

Protein intake for ESKD patients

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Diet for chronic kidney disease stage 5

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WHO

1. minimum protein requirement 0.55 g/kg/d for the general population
2. protein requirement of 97.5% of the adult adult population 0.75 g/kg/d

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Rosman 1984
228 CKD patients 149 followed for 18 months better "renal" survival with 0.6 g/kg/d

Locatelli 1991 - 253 patients - 2 years carefully screened stable study population low protein diet of 0.55-0.6 g/kg/d, or 0.6-0.8 g/kg/day if diabetic and 35 kcal/d vs "normal" protein diet

- no difference in weight (data not shown)
- only 222-442 umol/L better renal survival

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Hansen 2002 - 82 type 1 diabetics - 4 years 0.6 g/kg/d vs usual protein diet decline in GFR not different Composite dialysis/death lower with LPD ($p=0.042$) No differences in weight (data not shown)

Cianciaruso 2009 - 423/753 CKD patients - 32 mo 0.55 g/kgd vs 0.8 g/kg/d death and dialysis start unaffected by the diet no difference in change of weight/albumin Protein calorie malnutrition in 3 patients

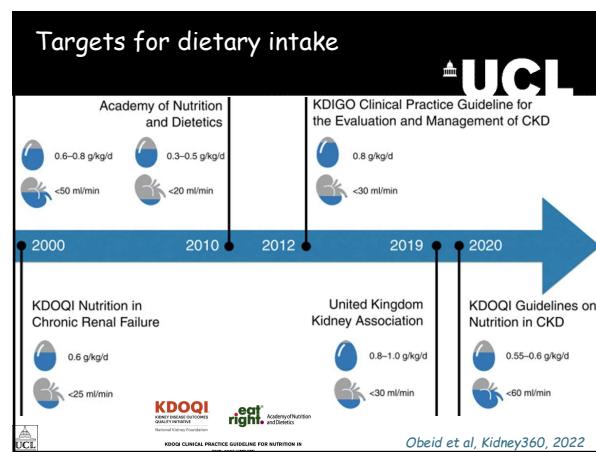
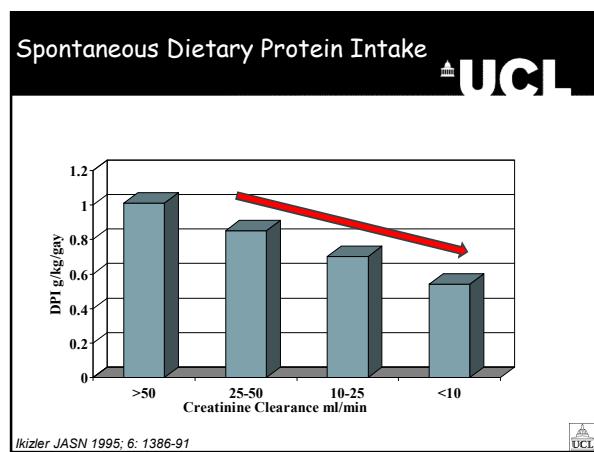
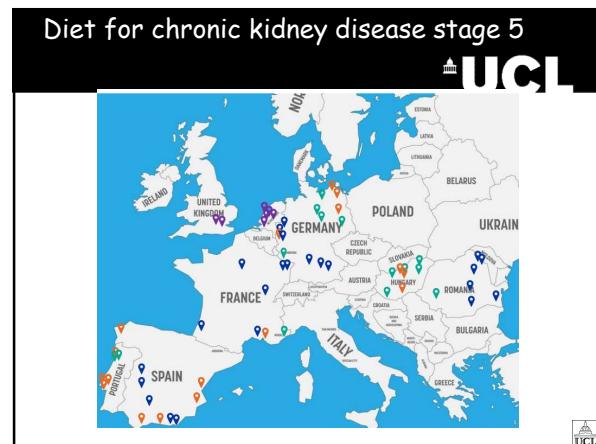
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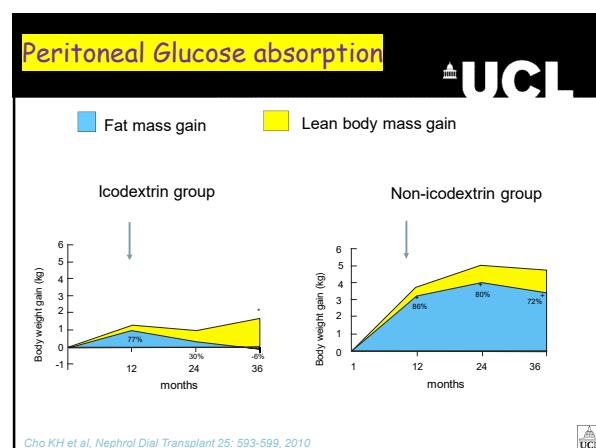
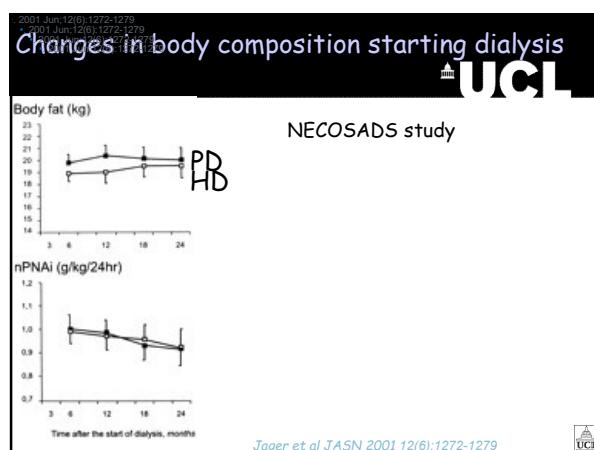
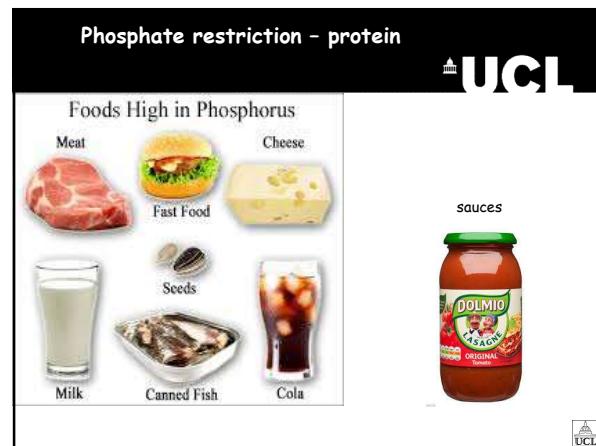
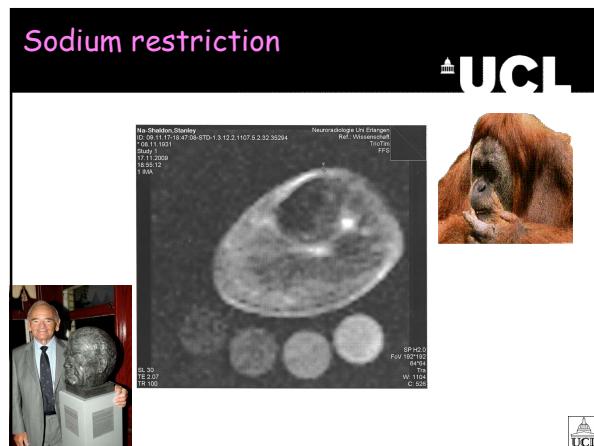
Transition to dialysis

Hanafusa et al CJASN 2017, Fouque et al 2016, Ikizler et al AmJKidDis 2020

Protein restriction
0.6 - 0.8 g/kg/day
0.3-0.4 g/kg/day
keto analogue
essential aa supplements

