

## **The renal dietician / British Dietetic Association.**

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# **THE RENAL DIETITIAN**



**The British Dietetic Association  
Renal Dialysis Group**

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The Renal Dietitian looks after the nutritional care of patients with kidney disorders. General dietetic experience is essential prior to taking up a post in a renal unit and many Dietitians now have the opportunity to attend post-registration courses organised by the Renal Dialysis Group of the BDA.

The Renal Dietitian is expected to have a knowledge of renal physiology, medicine and related pharmacology which enables him/her to modify dietary intakes in the light of the patient's biochemistry, clinical findings and drug treatment. He or she works as part of a team which consists of medical and nursing staff, technicians, social worker, pharmacist, home dialysis administrator and transplant co-ordinator.

#### **The aim of dietary treatment in renal disease**

To maintain optimal nutritional status of the patient within the limitations of the disease and its treatment.

Renal diets often require a combination of dietary modifications. The following constituents of foods are particularly important:-

Protein	Oxalate	Vitamins
Sodium	Calcium	Trace elements
Potassium	Phosphorus	
Fluid	Lipids	
Energy		

Any co-existing diseases, eg diabetes, have to be taken into consideration when planning the patient's diet.

#### **(A) Chronic Renal Failure**

##### **1. Conservative Management**

There is increasing evidence that dietary modification can slow down the rate of progression of the disease in addition to alleviating symptoms.

## **2. Haemodialysis**

Patients undergoing regular haemodialysis (2-3 times per week) require dietary advice in order to avoid excessive build-up of toxic metabolites and fluid between each treatment. Many patients have their own machine at home but attend the renal unit every few months for review. This includes a consultation with the Dietitian.

## **3. Peritoneal Dialysis**

This is another form of treatment now used extensively as an alternative to haemodialysis for CRF.

Different nutritional considerations exist and must be monitored by the Dietitian.

## **4. Transplantation**

Following a successful renal transplant patients are not necessarily freed from dietary restrictions - salt and energy intake often have to be controlled.



More and more elderly people with CRF are now being treated in the UK. The dietary management of these patients can be more difficult.

Children with renal failure also have special needs particularly in relation to growth.

### **(B) Acute Renal Failure**

This may occur following major surgery, trauma, drug overdose, etc. Nutritional needs are quite complex and different forms of feeding may be necessary, eg total parenteral nutrition, naso-gastric feeding.

### **(C) Renal Stone Disease**

Patients who form renal stones are often referred for dietary assessment and modification.

### **(D) Miscellaneous**

The Renal Dietitian may also see patients with other conditions, eg nephrotic syndrome.



### **Teaching**

Lecturing to any of the following:-

- students (dietetic, medical and nursing)
- qualified Dietitians
- medical, nursing and paramedical staff
- catering staff, eg diet cooks

### **Research**

Renal Dietitians have presented papers at international conferences as well as having them published in both national and international medical journals.

### **Liaison with Pharmaceutical Industry**

This is in relation to special nutritional products.

### **Liaison with the Department of Health**

This is important in relation to allowances for special diets and the prescribing of special products.

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### **BDA Renal Dialysis Group**

This is one of the specialist groups within the Association.

It was established in 1970 and arranges twice-yearly meetings for Renal Dietitians.

### **The British Dietetic Association**

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