

LETTERS

The Nutritional Status of the Patients with Renal Failure Should Be Assessed Carefully

Dear Editor,

We appreciate the article "Evaluation of nutritional parameters of hemodialysis patients" written by Kaynar et al and read with great interest¹. The authors investigated the nutritional parameters of hemodialysis patients by using anthropometric and biochemical measurements and concluded that age seems to be negatively associated with parathormone and albumin levels and muscle mass seems to decrease as dialysis vintage increases. Thank to the authors for their contribution of a study successfully designed and documented. We believe that these findings will guide further studies about nutritional factors in haemodialysis patients.

Dialysis patients may suffer from loss of appetite, or they may have still have malnutrition though they eat enough due to the possible factors like the increased catabolism or gastrointestinal malabsorption. In a previous study, male patients were found to have a greater reduction in muscle size and strength than female dialysis patients². Formerly dialysis patients were recommended to have less protein food in order to decrease the rate of deterioration of the kidneys. But nowadays, clinicians are generally in favour of suggesting their patients to eat they can, of course in certain amounts. This is true, because asking a patient who is already on malnutrition to eat less protein may make the problem get worse. The patients are usually encouraged to be careful of foods rich of phosphate. A previous study investigated whether dietary protein restriction is achievable in chronic kidney disease and presented the problem of "timely initiation" of diet and adequate energy intake³. Because of malnutritions, patients may suffer some problems like renal osteodystrophy⁴. These patients are in increased cardiovascular risk and prevention of vascular calcification in especially haemodialysis patients requires not only prevention of the renal osteodystrophy as the main and well known reason of the phenomenon, but also prevention of the lipid disturbances due to nutritional problems and inflammation status⁵.

Our challenge is on the issue that patients with renal failure and end stage renal disease are in increased risk of malnutrition and secondary problems. Laboratory data may help us upon the diagnosis of these subjects. In addition, it would be better if the authors gave data about the smoking habits of their patients as it could affect the levels of the studied factors.

References

1. Kaynar K, Songul Tat T, Ulusoy S, Cansiz M, Ozkan G, Gul S, et al. Evaluation of nutritional parameters of hemodialysis patients. *Hippokratia*. 2012; 16: 236-240.
2. Sakkas GK, Stefanidis I, Liakopoulos V, Johansen KL. Male dialysis patients are subject to a higher rate of muscle wasting and weakness than female counterparts. *Hippokratia*. 2004; 8: 155-160.
3. Koulouridis E, Koulouridis I. Is the dietary protein restriction achievable in chronic kidney disease? The impact upon quality of life and the dialysis delay. *Hippokratia*. 2011; 15 Suppl 1: 3-7.
4. Yonova D, Dukova P. Renal osteodystrophy in peritoneal dialysis and hemodialysis patients: What is the difference? *Hippokratia*. 2004; 8: 173-175.
5. Yonova D, Dobrev S. Lipid status, inflammatory markers and vascular complications in patients on haemodialysis. *Hippokratia*. 2006; 10: 35-38.

Keywords: Dialysis patients, haemodialysis, nutritional factors, malnutrition

Conflict of interest

There is no conflict of interest.

Çakar M¹, Balta S², Sarlak H¹, Demirkol S²

¹Internal Medicine Department

²Cardiology Department

Gulhane Medical Academy, Ankara, Turkey

Corresponding author: Dr Mustafa ÇAKAR, Department of Internal Medicine, Gulhane School of Medicine, TevfikSaglam St., 06018 Etilik-Ankara, Turkey, tel: +903123044015, fax: +9031230444036, e-mail: drmustafacakar@gmail.com