KDOQI
Protein 1.0-1.2 g/kg/day



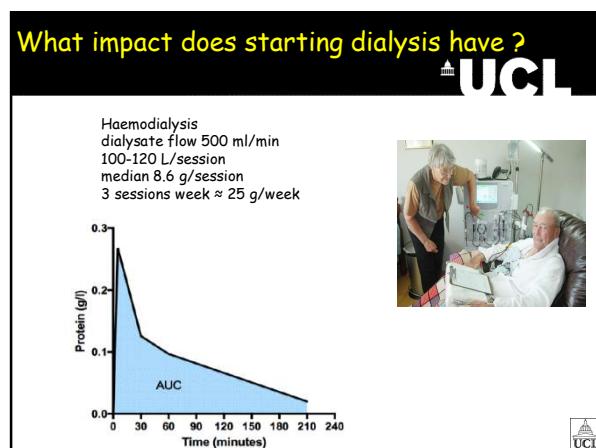
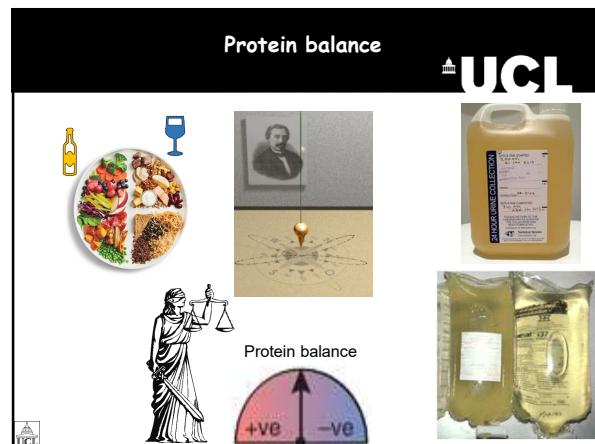


Malnutrition is common in PD

SGA

Study	Pts	% Malnourished	
Young	224	40	Subjective Global Assessment
Kawaguchi	217	26	
Cianciaruso	215	42	
Enia	23	39	
Fenton	118	23	
CANUSA	680	55	
Harty	147	69	
Marckmann	16	56	
Passlick-Deetjen	183	73	

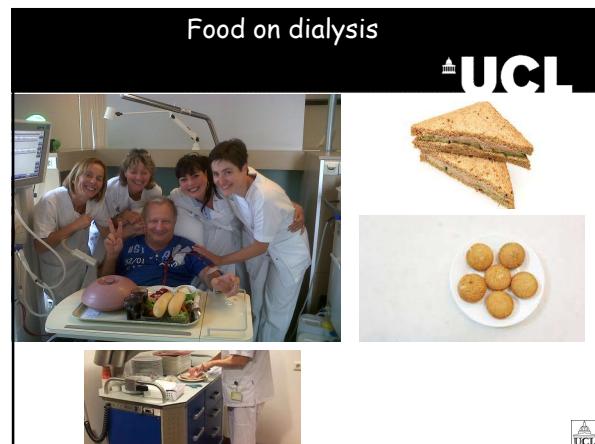
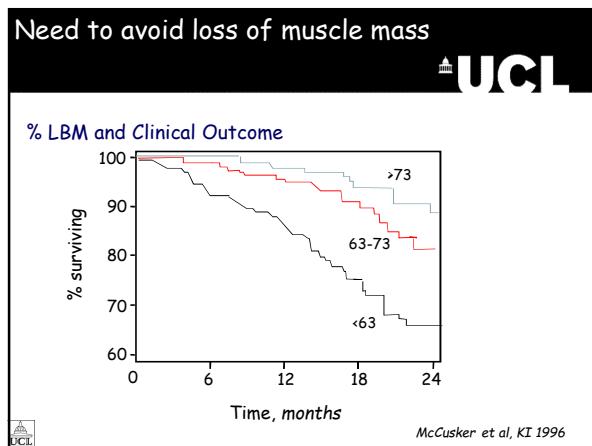
Biochemical



Comparison of peritoneal and HDF dialysis

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	Peritoneal	HDF
Protein loss	4.2 (3.2-5.8)	8.6 (5.5-10.4)
Na loss	61 (35-130)	312 (124-599)
Ca loss mmol	0.3 (-0.3 to 0.8)	7.4 (4.9-10.1)
Pi loss mmol	5.7 (4.1-7.9)	19.5 (13.6-26.5)***



What should we advise ?

