

Nutritional assessment of a haemodialysis population: an analysis of the dietetic intervention and nutrition status.

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Introduction and Aims: National guidelines recommend the regular provision of nutritional assessment for all Haemodialysis (HD) patients. HD patients at our large inner city teaching hospital, undergo nutritional assessment by the Renal Dietitian on an annual basis, including, Subjective Global Assessment (SGA) and the assessment of biochemical parameters against Renal Association guidelines. Data is recorded at each annual dietetic assessment. This exploratory analysis aimed to examine the nutritional status of the HD population and define the types of dietetic interventions provided.

Methods: Data was collected prospectively from January 2018 to December 2018 and included SGA score, Body Mass Index (BMI), biochemistry and the type of dietary intervention provided by the Renal Dietitian.

Results: 626 patients (375 male and 251 female), had at least 1 nutritional assessment conducted, of these 212 patients were new to HD. The mean age of the population was 63 (± 14) years and the mean BMI 27.3(± 6.4) kg/m². The mean potassium was 5.26 (± 0.74) mmol/L and mean phosphate 1.55 (± 0.52) mmol/L. 623 patients had an SGA score recorded. 82.2% (n=512) of the population were well-nourished with a SGA score A, 16.7% (n=104) were moderately malnourished with an SGA B score, and the remaining 1.1% (n=7) were severely malnourished with an SGA C score.

In 73.3% (459/626) of the consultations, dietary assessment indicated a need for intervention (Table 1), and there was an average of 1.3 interventions per person.

Conclusions: 25% of the interventions provided to the HD population in 2018 included education and/or nutritional supplements for nutrition support, despite less than 18% of the population being malnourished. This suggests that to maintain the well-nourished status in this HD population, patients may still require ongoing nutrition support even when they are assessed as well nourished.

Approximately three quarters of the population require nutritional interventions, and often more than one intervention is required during an individual annual assessment, indicating that established HD patients continue to need ongoing nutritional input.

The use of dietary assessment by dietitians identified nutritional causes for electrolyte and fluid disturbances which led to individually tailored dietary modification. Overall malnutrition may have been reduced in this cohort of patients due to the individual tailored dietetic interventions, as opposed to generalised dietary restrictions.