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Mediterranean Diet for CKD patients?

Generally, yes, but there might be some pitfalls

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The Mediterranean diet has been associated with reduced cardiovascular disease incidence in both observational and interventional studies. The “Prevention con Dieta Mediterranea” (PREDIMED) study [1], for example, a multicentre randomized primary prevention trial that included nearly 7,500 subjects at high cardiovascular (CV) risk, showed that MD could reduce the CV risk about 30%. The traditional Mediterranean dietary pattern has the following characteristics:

- High consumption of fruits, vegetables, bread and wholegrain cereals, potatoes, beans, nuts and seeds
- Extra virgin olive oil (cold pressed) as an important monounsaturated fat source
- Dairy products, fish and poultry are consumed in low-to moderate amounts
- Eggs are consumed zero to four times a week
- Sweets are seldom consumed
- Red meat is eaten less often
- Wine is consumed in low-to-moderate amounts, during meals

The beneficial cardiovascular effects of this diet are known to be a low glycaemic index and low glycaemic load as well as reduced inflammation, reduced oxidative stress, and a decrease dietary acid load. Besides, in the mediterranean diet natural foods are favored over processed foods, which means that the intake of phosphate and sodium is lower. “These are clear advantages of the diet CKD patients do benefit from”, comments Professor Denis Fouque, Lyon/France, editor-in-chief of NDT, president of the European Renal Nutrition Working Group (ERN) and co-author of the paper that has just been published in NDT [2] (first author: Dr. Philippe Chauveau, Bordeaux/France) and which evaluated Mediterranean diet for CKD patients. “Generally speaking, Mediterranean diet has many positive effects. But there are some pitfalls, CKD patients should know of. In the Mediterranean diet potassium intake is higher than in others and studies show heterogeneous results, if this might be harmful for patients or not.”

Therefore, monitoring of laboratory values and patient-reported symptoms would be a key strategy to safely implement Mediterranean diet in CKD patients. The European Renal Nutrition Working Group emphasized in its



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paper that a close contact and support by a registered dietician specialized in renal nutrition would be ideal.

“We definitely need randomized trials providing the evidence for the beneficial effect of this diet – or special adaptations of it – for CKD patients”, explains Fouque. “This is why ERN has been founded 2 years ago. Our working group aims to conduct research on the impact of lifestyle, diet, nutrient homeostasis and protein-energy wasting management on chronic kidney disease outcomes.”

[1] Estruch R, Ros E, Salas-Salvado J et al. Primary prevention of cardiovascular disease with a Mediterranean diet. *N Engl J Med* 2013; 368: 1279–1290

[2] Chauveau P, Aparicio M, Bellizzi V et al. Mediterranean diet as the diet of choice for patients with chronic kidney disease. *NDT* 2017 [epub ahead of print]

About ERA-EDTA

With almost 7,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all activities ERA-EDTA has the Young Nephrologists' Platform (YNP), a very active committee whose board includes members who are 40 years old or younger. Besides, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: several series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need of continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association's journals, *NDT* (Nephrology, Dialysis, Transplantation) and *ckj* (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; furthermore *NDT-Educational* is the online educational journal, open for free to all users, of the Society as well as the very important and useful feature of *NDT-Educational* "Literature Review". The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA: here all those interested in the activities of the Society can find everything that is done, all in one place! Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses, foundations all related to renal issues that actively interacts with the European Parliament. For more information please visit www.era-edta.org