

A snapshot survey to look at UK dietetic practice with respect to the dietetic management of patients with co-existent diabetes mellitus (DM) and end stage renal disease (ESRD)

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ESRD is a recognised complication of DM; this combination of diseases represents a unique set of challenges for dietetic practice, with a perception that dietary advice may be conflicting, leading to possible confusion for patients and healthcare providers alike. Within the NHS, there are specialist dietitians for both DM and ESRD, with potential inefficiency because patients may be sent to see both subspecialist dietitians. This survey was designed to explore this complex area to see if there is an unmet need.

A questionnaire designed to answer key questions regarding dietetic management of DM and ESRD was distributed to Renal Nutrition Group (RNG) members via an online survey tool, and paper copies were distributed at an RNG meeting. The survey was open between October 2019 and January 2020. The survey covered perceived knowledge of ESRD and DM, the perceived need for, and details of, existing joint specialist ESRD and DM dietetic posts, and how joined-up the care was for people with CKD and DM in their trust. There was an opportunity to provide comments and share examples of excellent care. Results were collated, and basic statistical analyses were performed using an excel spreadsheet.

There were 67 completed questionnaires (38 online, 29 paper copies) from 37 different hospitals within the British Isles, of which 65 were evaluable after initial analysis. Two responses were excluded as they were more than 90% incomplete. For each question there was a small variation in denominator which is reflected in the calculations, and this occurred because not all questions were answered clearly. Five hospitals have joint renal diabetes posts, and these vary between band 6 and 7. Not all gave specifics on WTE but this varied between 0.1WTE and 1WTE. Results are enclosed in Table 1.

Table.

There were a few examples of good practice and some common themes: a need for “renal diabetes” dietitians; lack of confidence within renal dietitians in complex areas of DM e.g. insulin pumps, continuous glucose monitoring, and labile DM; need for more education for renal dietitians in DM diet and medicine; a lack of joined up working in all aspects of ESRD and DM management including a need for renal DM specialist nurses.

The number of surveys and geographical representation adds weight to this study and most respondents indicate they manage patients with coexistent ESRD and DM.

In summary the survey identified the following key findings:

Whilst confidence was moderate in managing this patient group, respondents indicated a need for increased educational sessions for this area of dietetics.

Joint specialist renal DM posts are rare, but many respondents feel strongly there would be patient benefits and efficiencies to be gained with resources for such a post. This highlights the need to explore investment in this area.

Few dietitians can prescribe and alter insulin doses, this could be an area that adds value in the future as the number of supplementary prescribing dietitians increase.

There is room for improvement in joined up care for these patients across the ESRD and DM teams.