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Interpreting Research for the Kidney Patient - December, 2005

We know that some of you don't take the essential amino acid supplement like Dr. Walser advises in his book. The reason we know is we can track your order record. Your willingness to follow the instructions (patient compliance) is one of the great worries for those treating kidney failure. Some, if not most, physicians believe that the compliance problem is simply too great for them to deal with and will want to put you on dialysis immediately.

Drs. Lim and Flanigan write, "To reduce protein intake from 0.8 to 0.6 g/kg/day requires the input and close follow-up of skilled dietitians, the cooperation of supporting families, and the diligent compliance of the patients themselves. Prescribing a diet of 0.6 g/kg/day without these supporting elements courts disaster, risking malnutrition and its associated increase in mortality."¹

What Drs Lim and Flanigan are saying is that they don't believe that you or most patients will carefully follow a modified protein diet and take essential amino acids to prevent malnutrition. Patients who are malnourished die at a greater rate. Your serum albumin level is the greatest predictor of whether you will die when you go on to dialysis. Remember one person out of four on dialysis dies each year. On the Walser diet that rate was reduced to one out of fifty! And those deaths had nothing to do with the diet.

Those of you who have chosen to go on the Walser diet have limited your protein intake to 0.3 g/kg/day which is much lower than the level Drs. Lim and Flanigan talk about. Your physician will worry about your compliance because you need to have protein in order to prevent malnutrition. As Dr. Walser always said, "It seems to be an oxymoron because a kidney patient needs protein but you can't have protein." That's the reason that you take the essential amino acid supplement (EAA).

The amino acids are the building blocks of protein and the 10.5 g of EAA available in 3 daily servings of Nutramine, Nutramine T, AminoBites or Nutrasentials, gives you a level of protein building blocks (the EAA) that will prevent malnutrition. Those of you who have nephrotic syndrome may need to take more EAA because you lose more protein in your disease.

You need to know your serum albumin number and if it drops below 4.0, you need to increase the amount of EAA that you are taking.

Dr. Walser carried out a number of studies to show that the diet when supplemented with the EAA did not result in malnutrition.² Compliant patients who ultimately had to go on dialysis were well nourished. He could always tell when patients were not "compliant" by their bloodwork values. You must watch your diet and maintain a very low protein intake. Until you are used to the diet and know the values, measure your food carefully and read labels. For home cooked food, look in a nutrition text (at a local college library) for a list of food values. And you need to take your supplement.

Your goal is to present a well nourished patient while maintaining creatinine level.

¹Lim VS, Flanigan MJ. Protein intake in patients with renal failure: comments on the current NKF-DOQI guidelines for nutrition in chronic renal failure. *Semin Dial.* 2001 May-Jun;14(3):150-2.

²Walser M. Effects of a supplemented very low protein diet in predialysis patients on the serum albumin level, proteinuria, and subsequent survival on dialysis. *Miner Electrolyte Metab.* 1998;24(1):64-71.