

# A kitchen „renal dietary” course for chronic kidney disease patients and quality nutrition support

Lászlóné Góz, Erzsébet Szebenzski, Ben Thomas, József Balla

Fresenius Medical Care Dialysis Centre Debrecen, Hungary

## Introduction

In chronic kidney disease (CKD), dietary requirements vary depending on the stage of renal disease. Protein requirements differ before and after the initiation of dialysis. The need for dietary adjustments after haemodialysis begins, is individualized depending on laboratory data and the level of residual renal function. It is important to maintain the adequate sodium, potassium, calcium, phosphorus, calories and fluid intake.

## Objectives

To ensure that patients adhere to dietary recommendations and easily cultivate healthy eating habits.

## Methods

In addition to continuous „theoretical” teaching, a practical kitchen cooking course has been introduced (Picture 1, 2). Patients were led to prepare their menu in small groups with the help of a professional dietitian and a nephrological nurse. After hazard prevention measures, hand washing and wearing of kitchen aprons, the dietitian gave the various assignments and recipes. „Cooking course” began in earnest and some useful tips were provided, such as reduction in potassium content of various vegetables and fruits by precooking and draining of remaining cooking fluid. The lowering of the phosphorus content of meats can be obtained by precooking processes. Improving flavour by adding plants based spices to non-salted foods (marjoram, parsley, thyme). Choosing seldom used basic ingredients (millet) for breakfast because of its basic pH. Baking with flour of low protein content, can help relieve the kidneys. Stressing the importance of freshly prepared meals without preservatives.

## Results

Patients enjoyed the preparation of the meals and eating all the prepared food was the evidence. They were curious, and actively participated and socialised during the course. The recipes were shared with family members at home. A positive feedback from the participants, desire for more similar sessions, and recommendations to other fellow renal patients followed (Figure 1).

## Conclusion

The whole exercise will contribute to improvements in the patients quality of life by healthy cooking and help attenuate the many complications of renal diseases. During the cooking course, patient education and their active participation was the key success factor.

## References

1. Papp Rita – Zakar Gábor – Bordi Edit: Menu and lifestyle of patients with Chronic Renal Failure
2. Rodler Imre: Modified diet classification
3. [https://www.kidney.org/sites/default/files/docs/kidney\\_cookbook\\_lr.pdf](https://www.kidney.org/sites/default/files/docs/kidney_cookbook_lr.pdf)
4. <https://www.barnesandnoble.com/w/renal-diet-cookbook-susan-zogheib/1122788445#/>

## Why is the kidney "kitchen course" significant?

What is learned in theory can easily be done practically.

With the help of a skilled dietician dietary recommendations can easily be adhered to.

Raises awareness about quality diet.

Enhances knowledge of food preparation and diet.

A healthy diet can be prepared using basic ingredients and foodstuffs.

Patient's quality of life and general well being can be improved by sticking to dietary recommendations.

Figure 1. Results of teaching in kitchen



Picture 1. Cooking place – by a Dietetic Service at the University – own picture



Picture 2. Cooking place – The patients use it by a dietician's support – own picture