

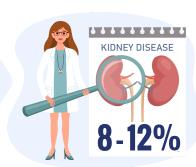
DISEASE RELATED MALNUTRITION

IN KIDNEY PATIENTS

The challenge of complexity. Nutritional care matters.

Chronic kidney disease (CKD)

Defined as estimated glomerular filtration rate <60 ml/min. or presence of other data suggestive of kidney dysfunction (urinary or blood electrolytes; proteinuria; hematuria) or of renal imaging alterations, lasting for at least 3 months.



Prevalence of CKD increases with age over 30% >70 years-old



lives with kidney replacement therapy (dialysis or kidney transplantation)

Malnutrition in CKD

10 -> 50%

Prevalence depends upon the different populations, and to some extent upon definitions

it increases with/affected by:







Comorbidities Frailty







of CKD

Severity Availability, quality and access to kidney care and nutritional care



Use tools for diagnosis of malnutrition in clinical practice, which should be always completed with full nutritional assessment.

> **GLIM CRITERIA**



MALNUTRITION INFLAMMATION SCORE (MIS)



2 MAIN CAUSES OF **MALNUTRITION IN CKD**

- malnutrition induced by uremiarelated metabolic derangements and exacerbated by insufficient or too late dialysis in kidney failure; this form is improved by intensive-efficient dialysis
- malnutrition linked to comorbidity, inflammation, atherosclerosis (optimal nutritional care is the basis of treatment, which may require multimodality with physical activity)



Malnutrition, sarcopenia, or protein energy wasting (PEW) are associated with high mortality, both in dialysis and CKD patients

Nutritional goals in CKD patients

IN A STABLE METABOLIC AND NUTRITIONAL SITUATION

maintain homeostasis and delay progression. Dietary adaptations



IN MALNUTRITION **OR AT NUTRITIONAL** RISK

prevent and treat nutritional/catabolic alterations (PEW). Medical nutritional treatment

Special Considerations for Elderly CKD patients

AGE + CKD

AN "OLDER" PATIENT WHO ALSO HAS CKD

risk of malnutrition is the highest; maintaining good nutritional status is a priority;

maintain adequate dietary intake



CKD + AGE

A CKD PATIENT WHO IS ALSO "OLD"

mortality and morbidity risk on dialysis are highest; being dialysis free is a priority; advantage of wise

protein restrictions



