



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology



Jun 11 (Thu) – 14 (Sun), 2026

COEX, Seoul, Korea

Abstract Type : Poster exhibition

Abstract Submission No.: A-0413

Abstract Topic : Renal Nutrition

Temporal trend in nutrient intake among chronic kidney disease patients from the KNHANES

Chanyoung Chung, Suzie Kang, Jeeyoung Kim, Jin Ho Hwang, Jungho Shin, Soie Kwon
Department of Internal Medicine-Nephrology, Chung-Ang University Hospital, Korea, Republic of

Objectives : Dietary management is becoming more important in chronic kidney disease (CKD), with increased access to education through hospital programs, media, and digital platforms. However, whether these improvements have resulted in actual dietary changes is still unclear.

Methods : We analyzed data from the 4th to 9th Korean National Health and Nutrition Examination Survey (KNHANES, 2007–2023). Adults aged 19 years and older with serum creatinine and dietary survey data were included. CKD stages were defined by estimated glomerular filtration rate (eGFR): stage 1, stage 2, and stages 3–5. Data were averaged by survey cycle, and trends were assessed using linear regression.

Results : Among 82,593 participants, 2,401 had CKD stages 3–5. CKD patients were generally older, more often male, had higher BMI, and showed greater prevalence and treatment rates of hypertension, diabetes, and dyslipidemia. Overall, 25.8% reported following a dietary regimen, with the highest rate in stages 3–5 (29.6%). Diet control for illness was 7.1% overall, but 21.0% in stages 3–5 (compared to 5.6% in stage 1 and 9.5% in stage 2), increasing from 15.7% in cycle 4 to 23.3% in cycle 8 ($p=0.003$). Across all cycles, CKD stages 3–5 had the lowest nutrient intake. Water, fat, protein, fiber, and calcium intake increased, while carbohydrate and sodium intake decreased; only the change in fat was statistically significant. Potassium and magnesium tended to rise, and phosphate to decline in stages 3–5, although these changes were not statistically significant.

Conclusions : CKD patients consistently had lower overall intake than their healthy counterparts, with trends toward reduced carbohydrate and sodium intake and increased intake of water, fat, protein, fiber, and calcium. Potassium and magnesium intake also increased, consistent with recent dietary guidance for CKD. However, the limited sample size for CKD, the lack of educational data, and the absence of laboratory measures may limit interpretation.

2026_0114_Figure1.png



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

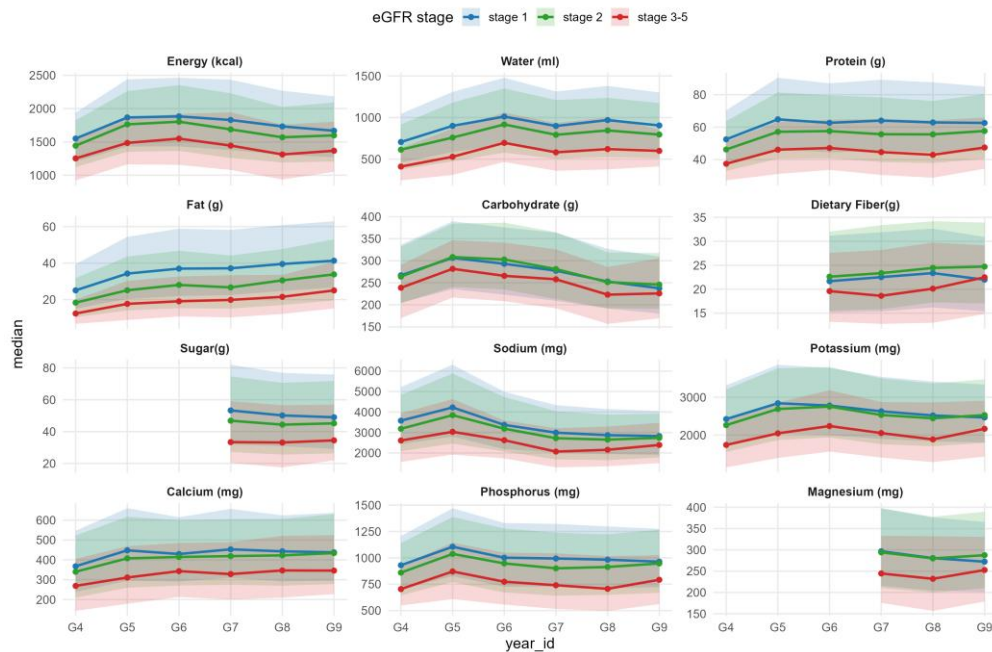
KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology

