NATIONAL KIDNEY FOUNDATION®

Management of Obesity in Persons Living with CKD

The CKD-Obesity Connection

Obesity increases the risk of CKD progression, worsens quality of life, and complicates management when both exist. Though not traditionally managed by the nephrology team, addressing obesity is key to holistic, person-centered care.

Clinicians often avoid discussing obesity to prevent embarrassment, yet patients want more guidance, especially on conflicting nutritional advice, goal-setting, and treatment options.

Person-first Language

Emphasize what a patient "has" rather than what they "are" to reduce stigma and keep the focus on health.

Preferred: "Patient with obesity" or "patient with overweight and diabetes"

Avoid: "obese patient" or "overweight diabetic"

Avoid Stigmatizing Terms

Weight stigma worsens physical and mental health and may lead patients to avoid physical activity, adopt unhealthy eating habits, and avoid, delay, or stop medical care.

Preferred terms: healthy/unhealthy weight, above a healthy range, too much weight for your health, Class 1-3 obesity

Avoid: morbidly obese, fat, heavy, plus-sized, chubby

Use Positive or Neutral Framing

Certain terms can sound judgmental, even if that is not your intent. Below are some examples:

Help patients "lower weight" instead of "improve weight"

Talk about achieving a "healthier weight range" instead of "ideal weight"

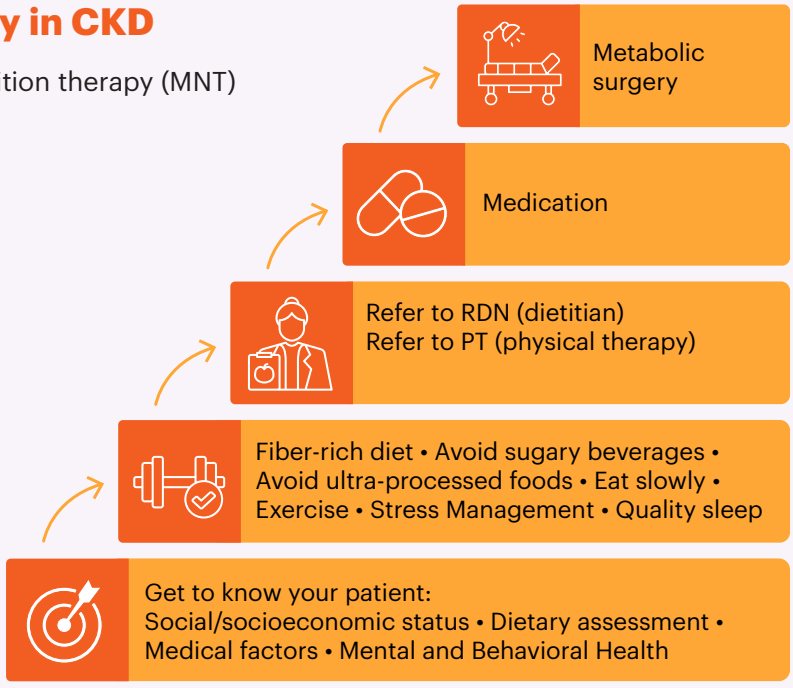
Discuss the impact of "extra weight" instead of "a weight problem"

A Holistic Approach to Obesity in CKD

Refer patients to a dietitian for medical nutrition therapy (MNT) and personalized guidance.

General Nutrition Guidance

- Emphasize a personalized approach
- Choose water over sweetened drinks
- Encourage slow and mindful eating
- Prioritize plant-based, fiber-rich foods; limit ultra-processed foods
- Support physical activity with adequate protein to maintain muscle and prevent sarcopenia/malnutrition.
- Avoid broad restrictions—nutrition absorption (e.g. potassium, phosphorus) varies by food
- Share the NKF Nutrition Hub resource with your patients



Adapted from: Kaesler N, Fleig S. *Clin Kidney J.* 2024;17(11):sfae317

Obesity Treatments in CKD

Below is a summary of approved treatments with key points for use in CKD.

Obesity Pharmacotherapy Overview for Patients with CKD

AGENT	MECHANISM OF ACTION	ANTICIPATED WEIGHT LOSS BASED ON CLINICAL TRIALS	SELECT CLINICAL PEARLS FOR USE IN CKD
Semaglutide (Wegovy)	GLP-1 receptor agonist	>10%	• No dose adjustment needed based on eGFR • Limited data in dialysis • GI effects (nausea, vomiting, decreased intake) can precipitate volume depletion & AKI (especially in advanced CKD). Take steps to help patients mitigate risk
Tirzepatide (Zepbound)	GIP/GLP-1 receptor agonist	>10%	
Liraglutide (Saxenda)	GLP-1 receptor agonist	5-10%	
Phentermine/ topiramate (Qsymia)	Appetite suppression	5-10%	• Maximum dose 7.5/46 mg once daily if eGFR <50 • Can increase risk for metabolic acidosis and kidney stones • Can increase serum creatinine concentrations (reduce eGFR)
Naltrexone/ bupropion (Contrave)	Opioid receptor antagonist & dopamine/ norepinephrine reuptake inhibitor	5% or less	• Maximum dosage of 1 tablet twice daily with “moderate or severe renal impairment” • Not recommended in patients with end-stage kidney disease
Orlistat (Alli, Xenical)	Fat absorption inhibitor	5% or less	• No dosage adjustment needed in CKD, minimally absorbed • Decreases absorption of fat-soluble medications & supplements (e.g. vitamin D, cyclosporine). • Limited data in CKD

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