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Nutrition Intervention for Sarcopenia in Chronic Dialysis Patients

MEERA KWEON

Seoul National University Hospital, Korea, Republic of

Sarcopenia is a skeletal muscle disorder associated with adverse outcomes. Primary sarcopenia is related to the aging process. Secondary sarcopenia occurs in the context of systemic diseases, such as chronic kidney disease (CKD).

Sarcopenia is prevalent among the CKD population, with higher prevalence rates at later stages of the disease. There are numerous risk factors for sarcopenia in the CKD population related to kidney disease pathophysiology itself, as well as the impact the disease has on lifestyle (physical exercise and diet).

Considering the negative impact of sarcopenia upon important health outcomes in CKD population, there is a pressing need for the identification and development of preventative and therapeutic strategies.

Undoubtedly, sarcopenia is an important nutritional disturbance present in CKD and end stage renal disease (ESRD) that should be routinely screened in clinical practice using one or more of the many available methods. CKD-related sarcopenia can occur early in adult life and may develop rapidly as a consequence of the negative energy-protein balance coming from insufficient food intake coupled with increased protein catabolism in patients exposed to the uremic milieu and in HD-patients it may be further enhanced by catabolic effects of the hemodialysis procedure.

For dialysis patients, interventions that provide a combination of carbohydrate, protein and fat appear more effective than interventions that supply protein alone.

Many interventions have been studied in the treatment of sarcopenia, the predominant treatment strategies are nutrition modification and physical activity. The main nutrition interventions for sarcopenia involve increasing energy consumption and/or supplementing protein or amino acids.

In this lecture, we are going to deal with the Nutrition Intervention for Sarcopenia in Chronic Dialysis Patients