

53rd Congress Vienna Austria May 21st – 24th 2016



Leading European Nephrology

PRESS INFORMATION

19 May 2016, 16:00 CEST

Have your kidney function checked before starting a protein shake diet!

It is well known that decreased protein intake can prevent the advance of renal insufficiency. According to international guidelines [1], patients with kidney disease who do not yet require dialysis should not exceed 0.80 grams of dietary protein intake per kilogram body weight per day. For a person weighing 70 kg, this means that 56 g of protein would be the upper limit. The guideline even clearly states that a daily protein intake of more than 1.3 g per kilogram body weight (for a person weighing 70 kg, it is 91 g) should be avoided in patients with kidney impairment.

However, someone on a protein shake diet generally has such a high protein intake (Almased contains 26.7 g of protein per shake, Yokebe 31.9 g, if the recommended servings are mixed with 1.5% milk, this adds another 7 g protein to the shake). In a radical diet, all three main meals of the day are replaced by a shake – so such a protein shake diet should therefore be taboo for patients with kidney disease.

Yet many people are unaware of their kidney disease, because it often goes undetected and does not cause any symptoms for a long time. The “European Renal Association – European Dialysis and Transplant Association” (ERA-EDTA) warns that, when people with impaired renal function go on a protein shake diet for a longer period, this may cause further damage to their kidneys, with the result that the stage in which dialysis is required is reached more quickly.

The advice issued by the ERA-EDTA is therefore to have one’s renal function checked by a general practitioner first, before going on a lengthy protein shake diet!

[1] Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney inter., Suppl.* 2013; 3: 1-150.

Recommendations on Protein intake:

3.1.13: We suggest lowering protein intake to 0.8 g/kg/day in adults with diabetes (2C) or without diabetes (2B) and GFR <30 ml/min/ 1.73 m² (GFR categories G4-G5), with appropriate education.

3.1.14: We suggest avoiding high protein intake (>1.3 g/kg/day) in adults with CKD at risk of progression. (2C)”

http://www.kdigo.org/clinical_practice_guidelines/pdf/CKD/KDIGO_2012_CKD_GL.pdf