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A Survey On Nutritional Intake, Nutritional Status, And Sarcopenia In Mongolian Hemodialysis Patients

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Objectives : In Mongolia, it is not possible to use a variety of hyperphosphatemia treatment drugs, so phosphorus management requires adjusting protein foods, etc. This study aimed to collect basic information for examining approaches to malnutrition and sarcopenia, including phosphorus management, by measuring the nutritional intake and physical measurements of Mongolian hemodialysis patients.

Methods : Subjects were outpatients undergoing hemodialysis at the Medvic Dialysis Center who gave their consent to participate in the survey. Study 1: Dietary surveys and physical measurements were conducted on patients who provided consent. Study 2: Information on blood test values, energy and protein intakes of dialysis patients with sarcopenia was obtained.

Results : Study 1: The subjects were 20 patients with an average age of 58.4 years, BMI 25.5 kg/m². Phosphorus intake ranged from 297 to 1346 mg/day. This translates to 0.8g/IBW kg of protein. Their vegetable intake was very low. Study 2: The subjects were four men and three women with an average age of 59.9 years, BMI 23.5 (16.2–29.1) kg/m². Their energy intake was 35.9 (29.0–46.3) kcal/IBW kg, with a protein intake of 0.8 (0.65–0.98) g/IBW kg. Blood data included a serum albumin concentration of 4.1 g/dL and a serum phosphorus concentration of 4.7 mg/dL. To prevent hyperphosphataemia, they ate small amounts of protein, or no protein, at every meal. They regularly ate high-energy foods like biscuits and other sugary snacks.

Conclusions : Although the subjects with sarcopenia, their BMI and serum albumin concentrations were normal, and they were consuming sufficient energy. However, their protein intake was significantly lower than the KDOQI, ESPEN, and Japanese guidelines. We found that Mongolian hemodialysis patients do not have enough protein to avoid sarcopenia while suppressing increases in serum phosphorus levels. Furthermore, we recommend paying attention not only to underweight, but also to sarcopenic obesity.