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Multiple reviews advocating Low protein diet and less frequent dialysis

Few actual published studies

7 patients
Mean age 45
1 x week HD (7 hours Kiil dialyser)
6-8 weeks protocol 0.96 ± 0.12 g/kg.day
Or 0.4 g/kg.day plus 10 g/day essential aa

Mitch & Safir KidInt 1981

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Low protein diet and 1 x week dialysis

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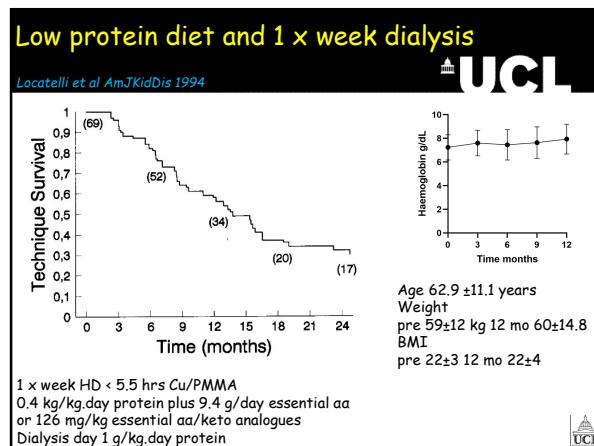
Locatelli et al AmJKidDis 1994

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graph TD
    273Patients[273 Patients] --> 84Included[84 (31%) included on IDDP]
    273Patients --> 189Excluded[189 (69%) excluded]
    84Included --> 15Withdrawn[15 withdrawn]
    84Included --> 69Entered[69 entered the experimental phase]
    15Withdrawn --> 56Dropouts[56 drop-outs]
    69Entered --> 32FollowUp[32 with follow-up >1 year]
    69Entered --> 28Extensively[28 extensively studied]
    
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1 x week HD < 5.5 hrs Cu/PMMA
0.4 kg/kg.day protein plus 9.4 g/day essential aa
or 126 mg/kg essential aa/keto analogues
Dialysis day 1 g/kg.day protein

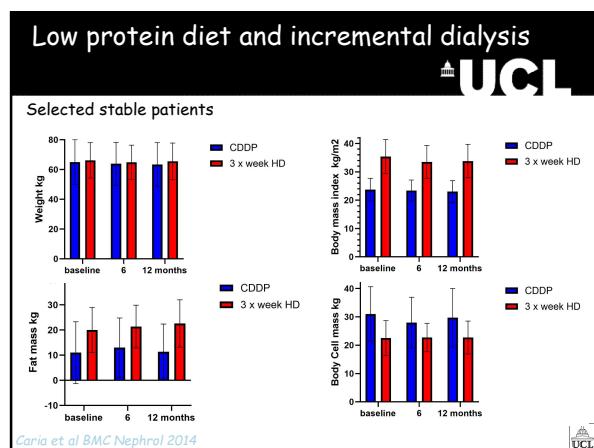
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Low protein diet and incremental dialysis

Caria et al BMC Nephrol 2014

	CDDP group (n = 38)	THD group (n = 30)	p	CCDP 1 x wk HD 0.6 g/kg/day
Male/females	25/13	19/11		
Age, years	64.5 ± 13.2	65.2 ± 11	0.82	THD
Body weight (kg)	65.5 ± 15.1	66.2 ± 11.9	0.73	3xwk HD
BMI (kg/m^2)	23.7 ± 4.0	25.6 ± 4.13	0.03	
Urine volume output (mL/24 h)	1983 ± 651	1472.6 ± 433	<0.001	selected stable patients
GFR (mL/min $\times 1.73 \text{ m}^2$ b.s.)	7.8 ± 1.9	9.2 ± 4.2	<0.01	
EPO (IU/kg/week)	104 ± 108	184 ± 84	<0.001	
CRP <5 mg/dL, %	89	66.6	<0.01	
iPTH >300 pg/mL, %	31.5	50	<0.01	
Charlson comorbidity index score	5.5 ± 2.5	3.8 ± 2.5	0.004	



