



Beyond Restriction: The Role of Diet in Advanced Kidney Care

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Aim of session

- Dietary advice in advanced CKD in 2026
- Highlight malnutrition risk and dietetic support as a core part of AKC treatment
- Support consistent messaging from the whole MDT
- Promote consistent, patient-centred care



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What comes to
mind when you
think of the word
diet?



Psychological effect of a restricted diet

'...you suddenly realise how much social life revolves around eating and drinking. Going to the pub or a restaurant becomes difficult, and you end up feeling isolated — you don't realise how much until you can't do it.'



Finnegan-John and Thomas (2012) doi:10.5402/2013/308986

Yagi et al doi.org/10.1007/s12325-022-02341-S

Acik et al. 2025- [10.1053/j.jrn.2024.09.006](https://doi.org/10.1053/j.jrn.2024.09.006)



Eating is a simple pleasure

Traditional renal diets

🚫 Traditionally restrictive “one-size-fits-all” diets

🍌 Blanket potassium restrictions with focus on reducing fruit and vegetables

✖ Limited attention to QOL

📄 Focused on handouts and food lists

🍴 Cultural or personal preferences not always considered

RENAL DIET

FOOD CHART

RENAL DIET FOOD CHART

ENJOY

FRUITS

Berries (blueberries, strawberries, raspberries)
Apples
Pineapple
Watermelon
Raspberries
Cherries

VEGETABLES

Leafy greens (spinach, kale, Swiss chard)
Peppers
Cauliflower
Broccoli

AVOID

HIGH-SODIUM FOODS

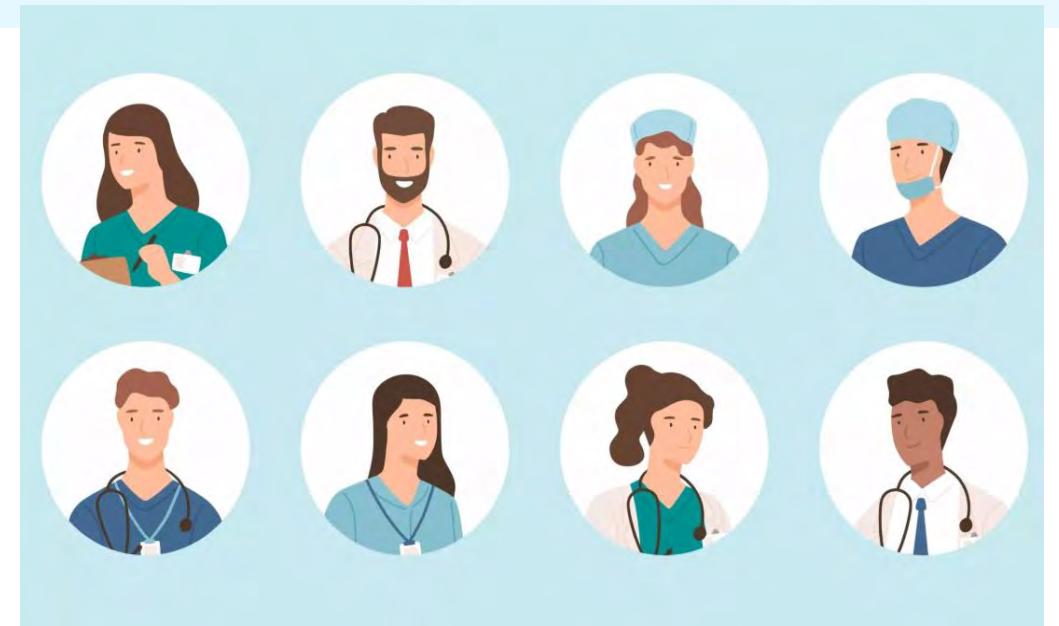
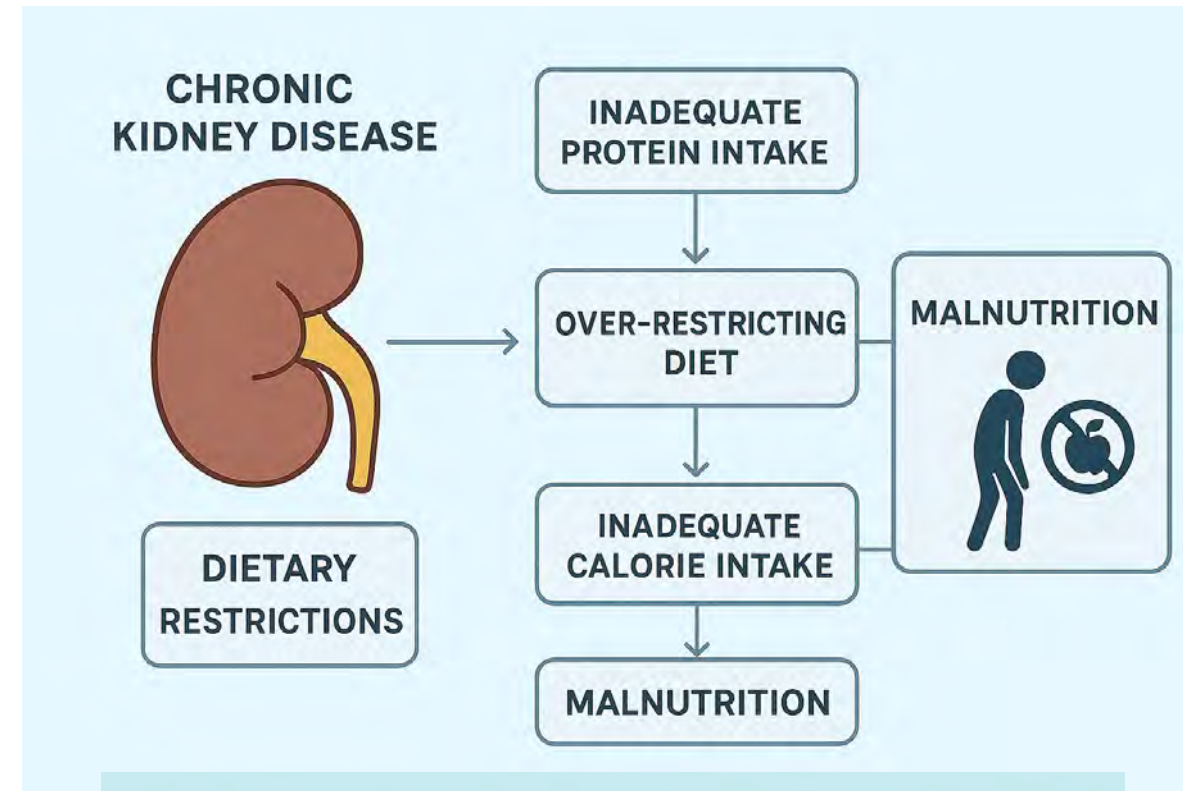
Processed meats (bacon, sausage, deli meats)
Canned soups
Packaged snacks (chips, crackers)
Fast food
Pickled foods
Condiments high in sodium (soy sauce, barbecue sauce)

