



Evidence Based Dietetic Guidelines Protein Requirements Of Adults On Haemodialysis And Peritoneal Dialysis

BDA Renal Nutrition Group

EXECUTIVE SUMMARY

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1.0 Executive Summary

Nutritional management is widely recognised as an integral part of the treatment for patients with chronic kidney disease (CKD). Patients undergoing haemodialysis (HD) or peritoneal dialysis (PD) are at high risk of malnutrition, which significantly impacts on mortality (de Mutsert 2009). Therefore, in order to optimise nutritional status, it is important that patients with end stage kidney disease on HD or PD are given appropriate advice to ensure nutritional requirements are met. Protein requirements are a key area of importance for the dietary management of patients on dialysis.

The key question for these guidelines was *'what are the protein requirements for maintenance adult haemodialysis patients and maintenance adult peritoneal dialysis patients?'*

The SIGN methodology was used to ensure robust and standard critical appraisal.

<http://www.sign.ac.uk/guidelines/fulltext/50/index.html>

Protein recommendations

| Recommendation on protein requirements for maintenance adult haemodialysis patients | Recommendation grade |
|---|-----------------------------|
| Patients on maintenance haemodialysis should have a minimum protein intake of 1.1g/Kg IBW/day. | C |

| Recommendation on protein requirements for maintenance adult peritoneal dialysis patients | Recommendation grade |
|---|-----------------------------|
| Patients using peritoneal dialysis should be advised to take a minimum protein intake of 1.0-1.2g/Kg IBW/day with a total energy intake of 30-35Kcal/Kg IBW/day. | C |

During the literature review it became apparent, that for PD, energy and protein intake were closely linked and this relationship was addressed in many studies. This was not the case for the HD literature, with most studies looking at derived measures of protein intake and not addressing for energy intake in their conclusions. Therefore, the available evidence in the literature led to the guideline recommendations, with energy intake included for PD but not for HD.

Good practice point

Protein intake should not be considered in isolation from energy intake. These protein recommendations are appropriate where energy intake is adequate. Higher protein intakes of greater than 1.4g/Kg IBW/day may not improve survival and may be harmful.

Guidance for other dietary issues in haemodialysis and peritoneal dialysis

Existing guidelines were identified and appraised. K/DOQI for peritoneal dialysis ⁽⁷⁾ and European Best Practice Guidelines for Haemodialysis ⁽⁶⁾ were identified as the most robust to guide dietetic practice in areas other than protein requirements. We carried out searches to update the evidence using SIGN methodology.

The full document can be viewed at: www.bda.uk.com/publications/statements



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