

Abstract: The Impact of Medical Nutrition Therapy on Time to Dialysis in People with
Chronic Kidney Disease

Between 2000 and 2008, the number of adults over 65 years of age with chronic kidney disease (CKD) in the U.S. more than doubled. In 2009, over forty billion dollars in public and private funds were spent on the treatment of end-stage renal disease (ESRD).¹ Registered dietitians (RD) can provide medical nutrition therapy (MNT) to people with CKD to help normalize lab values, slow progression of disease, and delay symptoms. Early intervention and delayed time to dialysis may reduce healthcare expenditures and improving quality of life. This retrospective study reviewed medical records to evaluate the impact of MNT provided by an RD on outcomes in people with CKD by comparing patients that saw an RD to those who did not. The cohort included 265 participants from a local dialysis unit; 147 of whom received MNT. The researchers examined lab values for glomerular filtration rate, blood urea nitrogen, phosphorous, calcium, albumin and parathyroid hormone at baseline and at dialysis initiation or most recent labs if dialysis was not started. Average time to dialysis, based on stage of CKD at baseline, was also examined. Results show that people with CKD who received MNT had a higher percentage of lab values within normal ranges at follow-up, were less likely to start dialysis, and had a longer time to dialysis than participants who did not see an RD. Furthermore, the results indicate that better outcomes occur when MNT is given at stage three CKD rather than stage four or five.

Works Cited

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