Incremental peritoneal dialysis

Caria et al BMC Nephrol 2014

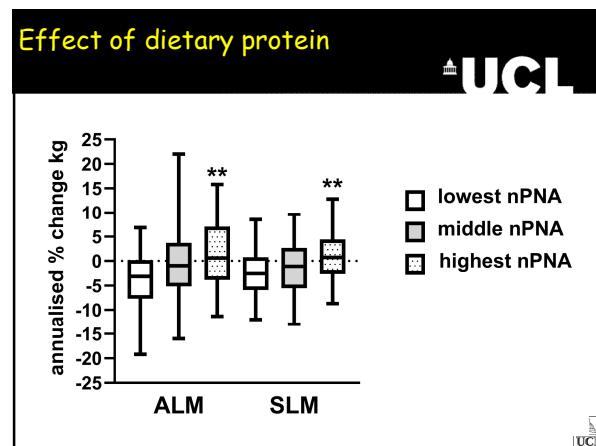
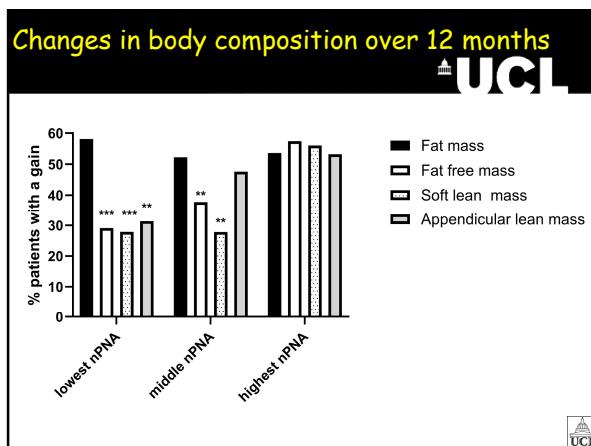
Vintage 2.3 ± 0.9 mo	incremental	standard
Serum urea mmol/L	21.9 (17.7-26.8)	17.9 (14.2-26.6) ***
Creatinine umol/L	520(432-647)	598(458-755) ***
CrCl mL/min	8.1 (5.0-13.0)	7.5 (3.7-11.5) ***
Creatinine/L/wk	87.9 ± 40.8	85.6 ± 36.3
nPNA g/kg/day	0.91 (0.75-1.09)	0.86 (0.73-1.04)
Urine mL/day	1476 ± 782	1201 ± 832 ***
Urine protein g/day	1.63 ± 1.69	1.83 ± 1.9
PD protein g/day	3.8 (2.8-5.1)	4.2 (3.2-5.8) *

Incremental peritoneal dialysis

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Vintage 2.3±0.9 mo	incremental	standard
number	230	615
age	64±15	56±16 ***
Male	24.3%	75.7%*
Ethnicity W/A/B	31/30/17%	69/70/83% *
Frailty CFS	3 (3-4)	3 (2-4) ***
weight	73.6±16.8	74.3±16.3
BMI	27.0±5.7	26.8±7.4
Fat Free mass	50.2±11.8	52.7±12.6*
Fat mass %	30.9 ±10.7	28.9±11.3*

- Targets for dietary intake**
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- UK Renal Association CPG recommendations
 - Dietary protein intake
 - Pre-dialysis at least $0.75 \text{ g kg}^{-1}\text{day}^{-1}$
 - HD at least $1.0 \text{ g kg}^{-1}\text{day}^{-1}$
 - PD at least $1.2 \text{ g kg}^{-1}\text{day}^{-1}$
 - Calorie intake
 - All groups at least 35 kcal/kg/day
 - 30 kcal/kg/day may be adequate if age 60+
 - (WHO normal 0.75 g protein and 30-40 kcal /kg/day)



Reducing protein bound toxins

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plasma concentration umol/l

Legend: □ non vegetarian ■ vegetarian

Toxin	non vegetarian (umol/l)	vegetarian (umol/l)
indoxyli sulfate	~100	~50*
p cresyl sulfate	~150	~100*

Exercise

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muscle strength kg

Legend: ■ control group ■ exercise group

Measurement	control group (kg)	exercise group (kg)
HGS pre	~20	~22
HGS post	~20	~30**
PS pre	~5	~5
PS post	~5	~7†

Individualising dialysis

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Patient 1

- 80 year old male
 - ❖ 60 kg Frailty 6
 - ✓ BMI 22 kg/m²
 - ✓ % body fat 25.5
 - ✓ ALMI 5.8 kg/m²
 - ❖ HDF 2 x wk 3 hrs
 - ✓ Urine 890 mL/day
 - ✓ B2M 18
 - ✓ Albumin 39 g/L
 - ✓ Creatinine 680 umol/L

Individualising dialysis

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Patient orientated treatment

- Dosing dialysis and diet
 - ❖ adjusted for
 - ✓ residual renal function
 - ✓ Resting energy expenditure
 - ✓ Active energy expenditure