Compliance with Dietary Prescriptions by Patients with Chronic Renal Failure

S.	Sergio	Giovannetti
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Prof. Sergio Giovannetti, MD, Clinica Medica Ia, Università di Pisa, I-56100 Pisa (Italy)

Dear Sir,

I have read with some disappointment and some amusement that Dr. E.A. Friedman regards me as a 'a God-like presence' in my unit 'like Kempner and his rice diet' [1]. This opinion is based on my supposed special capacity to convince patients on chronic dialysis to comply with dietary prescriptions.

I did not attend the meeting during which this 'flattering praise' was expressed and I reply here. Inducing patients on conservative therapy to submit themselves to severe dietary restrictions has never been a problem in my experience, probably because the 'mediterranean diet' makes such restrictions easy. In this case, however, the 'God-like presence' convincing patients to try and many to comply for long periods of time, is the only information (without any convincing efforts) that dialyses may be postponed if such sacrifices are made.

I agree that the problem of patients on thrice a week dialysis is quite different. They generally regard an unrestricted intake of foods and beverages as a compensation for the sacrifices related with the dialyses and often have a negative attitude to all restrictions and medications, including the aluminium-containing phosphate binders.

I wish to make clear, firstly, that I never advocated protein restrictions for these patients. The problem is hyperphosphatemia and whether we believe that it is harmful or not. I believe it is harmful and felt it is my duty to inform patients that a safe way to control this chemical abnormality is to avoid phosphorus-rich foods and beverages, and to take calcium carbonate instead of aluminium hydroxide. To avoid cheeses, ice cream, nuts, yolk, etc., to prefer boiled foods to roasted ones, to avoid milk and to take calcium instead of aluminium, is not a tremendous sacrifice and considerably reduces the intake of phosphorus.

The efficiency of this policy has been proved (fig. 1) by the serum phosphate levels of patients we are dialyzing once a week [2], while they are following a special low-phosphorus supplemented diet [3]. These patients com-

ply satisfactorily for fear of being forced to change to the schedule of 3 dialyses per week.

The patients who have already reached the limit of 3 dialyses per week have no deterrents and our suggestion to ingest less phosphorus is followed by some only. The results obtained in these patients are satisfactory [4] and I think that they well deserve the few words employed to give some information.

Advising uremics on thrice a week dialysis to avoid phosphorus-rich foods is quite different from advising hypertensive patients to eat rice only and the awareness that some only will comply is not a good reason for suggesting nothing at all. We all advise obese patients to ingest less calories (I suppose, also Dr. Friedman advises this) though we are aware that a few only of them will comply.

It seems to me that all this has nothing to do with a 'God-like presence' or with 'Kempner's rice diet' and I think that not suggesting dietary restrictions for fear of bad compliance is a dangerous attitude.

• Thrice a week hemodialysis

o- o Once a week hemodialysis

III!

144

t.a. Time average

III

168

IIIIII 1 1

0 24

Hours

IIIIIIIIII 120

Fig. 1. Changes and time averages of serum phosphorus inorganic (Pi) occurring during a week in 8 chronic uremic patients on thrice a week dialysis and free diet (no phosphate binders), and in 12 chronic uremic patients with very low residual renal function, dialyzed once a week and following a very low-protein and phosphorus diet supplemented with essential amino acids and keto-analogues, and with calcium carbonate.

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