

Specialist Group

Sustainable diets in Chronic Kidney Disease

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Chronic Kidney Disease (CKD)



Chronic Kidney Disease is defined as a reduction in kidney function or structural damage (or both) for more than 3 months.

850 million people suffer from some form of kidney disease, roughly double the number of people who live with diabetes (422 million) and 20 times more than the prevalence of cancer worldwide (42 million).

Diabetes and high blood pressure (hypertension) are the leading causes.



How does diet affect kidney outcomes?





A healthy dietary pattern



was associated with a lower incidence of CKD (OR 0.71, 0.60 – 0.82)



was associated with a lower incidence of albuminuria (OR 0.77, 0.59-0.99)



was not associated with rate of eGFR decline (OR 0.70, 0.49 – 1.01)

Conclusions A healthy dietary pattern may prevent chronic kidney disease and albuminuria.

Katrina E. Bach, Jaimon T. Kelly, Suetonia C. Palmer, et al. Healthy dietary patterns and incidence of chronic kidney disease: A meta-analysis of cohort studies. CJASN doi: https://doi.org/10.2215/CJN.00530119. Visual





https://www.niddk.nih.gov > eating-nutrition

Eating Right for Chronic Kidney Disease - NIDDK

Step 4: Choose foods and drinks with less phosphorus · Fresh fruits and vegetables · Breads, pasta, rice · Rice milk (not enriched) · Corn and rice cereals · Light- ... Diet & Nutrition for Adults with... · Preventing CKD · Bien manger pour la santé du...

- Fresh fruits and vegetables
- Breads, pasta, rice
- Rice milk (not enriched)
- Corn and rice cereals
- Light-colored sodas/pop, such as lemon-lime or homemade iced tea

- her in Phosphoru
- Meat, poultry, fish
- Bran cereals and oatmeal
- Dairy foods
- Beans, lentils, nuts
- Dark-colored sodas/pop, fruit punch, some bottled or canned iced teas that have added phosphorus



Sustainable diets: Potential barriers in Kidney Disease

- **Hyperkalemia** management linked to fruit and vegetable intake.
- Wholegrains traditionally restricted due to **potassium (K+)** and **phosphate (Po4)** content.
- Pulses traditionally restricted due to po4 and K+ content as well low biological protein.
- Conflicting and outdated information freely available advocating the restriction of many plant foods to control **potassium** and **phosphate.**



Potassium and Phosphate



Potassium



 Traditionally, many fruits and vegetables, pulses, nuts, seeds and wholegrains have been restricted to prevent high potassium levels in the blood (hyperkalaemia).

BDA The Association of UK Dietitians

Renal Nutrition

In one study, looking at the 'low-potassium dietary information' provided by health professionals. The advice disproportionately restricted fruits and vegetables.

No evidence for lowering dietary potassium as a treatment for hyperkalaemia. It is an OPINION based guideline.

Vegetables, fruits, pulses and wholegrains are 'plant foods'. Plant cells are bound by cell walls (fibre) decreasing the bioavailability (absorption) of potassium in these foods.

Evidence suggests potassium bioavailability of whole fruits and vegetables may be as low as 50% to 60%. While absorption of potassium from animal protein is up to 90%.

Restricting F&V doesn't consider the mechanisms to shift potassium intracellularly (inside the cells and out of the blood).

Braschi A, Babich et al, Carrero et al, Cupisti A et al., Naismith et al, Macdonald-Clarke CJ, et al., Picard. K., Picard et al,

Cells

Other causes of hyperkalemia



Diabetes and glucose control

Constipation

Metabolic acidosis

Dehydration

Physical activity

Infection

Medications

Blood transfusion









Potassium additives

- Preservative
- Antioxidant and acidity regulator
- Stabiliser, emulsifier, thickener
- Flavour enhancer

Bioavailability as high as 100%



Composition tables of food are not representative of the way foods behave in the body.....

Management of hyperkalaemia depends on several factors;

Portion control, bioavailability, potassium additives, processing, cooking methods, fibre content, carbohydrate content, acid-base balance, activity level, medications and conditions like diabetes.



Evidence supports a change in hyperkalaemia management

Consider non-dietary causes first.

The focus should then be on reducing potassium additives (processed foods) and animal sources, due to bioavailability.

Recommendations should include healthy dietary patterns, sufficient fibre for faecal excretion, and adequate fruits and vegetables.



- Calvo et al,. Assessing the health impact of phosphorus in the food supply: issues and considerations. Adv Nutr 2014;5:104-13.
- Calvo et al The Regulatory Aspects of Phosphorus Intake: Dietary Guidelines and Labeling. In: Uribarri J, Calvo MS, eds. Dietary Phosphorus: Health, Nutrition, and Regulatory Aspects. Boca Raton, Florida: CRC Press; 2018:249-66.
- St-Jules et al, Examining the proportion of dietary phosphorus from plants, animals and food additives excreted in urine. J Ren Nutr. 2017 27 2):78-83



Evidence supports change in dietary education on sources of phosphate

Phosphate from animal foods and additives has a much greater impact on blood phosphate levels than plant sources

Bioavailability is key and is not reflected in food tables

Recommendations should include reducing processed foods, meats and excess dairy intake

Wholegrains, pulses, nuts and seeds should not be limited

Most recent draft guidelines, July 2023

3.3.1: Advise people with CKD to adopt healthy and diverse diets with a higher consumption of plantbased foods compared to animal-based foods and a lower consumption of ultra-processed foods.

A whole-food, plant-based diet low in animal protein and ultra-processed foods may be helpful to slow the **progression of CKD** and **delay the need for dialysis** via reduction of cardiometabolic risk factors such as **hypertension**, **CVD**, **diabetes**, and **obesity**.

Kdigo Guidelines public review July 2023









Thanks for listening