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KDOQI-AND 2020 CKD Nutrition guidelines : Dietary Protein Intake in CKD patients

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Patients with chronic kidney disease (CKD) are at risk for multiple nutritional and metabolic abnormalities. These include protein-energy wasting (PEW), obesity, nutrient deficiencies, undesirable accumulation of electrolytes and metabolic waste products. Provision optimal nutritional care for CKD patients is essential to prevent and/or to minimize the complications and ultimately to reduce the risk of unfavorable outcomes. Clinical practice guidelines are of paramount importance to assist clinicians with evidence-based recommendations intended to optimize patient care. The original Clinical Practice Guidelines for Nutrition in Chronic Renal Failure by the National Kidney Foundation (NKF) Disease Outcomes Quality Initiative (KDOQI) was published in 2000. Since then, there has been a remarkable accumulation of new evidence on assessment and management of nutrition aspects in CKD. New methodology and processes for the development of clinical guidelines have also been introduced.

The population covered in the updated guidelines was expanded to include adults with CKD stages 1 to 5, on maintenance dialysis (HD and PD) and individuals with kidney transplant. The extent of certain areas covered in the previous guidelines such as nutritional assessment, protein and energy intake were expanded with more comprehensive data capture.

In the new guideline document, protein and energy intake recommendations were updated, and new statements were added. The recommendation for protein intake for non-dialysis patients has changed considerably in this updated guideline. Over the last two decades, substantial number of well-designed studies were published allowing a more comprehensive analysis of the effectiveness of protein restriction with or without ketoacids analogs supplementation on several relevant outcomes. In the updated statements, it is highlighted that the low protein diet (0.55 to 0.6 g/kg/d or 0.28 to 0.43 g/kg/d with keto-acid analogs) should be delivered for non-diabetic and metabolically stable patients with Stages 3 and 4 CKD to delay initiation of maintenance dialysis. This should be done under close clinical supervision, preferentially by a dietician to reduce the any risk that might be associated with decreased nutrient intake. On the other hand, for patients with diabetic kidney disease,



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a more modest dietary protein restriction is recommended (0.6 to 0.8 g/kg/day). This is based on expert opinion and with limited high-quality studies in this patient population. Number of patient specific factors and clinical conditions affect the energy needs of patients with CKD. Therefore, a wider range in the prescription of energy intake (25 to 35 kcal/kg/day) was recommended based on age, sex, level of physical activity body composition, weight status goals and concurrent illnesses.