

DIETARY INTAKE IN HEMODIALYSIS PATIENTS

Mohammad Qamar*, Beth Piraino*, Linda Snetselaar**, Susan Stark*, Mary A. Sevick*. * University of Pittsburgh, Pittsburgh PA, USA. **University of Iowa, Iowa City, Iowa, USA.

Nutrition correlates with mortality and morbidity in HD patients (pts). A RCT of a behavioral approach to enhancing adherence to the renal diet vs attention control group is underway. Baseline dietary information was collected and is presented here.

Detailed dietary information was collected with unscheduled phone calls by a dietitian on one weekend day, one non-dialysis weekday and one dialysis weekday at baseline of the RCT. Calorie and protein intake were estimated using adjusted edema-free body weight. Statistics used were Student's test and Friedman test.

Participants included 22 HD patients, mean age 52 years (SD=16.6), 82% minorities, 59% male, mean duration dialysis 30 mo (SD=42.3).

Intake and recommended per day	Non- HD weekday	HD weekday	Non HD weekend
Calcium(g) 1g	0.7+/- 0.6	0.6+/-0.4	0.8+/-0.6
Phosphorous(g) 1g	0.9+/-0.3	0.8+/-0.4	1.0+/-0.6
Mg (mg) 200-300mg	200+/-80	170+/-100	200+/-100
Zinc(mg) 15mg	11+/-6	9+/-5	10+/-7
Sodium(g) 0.75-2g*	2.6+/-1.0	2.1+/-1.0	2.6+/-1.4
Potassium(g)<2.0g	2.0+/-0.9	1.6+/-1.0	1.8+/-0.9
Protein(gm/kg) 1.2	0.9+/-0.3	0.8+/-0.4	0.9+/-0.5
Calories(kcal/kg) 30-35	21+/-7	19+/-9	22+/-11
%Protein/Calories	18+/-5	17+/-5	16+/-3

*p=0.091 HD vs non HD day

The results of this dietary recall indicate that HD pts take in higher than recommended sodium and have marginal protein and caloric intake, with minor variations based on the day of the week. Research is needed to evaluate alternative interventions for improving dietary intake in this patient population.

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