

¹ Bellizzi V, Di Iorio BR, De Nicola L, Minutolo R, Zamboli P, Trucillo P, Catapano F, Cristofano C, Scalfi L, Conte G; ERIKA Study group.: Very low protein diet supplemented with ketoanalogues improves blood pressure control in chronic kidney disease. *Kidney Int.* 2007 Feb;71(3):245-51.

² Barnard ND, Cohen J, Jenkins DJ, Turner-McGrievy G, Gloede L, Jaster B, Seidl K, Green AA, Talpers S. A low-fat vegan diet improves glycemic control and cardiovascular risk factors in a randomized clinical trial in individuals with type 2 diabetes. *Diabetes Care.* 2006 Aug;29(8):1777-83.

³ Feiten SF, Draibe SA, Watanabe R, Duenhas MR, Baxmann AC, Nerbass FB, Cuppari L. Short-term effects of a very-low-protein diet supplemented with ketoacids in nondialyzed chronic kidney disease patients. *Eur J Clin Nutr.* 2005 Jan;59(1):129-36

⁴ Chauveau P, Combe C, Rigalleau V, Vendrely B, Aparicio M. Restricted protein diet is associated with decrease in proteinuria: consequences on the progression of renal failure. *J Ren Nutr.* 2007 Jul;17(4):250-7.

⁵ Brunori G, Viola BF, Parrinello G, De Biase V, Como G, Franco V, Garibotto G, Zubani R, Cancarini GC. Efficacy and safety of a very-low-protein diet when postponing dialysis in the elderly: a prospective randomized multicenter controlled study. *Am J Kidney Dis.* 2007 May;49(5):569-80.

⁶ Friedman AN. New evidence for an old strategy to help delay the need for dialysis. *Am J Kidney Dis.* 2007 May;49(5):563-5.

An interesting question about the Essential Amino Acid supplemented, very low protein diet (the Walser Diet) is how many patients with kidney failure would be willing go on the diet and then remain on it. There are a lot of known advantages, among which are easier blood pressure control¹, easier diabetic control², improved parathyroid hormone control³, and a slower rate of progression of the kidney failure⁴, thus avoiding dialysis. The drawbacks are limited to the fact that it is basically a vegan diet, with limited servings of some foods. The question comes down to how many people have the will power to give up certain foods. I have discussed this question with many of you especially about having to cut out both meats and sweets. Some are simply not willing to modify their diet.

In a recent study¹, all of the patients seen in a nephrology group were asked to try a low protein diet – about 40 grams of protein per day for a study. After a two week period to see if they could stand the diet, 22% refused to go on a diet at all. Once they had started a 40 grams of protein per day diet, the study asked if there were those who would go down to 24 grams per day, supplemented with amino acids and 34% were willing to go further. Since this was a study, all the patients were receiving the essential amino acid supplement that had to accompany the lowest protein level diet for free, so cost was not a factor. Of course, the nephrologists in this study were encouraging their patients to go on the diet, something very few of you have experienced.

As all of the readers of this review might expect, the result for the very low protein diet (Walser diet) had the best results. Half of the patients on the Walser diet were vegetarian and the authors thought a reduced intake of salt probably explained the blood pressure improvement. The question is how to convince both nephrologists and patients that a change in diet that is moderate to drastic is not only desirable but achievable in an End Stage Renal Disease patient.

We can gain insight on why we have this question by looking at a review of results from a recent Italian trial⁵ by a noted US nephrologist. He lamented the “difficulty with the dietary approach” citing the “notoriously hard to follow” dietary limitations.⁶ He then went on to say that close nutritional supervision is “required in all cases” on such a diet. The trial excluded diabetics and nephrotic proteinuria, which was also faulted (even those of you with these problems are doing very well). By the way, the results showed the diet was a safe alternative for those patients who had creatinine levels of about 7.0 to 9.0 (GFR = 5-7 mL/min, **far beyond** the level at which your nephrologist in the US would normally have put you on dialysis). The reviewer noted the patients had a death rate of only 15% while the same age patients on dialysis in the US have a death rate of 50%.⁶ The reviewer finally did say that, “if confirmed,” the diet would offer “a temporary but valuable alternative to” dialysis. Even at this advanced stage of disease, 71% of the patients avoided dialysis for 10 months.

We have to offer our congratulations to those of you who choose to avoid dialysis. If only we could get your nephrologist to offer you some encouragement in your decision. From all indications, you will do better in every category of managing your disease and you will be with us longer as well. That’s nice!