

ESPEN 2016 Abstract Submission

Topic: *Nutritional assessment*

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HALLMARKS OF NUTRITIONAL STATUS IN KIDNEY TRANSPLANT RECIPIENTS

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If you think another topic than the one selected at first would suit your abstract, please choose below.: Nutrition and chronic diseases

Presentation Method: Oral or Poster presentation

Please indicate your professional occupation: Dietitian

The presenting author fulfills the above conditions and wants to apply for a travel award: No

Rationale: Prevalence of malnutrition in patients with chronic kidney disease (CKD) is reported to vary between 18% and 75%, depending on dialysis mode, criteria used, and patient population (1). Thus far, prevalence of malnutrition and its risk factors in patients that received a kidney transplant are unknown. We aimed to assess nutritional status in patients that received a kidney transplant >1 year ago.

Methods: In 72 outpatients undergoing their kidney transplant >1 year ago (aged 55.5±11.8 years; 50% male), nutritional status was assessed by the digital application of the Patient-Generated Subjective Global Assessment (PG-SGA; ©FD Ottery, 2005, 2006, 2016), i.e. the Pt-Global© web tool. By PG-SGA Global rating, patients were categorized as well nourished (A), moderate/suspected malnutrition (B), or severe malnutrition (C). Total PG-SGA point score of 4-8 indicates intervention by dietitian, in conjunction with nurse or physician as indicated by symptoms, and ≥9 points indicates a critical need for improved symptom management and/or nutrient intervention options.

Results: Of all patients, 22% (16/72) had a total PG-SGA score of ≥4. Four percent (3/72) of the patients were categorized as malnourished (B or C). Median point score in malnourished patients was 10, which mainly related to nutrition-impact symptoms. In well-nourished patients (A), scores 4-8 were mainly related to limited activities/functioning, disease factors, and/or deficit/loss of muscle and/or fat.

Conclusion: Our findings show that the prevalence of malnutrition in patients undergoing kidney transplant >1 year ago is low. However, a substantial proportion of the patients (22%) is at nutritional risk (≥4 points), indicating symptom management and nutritional intervention is needed.

References: (1) Kalantar-Zadeh K, Ikizler TA, Block G, Avram MM, Kopple JD. Malnutrition-inflammation complex syndrome in dialysis patients: causes and consequences. Am J Kidney Dis 2003 Nov;42(5):864-881.

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