Introduction

- Research has shown that more than 60% of end-stage renal disease patients receiving dialysis in the United States have serum albumin levels below the target of 4.0 g/dL. Low serum albumin has been associated with increased risk of mortality and poor outcomes among dialysis patients.

- Restricting food intake while on dialysis in the United States has been proposed as a potential cause for the low levels of albumin in patients in the United States.

- There is some evidence that oral nutritional supplementation (ONS) during dialysis is associated with improved mortality.2

- While some facilities in the United States have begun offering ONS during dialysis, participation is restricted due to eligibility criteria, supplement intolerance, and taste fatigue.

- A complimentary program that encourages appropriate food consumption during treatment may increase food consumption on dialysis days, provide opportunities for counseling on food choices and demonstrate similar clinical improvement as ONS programs.

Objectives

- A survey was conducted to measure changes in practices, opinions, and perceived barriers to consuming food on dialysis in a large dialysis organization (LDO) in the United States. Facility-specific policies related to food consumption during treatment in this LDO are determined by the medical director and facility management team.

Methods

- In May 2011 and June 2014, registered dietitians from more than 1200 facilities within this LDO were surveyed regarding eating on dialysis.

- Registered dietitians provided input on facility practice and collected medical director responses.

- In 2011 and 2014, 1210 and 1407 LDO facilities, respectively, were surveyed regarding eating on dialysis.

- The results were compared to analyze changes in facility practices and opinions regarding food consumption on dialysis.

- Results

- In 2011 and 2014, 1210 and 1407 LDO facilities, respectively, were surveyed regarding eating on dialysis.

- In 2011 and 2014, 1210 and 1407 LDO facilities, respectively, were surveyed regarding eating on dialysis.

- The online survey also asked for reasons regarding any change in facility practices with regard to eating on dialysis.

- Tables 1 and 2 present data on the policy of dialysis facilities and the responses from medical directors regarding eating on dialysis.

- Figure 1 shows the reasons given for change from 2011 to 2014 in facility opinion/practices.

- Table 1 shows the prevalence of policies regarding food consumption on dialysis.

- Table 2 shows the responses to the question regarding their opinion on allowing consumption of food on dialysis.

- Conclusions

- Further studies are warranted to:
  - Understand and mitigate risks associated with consuming food during treatment.
  - Determine whether eating during treatment demonstrates similar benefits on clinical outcomes as current ONS programs.

References


Acknowledgements

We extend our sincere appreciation to the teammates in more than 2,000 DaVita clinics who work every day to take care of patients and also to ensure the extensive data collection on which our work is based. We believe that all our current and future work as DaVita Clinical Research® (DCR) and specifically acknowledge Michele G. Scheid of DCR for editorial contributions in preparing this poster. DCR is committed to advancing the knowledge and practice of kidney care.

This study was funded by DaVita HealthCare Partners Inc.

*Correspondence: Mary.Burgess@davita.com

Poster available at www.davitaclinicalresearch.com

American Society of Nephrology Kidney Week, 11-16 November 2014, Philadelphia, PA.