

¹ Benefits of nutritional interventions in Chronic Kidney Disease, stages 3-4. Chauveau P, France, Scientific Session 11, XV International Congress on Renal Nutrition and Metabolism, May 25-28, 2010 Lausanne, Switzerland

² Dietary protein restriction in CKD: the debate continues. Ikizler TA Am J Kidney Dis. 2009 Feb;53(2):189-91.

³ Benefits in nutritional interventions in patients with CKD stage 3-4. Chauveau P, Aparicio M. J Ren Nutr. 2011 Jan;21(1):20-2.

⁴ Treatment with protein-restricted diet in renal failure. The majority of Swedish renal units practice the method according to a questionnaire. Eyre S, Rothenberg E. Lakartidningen. 2008 Jul 23-Aug 5;105(30-31):2089-93.

⁵ Effect of a very low-protein diet on outcomes: long-term follow-up of the Modification of Diet in Renal Disease (MDRD) Study. Menon V, Kopple JD, Wang X, Beck GJ, Collins AJ, Kusek JW, Greene T, Levey AS, Sarnak MJ. Am J Kidney Dis. 2009 Feb;53(2):208-17

⁶ Randomized double-blind trial of oral essential amino acids for dialysis-associated hypoalbuminemia. Eustace JA, Coresh J, Kutchev C, Te PL, Gimenez LF, Scheel PJ, Walser M. Kidney Int. 2000 Jun;57(6):2527-38.

At the XV International Congress on Renal Nutrition and Metabolism, Dr. Philippe Chauveau addressed the attendees on the benefits of a very low protein diet.¹ His first slide was the title of a paper by Dr. Alp Ikizler, "Dietary protein restriction in CKD: the debate continues."² Dr. Chauveau then said, "I hope to show you that the debate is over." He then did just that, citing more than 24 studies from European sources.³

Dr. Ikizler, from Vanderbilt University, did not attend the lecture, but at the end of Dr. Chauveau's talk, I went to the microphone and asked, "In a recent study of Swedish practice in the treatment of kidney disease, it was reported that over 50% of the clinics in Sweden use diet as the first line of treatment.⁴ In the United States, there is not a single nephrologist who uses the very low protein diet as the first line of treatment. Would you care to comment? Dr. Chauveau shrugged his shoulders and declined to further embarrass his American colleagues.

Dr. Ikizler's paper commented on a study of the huge American effort to show whether Dr. Walser's studies could be confirmed in a large multicenter trial (the MDRD study).⁵ The trial showed only a modest improvement compared to the studies Dr. Walser had run. However, Dr. Walser finally figured out what went wrong. He ran a study to see whether patients would take the large number of pills required in the MDRD study. They did not! Over 50% of the patients dropped out within 2 months.⁶ Although Walser's study was on patients who were on dialysis and had low serum albumin (which is the best predictor of whether they will survive the following year), the lesson was the same. Patients were not truthful with their nephrologist when they discussed taking their medication. In fact, to weed out the folks who didn't take their medicines, Walser's group ran a two week trial to see whether the patients who took part in the drop out study really took all their pills. If their pill bottles came back with too many pills (they had to take 90% of the pills they were supposed to), they were not included in the drop out trial – and still 50% dropped out!⁶ Both Drs. Ikizler and Chauveau were aware of this shocking deficiency in the MDRD trial. They both knew that there was no adequate monitoring of the diet, nor was this taken into consideration when the results were tabulated (this is pointed out as a trial weakness). Thus, the MDRD trial was doomed to failure without changes in the protocol, because the patients wouldn't take the pills and wouldn't tell the doctors they weren't taking their pills.

As I look at the purchase records of our customers, I can tell whether they are taking their supplements as directed. Most of you don't take the number of doses you should. This gives me some idea of how well you stay on your diet.

What does this mean for you? If you don't take your essential amino acids and stay on your diet, you aren't going to control your creatinine, BUN and albumin levels. A large number of patients find their doctors don't believe Dr. Walser's research and give up on the diet and the EAA. Those of you who keep going find out that Dr. Walser and Dr. Chauveau are correct. If you stay on the diet you will lower your creatinine initially and it will stabilize! If you take your essential amino acids you will not suffer from malnutrition!

Keep up the good work! Show your nephrologist it works – he/she should be ashamed for not giving you the option of the supplemented diet in the first place.