

New Initiative. Weight loss support group for patients requiring renal transplant.

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Obesity prevalence is increasing within the general population and also within the renal dialysis and low clearance population.

We were challenged by GIRFT to review our threshold for transplantation and found a significant cohort of high BMI patients who had not lost weight over a number of years.

British Renal Association guidelines state that 'Obese patients (BMI >30 kg/m²) ... should be screened rigorously for cardiovascular disease and each case considered individually' and that 'individuals with BMI >40 kg/m² are less likely to benefit' Whatever the threshold transplant centres use it is agreed that lowering weight will confer less risk but the reality is that patients often do not lose weight with standard approaches.

Although obesity is associated with increased post-operative complications, observational studies suggest that transplantation among obese transplant recipients offers survival advantages compared with unlisted obese transplant candidates on dialysis.

Due to their renal disease and dialysis many patients follow various dietary restrictions and find these often conflict with weight loss principles.

To address this we set up a weight loss monthly support group for patients attempting to lose weight in order to be considered for a renal transplant.

SAMPLE

In total 14 patients were contacted and invited

7 males, 7 females

Modality 7 pre dialysis, 4 Haemodialysis, 3 Peritoneal dialysis

Each patient was sent a letter from the consultant outlining the new initiative and the importance of engagement in the program, they were also given a food diary and asked to bring the information at their

first session. They were also informed that after 6 months weight loss would be reviewed and they would be offered a consultant appointment to determine whether a transplant referral at their current weight was then appropriate.

We then planned sessions incorporating awareness of food portions and also some individual advice to incorporate any other dietary restrictions that were also been followed.

RESULTS

Session 1 =5 participants

(3 pre dialysis, 1 haemodialysis, 1 peritoneal dialysis 1 male 4 females)

session 2 = 2 participant

session 3,4,5 only 1 participant.

Weight loss

Of the 5 that originally attended 2 of the pre dialysis patients have lost 6% and 9 % weight loss and have reported been more aware of portions control

1 HD pt reported more awareness of portion sizes and has lost 3 %

SUMMARY

Although our weight loss group hasn't given us good attendance each session it appears for those who did attend some were able to make positive changes to their diets resulting in positive weight loss.

For those who didn't attend we need to investigate the reasons for this and why only 1/7 men attended.

Looking forward

Although the Dietitian often saw these patients in their modality clinic often more prevalent advice was given ie low potassium or low phosphate etc This was another appointment for them where the main aim was to focus solely on weight loss and make the advice more real and visual using everyday foods. Some patients appeared to engage in this process,