactly the same active ingredients as the brand name drug. Generic drugs usually cost less than brand name drugs, so often insurance companies, hospitals and patients themselves switch to generics to save money. With immunosuppressant drugs, even very, very small differences between brand name and generic drugs might affect how the drugs act.

If you make a change to a generic drug:

Tell your nephrologist right away. Your levels may be checked more closely to see how the drug is acting in your body. You may need a change in dosage.

Any change in medications can cause confusion, and patients may be more likely to make mistakes. Be sure you understand what you're taking and how to take it. If you have questions, ask your Northwest Kidney Centers pharmacist.

Most transplant patients can safely take generic immunosuppressant drugs under most circumstances. However, it is important to work closely with your nephrologist to ensure that you receive the best possible treatment.

Diabetes after transplant

About 10 to 20 percent of patients who were not diabetic before a kidney transplant become diabetic after a transplant. Why is that?

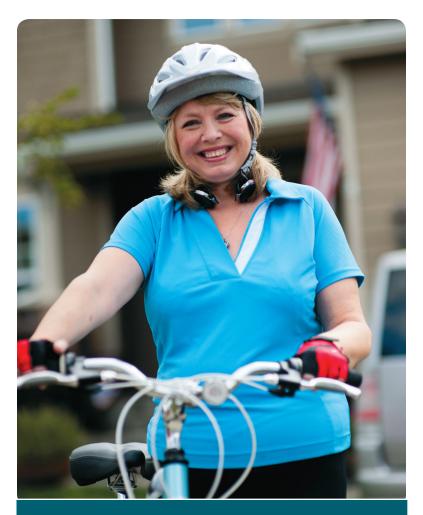
- Side effects of transplant medications
- Weight gain related to transplant medications or because of better appetite after a transplant
- Other general risk factors for diabetes:
 - Being overweight
 - Family history of diabetes
 - Over age 40
 - African-American or Latino
 - Hepatitis C

Diabetes is a serious illness.

It increases your risk of:

- Heart and blood vessel disease, which can cause stroke, heart attack and heart failure
- Infection
- Damage to your transplanted kidney

You can lower your risk of diabetes after transplant by staying at the right weight, eating a healthy diet and exercising regularly. Need help? Talking to a dietitian can give you the tips and skills you need. Ask your doctor for a referral for medical nutrition therapy.



Angela Pappas rides a bicycle for good health and fun.

Stay healthy with the right diet and lifestyle Get individual medical nutrition counseling with a dietitian

We offer individual nutrition counseling with a dietitian for kidney transplant recipients. This medical nutrition therapy is covered by Medicare for 36 months after a transplant, and also by many private insurance plans with your doctor's referral.



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Call 206-292-2771, ext. 1082 to learn more.



Mark your calendar!

March 28: Patient rehabilitation scholarship deadline

May 14: Breakfast of Hope, 7:30 a.m., Westin Seattle

Nov. 16: Northwest Kidney Centers Gala, 5 p.m., Hyatt Regency Bellevue



www.nwkidney.org pr@nwkidney.org 206-292-2771



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Northwest Kidney Centers promotes the optimal health, quality of life and independence of people with kidney disease through patient care, education and research.



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Analisa Mitchell (on peritoneal dialysis), Ike Brown (dialyzes at Northwest Kidney Centers Lake City) and Chan Manochamnong (transplant recipient) are three of eight patients who received donor-funded scholarships in 2012.

Applications are due March 28

Going back to school? Apply now for a scholarship

Northwest Kidney Centers' patient rehabilitation scholarship program encourages career advancement for dialysis and transplant patients.

As a transplant patient, you are eligible to apply if:

- You were a Northwest Kidney Centers dialysis patient before your transplant
- You were transplanted within the last 5 years
- You are 18 or older
- > You are a Washington resident
- > You will use the scholarship within Washington state

For more information and a scholarship application packet, contact Adrian Fomby at 206-292-3090 or adrian.fomby@nwkidney.org.