

Nutritional hypoproteic approach and phosphate control allows the incremental hemodialysis- Piergiorgio Bolasco- ASL Cagliari

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It is largely agreed that preservation of Residual Kidney Function (RKF) has a directly proportional effect on general and in particular cardiovascular mortality. The prolongation of RKF depends on a rigorous hypoproteic regimen especially in phosphate contents because of a significant output urinary phosphate that continues despite of a severe decrease of residual kidney function. The RKF > 3 ml/Kg/die 1.73 sm and nutritional compliance allows to choose a new hemodialytic strategy called Infrequent Hemodialysis (ID) as both are once-weekly (CDDP) or twice-weekly hemodialysis. The nutritional regimen and phosphaturia has been frequently underestimated. The excessive proteic charge and hyperphosphataemia load and damage the residual nephrons. We compared general survival, nutritional, clinical parameters, phosphate pool balance between three patient cohorts: 10 in thrice weekly, 10 in twice weekly and 9 in once weekly hemodialysis patients. We collected over 250 urine collections in patients with RKF. The hemodialysis patients on ID who adhere accurately to a low protein diet of 0.6-0.8 g/Kg/ day and phosphate intake 800-1000 mg/day were opted for the study. In view of the significant impact produced by inadequate nutrition and poor phosphate control on both RKF and the frequency of even severe cardiovascular effects, infrequent dialysis with its negative or neutral weekly phosphate balance, may constitute a valid "bridging" treatment even in the long-term. Nutritional approach and neutral phosphate control improved wellbeing and the survival rates (fig.1) compared with respect to patients receiving conventional thrice-weekly hemodialysis. Food options are key issues for patients dealing with inflammatory bowel disease (IBD) and, during office visits, very few clinicians discuss diets. The lack of dietary advice in the office is mainly due to time constraints for visits, lack of nutritional expertise, and minimal available dietary recommendations based on prospective results. We

have witnessed a renewed interest in the study of diet as a cause and treatment for IBD over the last few years, however. This is motivated primarily by a deeper understanding of the microbiome's central role in the pathogenesis of IBD and how diets can in turn affect the microbiome's biodiversity and functionality.

The global rise in IBD incidence and prevalence also indicates a clear and changing exposure to the environment, where food and diet westernization are possible culprits to help explain the vulnerability of patients to IBD. We concentrate on newly available clinical trials conducted during the last 3-4 years in this analysis and summarize evidence-based dietary guidelines. For patients with IBD, we concentrate on dietary guidelines that may serve as simple guidance to busy gastroenterologists in their practice. In the development of inflammatory bowel disease (IBD), diet plays an integral role and tends to serve as a mediator of intestinal inflammation once disease sets in. Most clinicians offer IBD patients little dietary advice, partially due to a lack of nutritional expertise and a lack of sufficient nutritional services. The goal of this study is to provide clinicians with a brief overview of the latest evidence of diets common among patients with IBD, to highlight diets with proven effectiveness, and to provide advice that can assist busy practitioners.