

Interpreting Research for the Kidney Patient

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You could say that we are biased in favor of the supplemented very low-protein diet (SVLPD). Frankly, this is only because of the data that our customers have provided to us since Dr. Walser asked us to get into this business to make a palatable essential amino acid formulation. Many of your doctors have told you that SVLPD is of no value and yet you have seen the results. For that reason, I want to answer the latest review in a major journal (italicized quotes) against SVLPD for you.

Low-protein diets (<or=0.7 g/Kg per day) have been advocated for over 70 years as a means of slowing the rate of progression of kidney disease and delaying the appearance of uremic symptoms and need for dialysis. However, the available evidence to date suggests that the benefit:risk ratio of dietary protein restriction is not favorable in that: (i) compliance is generally sub-optimal; (Italicized material quoted from 1) This means that many of you won't stay on your diet. You should have the choice to change your lifestyle to the diet as opposed to the lifestyle of a dialysis patient.

(ii) most of the published randomized controlled trials demonstrate that low-protein diets do not significantly slow the rate of kidney disease progression: This is simply incorrect as in a study of 40 trials on Low and Very Low protein intake, "Reducing protein intake in patients with chronic kidney disease reduces the occurrence of renal death by 31% as compared with higher or unrestricted protein intake."²

(iii) meta-analyses of controlled trials have demonstrated strong evidence of publication bias favoring studies with positive, rather than negative, results: The reason negative result trials are not published is that they simply have not occurred. Scientists publish unless restricted by poor science or by their funding agency. There is no large pharmaceutical company preventing publication of this work, and therefore no reason for restriction of publication.

(iv) the optimal level and duration of dietary protein intake have not been defined: There is considerable evidence favoring the SVLPD.² Garneata has shown that 20 grams per day of protein is 6 times as effective as 40 grams per day in delaying dialysis.³ Certainly more work should be done, but the evidence is for SVLPD..

(v) there is no convincing clinical evidence that dietary protein restriction provides any benefit beyond that afforded by angiotensin blockade; Perhaps Dr Johnson is simply unaware of the original paper on angiotensin blockade⁴ which showed that a low protein diet improved the results of the use of ACEI.

and (vi) low-protein diets are associated with both statistically and clinically significant declines in nutritional markers in chronic kidney disease (CKD) populations, which already have a high prevalence of malnutrition. This simply means that many patients will not take their essential amino acids or that the nephrologist in charge of the patient doesn't know what the essential amino acids are or what they will do. I have encountered both types of nephrologists in abundance in my conversations with customers. Evidently Dr. Johnson is unaware that malnutrition in CKD can be corrected by appropriate amounts of the essential amino acids.

Dr. Johnson has not given any reason that a well motivated patient cannot successfully prolong the time before dialysis is necessary – and in many cases for decades. And all of this without the change in life quality due to dialysis and its poor outcome.

¹ Dietary protein restriction as a treatment for slowing chronic kidney disease progression: the case against. Johnson DW. Nephrology (Carlton). 2006 Feb;11(1):58-62.

² Low-protein diets for chronic kidney disease in non diabetic adults. Fouque D, Laville M, Boissel JP. Cochrane Database Syst Rev. 2006 Apr 15;(2):CD001892

³ Effects of a supplemented hypoproteic diet in chronic kidney disease. Mircescu G, Garneata L, Stancu SH, Capusa C. J Ren Nutr. 2007 May;17(3):179-88.

⁴ Additive antiproteinuric effect of ACE inhibition and a low-protein diet in human renal disease. Gansevoort RT, de Zeeuw D, de Jong PE. Nephrol Dial Transplant. 1995;10(4):497-504.