A HEALTHY DIET MAY HELP PREVENT CHRONIC KIDNEY DISEASE

Analysis of published studies uncovers link.

Highlights
- In an analysis of published studies, a healthy dietary pattern was associated with a 30% lower incidence of CKD.
- A healthy dietary pattern was also linked with a 23% lower incidence of albuminuria, an early indicator of kidney damage.

Washington, DC (September 24, 2019) — Maintaining a healthy diet may help prevent chronic kidney disease (CKD), according to an analysis of published studies. The findings appear in an upcoming issue of CJASN.

Making dietary changes can help slow the progression of CKD, but it’s not clear whether a healthy diet is protective against the development of the disease. To investigate, Jaimon Kelly, PhD, Katrina Bach (Bond University, Australia), and their colleagues analyzed all relevant studies published through February 2019.

The analysis included 18 studies with a total of 630,108 adults who were followed for an average of 10.4 years. Healthy dietary patterns typically encouraged higher intakes of vegetables, fruit, legumes, nuts, whole grains, fish, and low-fat dairy, and lower intakes of red and processed meats, sodium, and sugar-sweetened beverages.

A healthy dietary pattern was associated with a 30% lower incidence of CKD. It was also linked with a 23% lower incidence of albuminuria, an early indicator of kidney damage.

“These results add to the accumulating evidence base supporting the potential benefit of adhering to a healthy dietary pattern—such as the Mediterranean, DASH diet, or National Dietary Guidelines—and the primary prevention of chronic conditions, including type 2 diabetes, cardiovascular disease, cognitive decline, cancer, and all-cause mortality,” said Dr. Kelly. “These results may assist in developing public health prevention programs for CKD, which may assist in reducing the burden of the disease.” Dr. Kelly noted that dietary approaches to kidney health that target individual (or multiple) nutrients can be difficult,

ASN Contacts:
Christine Feheley (202) 640-4638 | cfeheley@asn-online.org
Tracy Hampton thampton@nasw.org
but focusing on whole foods rather than nutrients can make it easier for clinicians to educate patients and easier for patients to carry out.

“Randomized clinical trials with sufficient follow-up time to ascertain meaningful kidney outcomes are necessary to determine whether a change in dietary patterns is causally related to favorable kidney health outcomes,” wrote the authors of an accompanying editorial. “Meanwhile, there may be sufficient observational evidence for clinicians to emphasize the importance of healthy dietary patterns to individuals who are healthy or who are at risk of developing CKD.”

An accompanying Patient Voice editorial notes the importance of including children in future studies.

Study co-authors include Suetonia Palmer, PhD, Giovanni Strippoli MD, PhD, and Katrina Campbell, PhD.

Disclosures: The authors reported no conflicts of interest.


The editorial, entitled “Can Dietary Patterns Modify Risk for CKD?” will appear online at http://cjASN.asnjournals.org/ on September 24, 2019, doi: 10.2215/CJN.09440819.


Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 20,000 members representing 131 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

The content of this news release is solely the responsibility of the authors and does not necessarily represent the official views or imply endorsement of the National Institutes of Health.

###

Twitter: A healthy diet may help prevent chronic kidney disease.  
@jaimonkelly @katrinalouAPD @SuetoniaPalmer @SKhalesi @gstrip3
Facebook: Maintaining a healthy diet may help prevent chronic kidney disease, according to an analysis of published studies. The findings appear in CJASN.