

Recommendations for healthcare professionals on the preferred oral supplements to prescribe in the community for patients with advanced chronic kidney disease (not for patients receiving dialysis)

Introduction:

People with advanced chronic kidney disease (CKD) may experience poor appetite and weight loss due to uraemic symptoms.

Flesh weight loss may be masked by fluid retention in this patient population

Aims:

- To provide conservative / palliative nutritional support
- To avoid uraemic symptoms e.g. nausea, vomiting, taste changes associated with elevated blood urea level e.g. >30mmol/l

1. Rationale for suitable oral supplements (please refer to Table 1):-

- a) Energy (calorie) content: 200 600Kcal
- b) Protein content: 0 13g maximum (Nb nutritionally complete sip drinks, containing protein, should be used as a meal replacement)
- c) Electrolyte content / portion: Potassium: 0 10mmol, Phosphate: 0 6mmol

Nb This is a guide for some of the supplement drinks available. There are supplement desserts also available which may need to be tried in cases where the drinks are not liked or tolerated.

Additional Information:

Daily energy requirement: 30 – 35kcal/Kg (ideal body weight) i.e. Ideal Body Weight = Body Mass Index (BMI): 20 – 25Kg/m²

Daily protein intake: 0.6 - 0.8g/Kg ideal body weight (IBW)

Nb this refers to oral intake from both normal diet + supplements

Please note:

Enteral tube feeding in the community

If a patient is receiving enteral (tube) feeding it may be appropriate for their tube feed regime to be reviewed, in line with advanced CKD recommendations.

If such a situation occurs please liaise with a community dietitian in the first instance, who can the contact a renal dietitian for advice



Table 1: Examples of Suitable "ACBS" approved Supplements to be Prescribed for People with advanced CKD (Not for Dialysis)

People with advanced CKD (Not for Dialysis)							
Company	Supplement Name	Volume	Nutrient Content of Nutritional Supplements				
			Energy (kcal)	Protein (g)	Na mmol	K mmol	PO₄ mmol
FRESENIUS KABI	*Fresubin - Original	2001	200		6.6	6.4	2.0
		200ml	200	7.6	6.6	6.4	3.0
	- Energy	200ml	300	11.2	7.2	7.0	5.4
	*Fresubin Jucy	200ml	300	8	8.2	2.6	1.6
	Energy dense only supplement (these can be used in combina with nutritionally complete drinks)						
	Fresubin 5kcal	120ml	600	0	trace	trace	trace
			Energy	Protein	Na	K	PO ₄
			(kcal)	(<u>g)</u>	mmol	mmol	mmol
	*Fortisip bottle	200ml	300	11.8	7.8	8.2	5.0
NUTRICIA	*Fortisip Compact	125ml	300	12	5.2	7.5	7.0
	*Fortijuce	200ml	300	8	0.6	0.4	0.8
	an be use ks)	ed in					
	Calogen NOT Calogen extra shot	90ml	405	0	0.3		
			Energy (kcal)	Protein (g)	Na mmol	K mmol	PO ₄ mmol
AMYES	*Complete	200ml	300	12	7.0	7.6	5.8
NUALTRA	*Altraplen Compact NOT Altraplen Compact DAILY	125ml	300	12	5.5	7.7	6.5
Abbott Nutrition	*Ensure compact	125ml	300	13	7.9	6.9	6.9

^{*}These supplements are nutritionally complete, i.e.fortified with vitamins and minerals

Nb Fresubin jucy and Fortijuce are juice based Example of nutritional supplement prescriptions:

1. Energy dense supplement (Fresubin 5Kcal or Calogen):

Scenario: When a patient is eating meals but losing weight

Dose: 30 - 40ml

Timing: To be given AFTER meals to avoid suppressing the appetite

Frequency: 3 times daily Maximum

Nb: For uraemic patients try energy dense supplement as first line

2. Nutritionally Complete supplement (e.g. any of the options (*) in Table 1)

Scenario: If a patient is eating minimal amounts or missing a meal completely

Dose: 125ml or 200ml (1 bottle of milk based or juice based drink)

Timing: Meal times: Breakfast, Lunch, Evening meal

Frequency: 3 bottles daily Maximum (when no oral diet is taken)

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