THE KOREAN SOCIETY
OF NEPHROLOGY

Jun 11(Thu) – 14 (Sun), 2026

COEX, Seoul, Korea



2026_0114_Figure1.png

	CKD stage 1 (N=59,079)	CKD stage 2 (N=21,113)	CKD stage 3-5 (N=2,401)	p-value	Total (N=82,593)
Age (year)	46.0 [35.0;58.0]	65.0 [55.0;74.0]	75.0 [68.0;80.0]	<0.001	52.0 [38.0;65.0]
Sex (Male, %)	20722 (35.1%)	9399 (44.5%)	1091 (45.4%)	<0.001	31212 (37.8%)
Bodymass index	23.3 [21.1;25.7]	24.1 [22.1;26.2]	24.5 [22.2;26.6]	<0.001	23.6 [21.4;25.9]
Diagnosis					
Hypertension (%)	9586 (16.4%)	8422 (40.3%)	1732 (73.1%)	<0.001	19740 (24.1%)
Diabetes mellitus (%)	3844 (6.6%)	3071 (14.7%)	862 (36.4%)	<0.001	7777 (9.5%)
Dyslipidemia (%)	7813 (13.3%)	5058 (24.2%)	780 (32.9%)	<0.001	13651 (16.7%)
Under treatment					
Hypertension (%)	8682 (14.8%)	7941 (38.0%)	1658 (70.0%)	<0.001	18281 (22.3%)
Diabetes mellitus (%)	3663 (6.3%)	2939 (14.1%)	837 (35.3%)	<0.001	7439 (9.1%)
Dyslipidemia (%)	6164 (10.5%)	4163 (19.9%)	659 (27.8%)	<0.001	10986 (13.4%)
Laboratory findings					
BUN (mg/dL)	13.0 [11.0;16.0]	16.0 [13.0;19.0]	22.0 [18.0;28.0]	<0.001	14.0 [11.3;17.0]
Creatinine (mg/dL)	0.7 [0.6;0.8]	0.9 [0.8;1.0]	1.3 [1.1;1.5]	<0.001	0.8 [0.7;0.9]
eGFR (mL/min/1.73 m ²)	104.6 [97.5;113.4]	81.4 [74.6;86.4]	52.2 [44.3;57.0]	<0.001	98.9 [88.3;109.5]
Hemoglobin (g/dL)	13.7 [12.8;14.9]	13.9 [12.9;15.0]	12.8 [11.6;14.0]	<0.001	13.7 [12.8;14.9]
WBC (10 ³ /L)	5.8 [4.9;6.9]	5.9 [5.0;7.0]	6.5 [5.4;7.8]	<0.001	5.9 [4.9;7.0]
Platelet (10 ³ /L)	257.0 [220.0;296.0]	241.0 [205.0;280.0]	236.0 [197.0;281.0]	<0.001	252.0 [216.0;292.0]
Glucose (mg/dL)	93.0 [88.0;101.0]	98.0 [91.0;108.0]	101.0 [93.0;120.0]	<0.001	95.0 [88.0;103.0]
HbA1c (%)	5.5 [5.3;5.8]	5.8 [5.5;6.2]	6.1 [5.7;6.8]	<0.001	5.6 [5.3;5.9]
Total cholesterol (mg/dL)	187.0 [164.0;212.0]	189.0 [164.0;216.0]	172.0 [148.0;201.0]	<0.001	187.0 [163.0;213.0]
HDL (mg/dL)	51.3 [43.4;60.1]	47.7 [40.3;56.0]	43.0 [36.3;51.0]	<0.001	50.0 [42.3;59.0]
Triglyceride (mg/dL)	99.0 [68.0;150.0]	117.0 [82.0;167.0]	126.0 [92.5;177.0]	<0.001	105.0 [72.0;156.0]



Shaping Tomorrow's Nephrology: **Insight-Driven Kidney Care**

KSN SEOUL, KOREA
2026

The 46th Annual Meeting of the Korean Society of Nephrology



Jun 11 (Thu) – 14 (Sun), 2026

COEX, Seoul, Korea