

Joint Event on

NUTRACEUTICALS & DIET- NUTRITION 2018

May 14-15, 2018 | Singapore City, Singapore

Terminal renal patients diet and nutrition particularities and challenges

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Statement of the Problem: Malnutrition is defined as a pathological state characterized by an energetic, protein or another specific macro or micro specific nutrient deficiency, or by an increase of energetic needs (hyper catabolism). This state aggravates the prognostic of diseases and is reversible with an adequate nutritional treatment. Chronic kidney disease (CKD) is associated with a chronic malnutrition status. The main cause is the intake deficiency. There an evident spontaneous reduction in calories and protein intake from the early stages of CKD et even more in late stages, including hemodialysis (HD).

Theoretical Orientation: The main causes of malnutrition in hemodialysis are anorexigenic factors, the uremic toxicity, inadequacy of the diet, poly medication, associated comorbidities and environmental factors, HD-linked factors, hyper catabolism and increased losses, metabolic acidosis, cardiovascular and infectious complications, inflammation, losses in the dialysate (glucoses, amino acids, vitamins). The prevalence of malnutrition is high in HD, with an estimated frequency varying between 20 and 60%, depending on

the studied population and the malnutrition criteria used. Nutrition surveillance allows identifying malnutrition using the Health Authority criteria from 2015.

If 2 criteria are outside the range: BMI < 23kg/m², albuminemia < 38 g/L (green bromocresol method) or < 35 g/L (nephelometric method) or nPCR < 0.8 g/kg/d or loss of dry weight of > 10% in 6 months. Total cholesterol, Kt/v > 1.2 and elevated CRP contribute to the diagnostic of malnutrition. The decisional tree scheme of nutritional care identifies the degree of malnutrition, moderated or severe or at risk, adapting the strategy of malnutrition treatment. Evaluation of spontaneous intake, dietary advices, enteral or parenteral alimentation must be put in place. This allows a complex cooperation between the nephrologist, dietician, nurses, hospital attendants, social assistant and patient's entourage. In HD, nutritional surveillance targets also hyperkalemia, hyperphosphatemia and interdialytic water gain.

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