STUDY REVEALS LIMITED GLOBAL AVAILABILITY OF NUTRITION-RELATED CARE FOR PATIENTS WITH KIDNEY DISEASE

Highlight
• Survey results indicate that there’s a global shortage of dietitians to provide kidney nutrition care, and many patients with kidney disease who need nutritional interventions either do not receive them or receive suboptimal therapy with inadequate monitoring.

Washington, DC (December 28, 2021) — Dietary and nutritional changes are needed when patients develop kidney disease; however, new research published in CJASN reveals that in many countries, there are significant gaps in care related to the importance of nutrition for maintaining kidney health.

In individuals with kidney disease, nutritional interventions may slow kidney function decline, potentially delay the need for dialysis or kidney transplantation, and reduce symptoms. In 2018, international experts from the International Society of Nephrology (ISN) Global Kidney Health Atlas Team and International Society of Renal Nutrition and Metabolism (ISRNM) developed a questionnaire for a Global Kidney Nutrition Care Atlas aimed at evaluating kidney nutrition care services across countries. Angela Yee-Moon Wang, MD, PhD (Queen Mary Hospital, The University of Hong Kong) and her colleagues examined 2 aspects of kidney nutrition care included in the Atlas: current global availability, capacity, and cost of kidney nutrition care services; and communication between dietitians and nephrologists in the delivery of kidney nutrition care.

For the Atlas, a survey was administered electronically to key kidney care stakeholders (nephrology leaders, policymakers, and consumer organization representatives) in 182 ISN-affiliated countries. Overall, 160 of 182 countries (88%) responded, of which 155 countries (97%) answered the survey items related to kidney nutrition care.

Survey responses revealed the following:
• Only 48% of the 155 countries have dietitians/kidney dietitians to provide kidney nutrition care.
- Dietary counselling provided by a person trained in nutrition is generally not available in 65% of low/lower-middle income countries and 'never' available in 23% of low-income countries.
- Forty-one percent of the countries do not provide formal assessment of nutrition status for kidney nutrition care.
- The availability of oral nutrition supplements varies globally and mostly not freely available in low/lower-middle income countries for both inpatient and outpatient settings.
- Dietitians and nephrologists only communicate 'sometimes' on kidney nutrition care in ≥ 60% of countries globally.

“In the long term, the definitive solution to the foregoing problem is to train and provide salary support for adequate numbers of qualified dietitians who have undergone specialized training in kidney nutrition to implement nutrition intervention across the spectrum of kidney disease,” said Dr. Wang. “We hope this report will be an important advocacy tool to promote governmental prioritization and allocation of resources and manpower for this essential component in kidney care worldwide, especially in lower income countries.”

An accompanying editorial provides additional insights into the study’s findings. “This global survey is an important wakeup call to countries across the income spectrum,” the authors wrote. “It exposes gaps and concerns related to kidney nutrition care, serving up a plate full of food for thought, that must now be followed by action!”

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