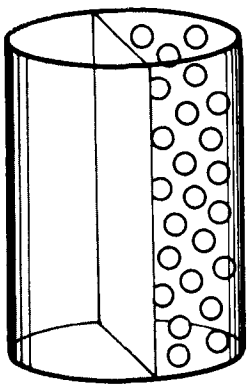

Dialysis

Do hemodialysis patients

LIVE TO EAT OR EAT TO LIVE?

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Americans eat to suit their palates. As our economic situations have improved, so have our appetities for sweet foods, snack foods, and quick foods. We, as a people, have been unrestrained and unrestricted as a whole. We literally eat and drink our way through an average day with three meals and four snacks.

It is a traumatic experience for a kidney patient to suddenly find himself limited in both food and fluid. Instead of living to eat, he must eat to live. Every mouthful is pointed to his well-being, or else to adding destructive products to his blood. The patient who is suddenly thrust into a life and death choice has new worries and problems to cope with, and often eating is a way of releasing frustrations in his new regime. How can we help this person to have a better-quality of life?

Acceptance of the diet prescription is extremely important, since the value of the diet depends upon the patient following it. Where possible a liberal diet should be prescribed, as it is easier to follow than a very restricted diet. Regardless of how a salt restricted diet is camouflaged or seasoned it is far from pleasant.

Many dialysis patients have been maintained on a strict Giordano-Giovannetti diet before going on a dialysis program, and it can be a welcome release to have a less restrictive diet. To many patients going on dialysis, a restricted diet is new and foreboding. In both cases the diet prescription is vital and must be chosen with due regard to patient's background, age and self discipline. Too severe a restriction may lead the patient toward dietary indiscretion.

Where possible, allow the patient a choice within his dietary regime and he will be more likely to cooperate. The choice may be between a liberal diet with longer and more frequent dialysis vs. a restricted diet with dialysis less frequent. Two of our home trained patients go on dialysis every other day and eat a regular diet, while Mr. K. prefers a 1.5 gm Na diet and dialysis twice a week. Most of our patients prefer a middle-of-the-road path with 3 gm Na diet and dialysis three times weekly. Certainly individualization is important when prescribing, as well as when teaching diet to the patient.

Food habits are deeply ingrained in most people and to change a life-time of eating habits over night is a far out goal. A diet history can be very helpful in determining favorite foods and idiosyncrasies, so that adjustments can be made in the diet pattern. The patient must be cared for psychologically as well as physically if he is to be a happy, satisfied patient. A young Mexican patient on a potassium and sodium restricted diet was allowed beans and tortillas occasionally before going on the dialysis machine, which raised her morale and made it easier for her to comply with other restrictions.

A patient must understand why he is on the diet prescribed by the doctor. He cannot be expected to conform unless he has some idea of why a diet, as unsatisfactory as a restricted sodium, potassium, and fluid is required. Terms and explanations should be used to suit the intelligence and education of the patient. Appropriate and adequate education is important in helping the patient. In most cases, once he understands "why" he can more easily accept the "what" in his new diet pattern:

1. Sufficient protein (1 gm/kg body weight is recommended) to meet the patient's needs. High biological value is stressed, divided so as to have protein at all three meals.
2. Adequate calories to meet the metabolic processes and activities of the patient.
3. Sodium restriction depending on urinary output and blood pressure, keeping the restriction as minimal as possible.
4. Potassium restriction of 2.5 gms/day.
5. A daily fluid intake of 500ml plus output. This may vary with insensible water loss and fluid retention. A patient is allowed to gain one pound of fluid weight per day.

Every opportunity should be taken to teach the patient. Help him mark his selective menu, so he will learn to make wise choices. Use a dietary diary, not as a measure to "check up" on the patient, but rather to review if he is getting sufficient nutrients, if he understands his diet, and to help him incorporate the foods he likes into his menu. If the patient is perceptive, introduce an exchange list. Most patients will do better with a simple, individualized food pattern, with a list of foods to be avoided.

At all times emphasis should be on the importance of good nutrition and on following the prescribed diet to help keep him out of the hospital, working, feeling well, and saving money. Our goal is to have a patient who "eats to live", and because he does, is happy, well adjusted and able to fit into society comfortably.