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The integrated diet dialysis program (IDDP): An alternative to traditional dialysis treatment, launch ramp to implement the tailored hemodialysis (ITH)

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Abstract

Aim: The present study aims to evaluate the effectiveness of treatment IDDP as an alternative to the continuation of conservative treatment or early treatment in patients with traditional dialysis chronic kidney disease CKD 5D, addressed particularly to the elderly and / or collaborating on a diet.

Patients and Methods: We prospectively evaluated 26 patients with a mean age of 64.3±14.3 years, GFR 4-8 ml/min. These patients were evaluated every six months for pressure parameters, dialysis, nutritional balance, calcium, phosphorus, fluid and electrolyte balance and renal function. The patients in this period were subjected to dietetic scheme which provided protein (0.6 to 0.7 g/kg/day) low salt (60 meq/day) 30 -35 Kcal per kg/day, supplemented with folic acid and vitamin B group, free dinner the day of dialysis, associated to a dialysis treatment once weekly, of hemodialysis and/or hemodiafiltration high efficiency with synthetic membranes.

Results: The mean follow-up observation was 637.2±451.3 days. The results showed a stable trend of nutritional parameters, PTH, calcium, phosphorus, and fluid and electrolyte balance, with an increase in the values of total immunoglobulins, triglycerides, and lymphocytes. The hemoglobin values were maintained in accordance with the guidelines target (11-12 g/dl) compared with a statistically significant reduction in the dosage of erythropoietin ($p < 0.01$ vs. 6.18 start and 24 months). It was also found a statistically significant reduction in systolic blood pressure pre-dialysis ($p=0.03$), diastolic blood pressure ($p=0.03$) and average ($p<0.01$) accompanied by a reduction of antihypertensive therapy ($p<0.01$). The mortality in this study was 7.7% (equivalent to a gross mortality / year of 7.4%) and compliance with dietary treatment of 92.3%. Such treatment, in addition to being suitable from a depurative and nutritional point of view, offers important advantages in terms of quality of life of the patient, economics, management and allows, thanks to the function of residual GFR, to be able to obtain a better purification of molecules in higher molecular weight as the β2 microglobulin. Even mortality seems to be lower than in patients on hemodialysis as reported by the National Italian Registry (13%). It can therefore be considered as a viable therapeutic option, especially in order to offer patients a more wait and purifying strategy "tailored" (ITH) on the clinical needs of patients carrying the kidney to retain as long as possible and then the FRR increasing the dialysis dose as it is reduced.

Biography

Bolasco P completed his M.D. at the age of 25 years from Cagliari University and two postgraduate degrees on Anesthesiology-Rianimation and Nephrology. After 15 years of being in charge of hemodialysis ward in G. Brotzu Hospital in Cagliari, he is the director of Territorial Department of Dialysis and Nephrology from 1998, of the greatest health organization in Sardinian Region called ASL of Cagliari with five centers of Nephrology and 20 outpatients ambulatory in a great area. He has published more 300 publications and 47 papers in reputed Medline journals. His specific areas of interest include- all methodology of extracorporeal treatment especially convective therapies, renal anemia, nutritional therapy, dialysis water quality and its devices and equipments. He is the reviewer of the following journals Kidney International, Nephron, Nephrology Dialysis and Transplantation, Journal of Nefrology,American Journal of Kidney Disease, Artificial Organs.