



DIETARY SATISFACTION IN CKD PATIENTS ON LOW PROTEIN DIETS FOR AT LEAST 6 MONTHS: A MULTICENTRIC STUDY (the TOPI study).



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Background:

Despite growing interest, low protein diets (LPDs) are more often mentioned than prescribed for slowing CKD progression and postponing dialysis. The major concerns regard feasibility and compliance, reflecting the intrusiveness in the daily life. However, few studies were addressed at assessing dietary satisfaction patients on LPDs. Aim of the present multicentre study was an analysis of dietary satisfaction in a group of stable CKD patients, by means of the validated MDRD dietary satisfaction questionnaire.

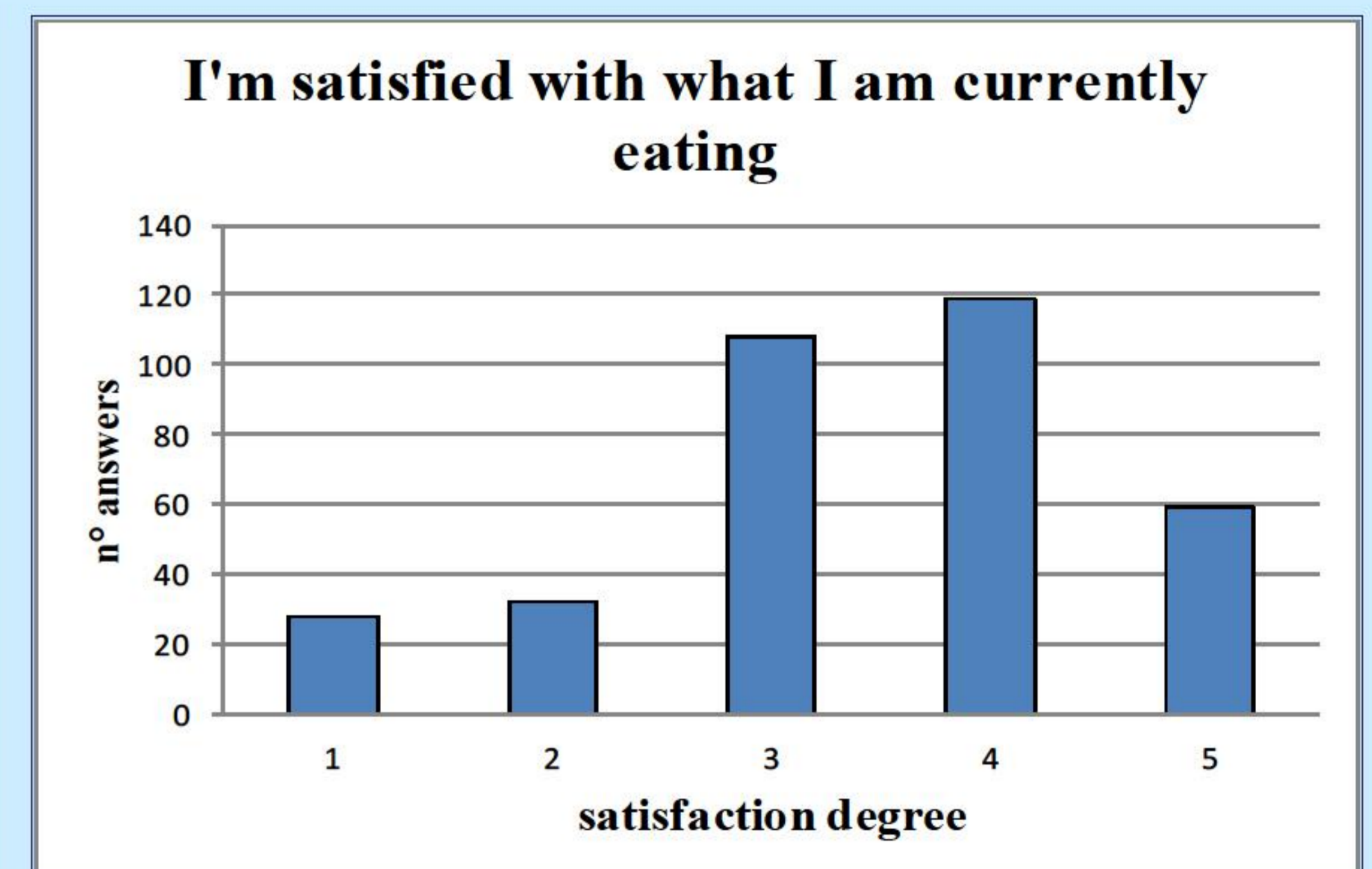


Methods:

Selection criteria: prevalent patients on LPD for at least 6 months. The multicentre cohort gathers patients from 4 Nephrology Clinical Centers, all largely employing LPDs. The database includes 424 CKD stage III-V patients, with high median age (73 years, min-max: 19-98 years). Comorbidity was the rule (Median Charlson index: 7). LPDs included wide options of protein restriction (0.8 to 0.3 g/Kg/day), with a preference for moderate restriction (0.6 g/Kg/day); 10% were on very-low protein diets. Compliance, calculated with Mitch formula, was excellent (prescribed protein intake: 0.6 g/Kg/day; observed: 0.65 g/Kg/day).

Results:

On the scale employed in the questionnaire (1 poor-5 very good) overall satisfaction was relatively high: scores 3-5: 82.7%; most of the patients did not report feeling hungry (scores 3-5: 72.9%), poor appetite was reported by 17.8%. (Preliminary data). Satisfaction with food taste was good (scores 3-5: 79.4%, very satisfied 21.9%); quantity was felt as insufficient by a minority (score 1: 4.9%; score 2: 11.3%), while 40.9% were satisfied and 21.5% very satisfied. In spite of protein restriction, variety was reported as good to very good (scores 3-5) by 82.2%. (Preliminary data). The feasibility was highly rated (is the prescribed food easily found in shops or supermarkets? Very hard to find: score 1: 13.4%; easy-very easy 67.6%); conversely, social aspects were critical: 43.8% felt their diet as "very different" (scores 1-2), while only 13.8% did not feel substantial differences. However, most of the patients do not feel their diet as "disturbing" for other people (not at all: 68.4%). In line with these answers, eating in restaurants was reported as very difficult by 32.4% and as easy-very easy by 43.3%. Most of the patients rate as very useful the on-going program (score 5: 53.4%; score 4: 29.1%; only 2.4% are highly disappointed (score 1)). No difference was found according to the main diets with moderate protein restriction (0.6 g/Kg/day), employing either protein-free food (overall satisfaction: scores 3-5: 71.4%) or vegan supplemented diets (79.1%). (Preliminary data).



Conclusions:

LPDs are feasible and compatible with dietary satisfaction at least in a consistent cohort of CKD patients, including elderly subjects, often considered as less prone to successfully follow dietary interventions. The lack of differences across diets may support a multiple choice approach, with wide use of moderately restricted LPDs, tailoring prescription upon clinical conditions and patients' preferences.

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