

11th European Nutrition and Dietetics Conference

June 29-July 01, 2017 Madrid, Spain



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Nutritional hypoproteic approach and phosphate control allows the incremental hemodialysis

It is largely agreed that preservation of Residual Kidney Function (RKF) has a directly proportional effect on general and in particular cardiovascular mortality. The prolongation of RKF depends on a rigorous hypoproteic regimen especially in phosphate contents because of a significant output urinary phosphate that continues despite of a severe decrease of residual kidney function. The RKF>3 ml/Kg/die 1.73 sm and nutritional compliance allows to choose a new hemodialytic strategy called Infrequent Hemodialysis (ID) as both are once-weekly (CDDP) or twice-weekly hemodialysis. The nutritional regimen and phosphaturia has been frequently underestimated. The excessive proteic charge and hyperphosphataemia load and damage the residual nephrons. We compared general survival, nutritional, clinical parameters, phosphate pool balance between three patient cohorts: 10 in thrice weekly, 10 in twice weekly and 9 in once weekly hemodialysis patients. We collected over 250 urine collections in patients with RKF. The hemodialysis patients on ID who adhere accurately to a low protein diet of 0.6-0.8 g/Kg/day and phosphate intake 800-1000 mg/day were opted for the study. In view of the significant impact produced by inadequate nutrition and poor phosphate control on both RKF and the frequency of even severe cardiovascular effects, infrequent dialysis with its negative or neutral weekly phosphate balance, may constitute a valid "bridging" treatment even in the long-term. Nutritional approach and neutral phosphate control improved wellbeing and the survival rates (fig.1) compared with respect to patients receiving conventional thrice-weekly hemodialysis.

Biography

Piergiorgio Bolasco is Director of the Territorial Nephrology Department- Cagliari Italy from 20 years. His main vein researches are: New and advanced dialytic techniques, prevention of chronic renal diseases by nutritional and pre-dialysis teams and spending review of methodologies and pharmaco economy. Since 1998, he is using and improving combined nutritional and tailored dialysis, guidelines of water for dialysis, peritoneal dialysis. He is the Reviewer of international journals like: Kidney International, Nephron, Nephrology Dialysis and Transplantation, Journal of Nephrology, American Journal of Kidney Disease, Artificial Organs and BMC Nephrology. He is the Member of Editorial Board of Giornale Italiano di Nefrologia, Journal of Nephrology, Minerva Urologica e Nefrologica, Clinical Nephrology and International Journal of Artificial Organs. He is also a Member of Italian Society of Nephrology since 1980. He is author/co-author of 374 scientific publications and abstracts of Nephrology 68 in med-line.

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