

Are the population dietary patterns a clue for success of a low protein diet?

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Background

Low-protein diets are milestones in the treatment of CKD, both for delaying progression of renal disease and for postponing dialysis. Their use is hampered by the idea that such diets are “too difficult” for most of the patients. **Few studies assessed the baseline dietary patterns of a population as a basis for understanding the compliance results obtained**

Aim of the study was to assess the main dietary patterns of the families of patients attending the Nephrology Unit of a Northern Italian University Hospital in the neighbourhood of a one million inhabitants city. The study was built to add clues to understand the good results in terms of compliance previously observed in our Unit.

Objectives:

Methods:

Methods: semi-structured questionnaires were given for three months to the patients attending the Nephrology Unit of the san Luigi Hospital (University of Torino, Italy).

A further sample of about 500 cases attending the hospital (Radiology) but not our Unit is presently being gathered for comparison.

The questionnaires were designed for the study and pre-tested in a sample of 45 medical students and nurses, to ensure that the questions were clear enough to be proposed to the patient population attending the Unit. It consists of 30 questions on diet, cooking habits, shopping habits and non conventional therapies (taken as a “cultural” control).

The setting of study is a small Unit where diet is extensively used and in which compliance to low-protein diets is relatively high. In the Unit about 90% of the patients with CKD stages 4-5 not on dialysis and without contraindications (such as baseline malnutrition or previous or present eating disorders) perform at least one trial period on a protein restricted diet (different schemas, 0.6 to 0.3 g/Kg/day of proteins).

Results:

Results: 275 questionnaires were gathered; the answers came from 45% males, 55% females, median age 58.5 (range: 19-101).

More than half of the subjects interviewed were retired (51%), while 22% were housewives. All CKD stages were represented, about two thirds of the cases in stages 1-2.

In the sample who performed the interview, 12.3% of the cases were on a low-protein diet (CKD stages 3b-5 or rapidly progressive stage 3).

The diet followed a Mediterranean pattern in most of the families; over 80% of the families eat pasta or rice on the average once daily, about half of the interviewed reported eating pasta or rice twice a day; 20% only of the families report eating pasta only occasionally (often however eating bread at each meal).

Olive oil is the preferred dressing, and about one fourth of the families produce at least a part of on their own (or within the family).

Only 29% of the families report eating “meat” (including processed meat, salami and ham) almost every day. The vast majority of the interviewed (67.5%) eat vegetables at each meal and over 85% at least once a day.

One fourth of the cases always eat at home, and cook the meals every time; less than half of the cases (48.5%) eat out of home more than twice a week (mainly at work).

The use of pre-cooked, frozen or canned food was limited (tomato sauce and chopped tomatoes, olives, tuna fish and beans being the most commonly used canned food) and almost 20% of the families systematically avoided all types of processed food.

The majority of the families (76.9%) shop regularly in the supermarkets, however daily markets are the main source of fresh vegetables (65.7% of the cases).

The use of “complementary and alternative medicine” (beside tisanes) was limited to about 25% of the families.

Conclusion:

Conclusion. A Mediterranean dietary pattern and the habit of buying and cooking food every day at home may be at the basis of the easier switch to a low protein diets, followed with good compliance by our patients. Comparisons with settings in which prepared, canned or processed food are more widely used may help testing this hypothesis.

References:

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