HIGH-POTASSIUM FOODS

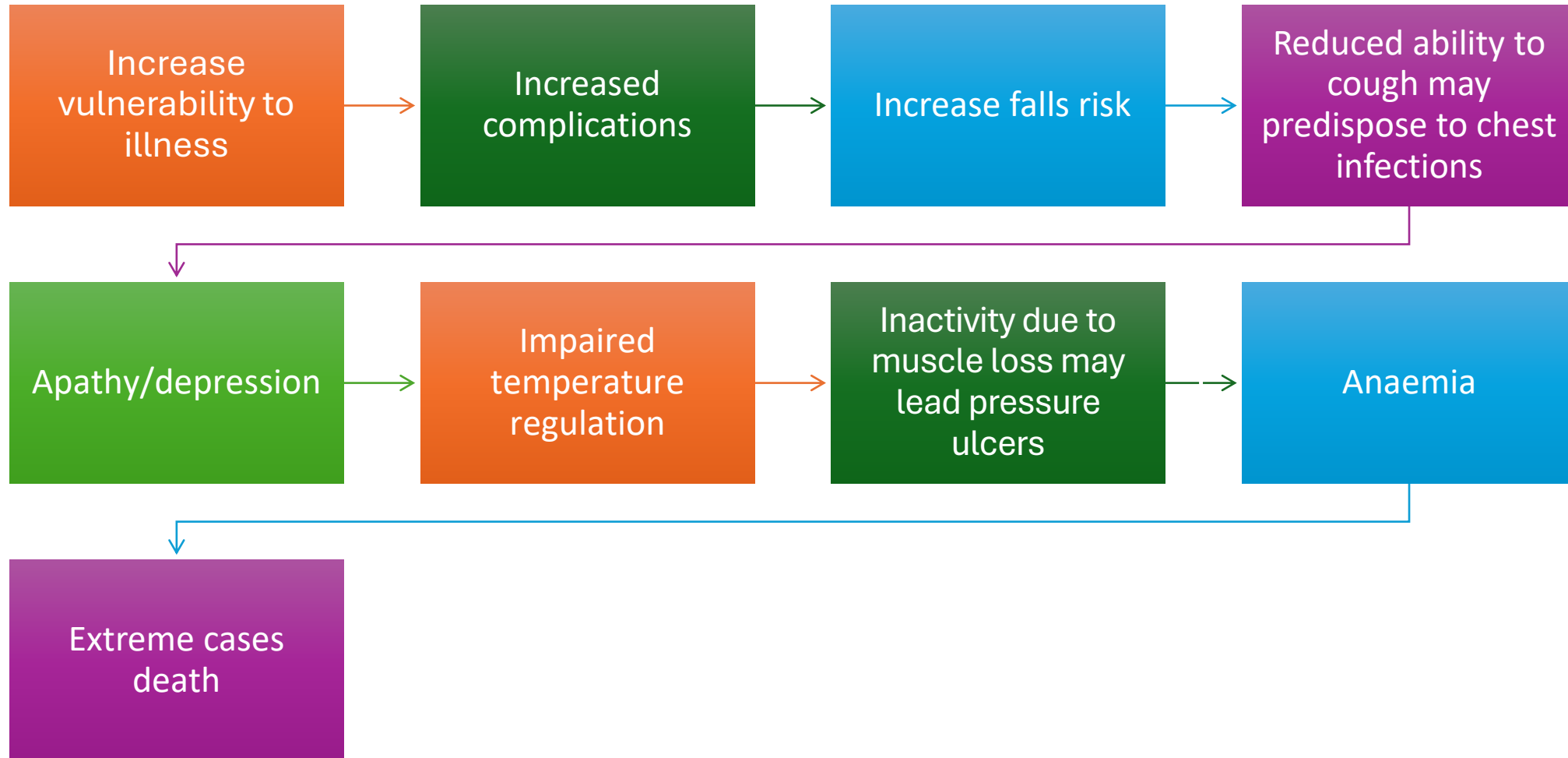
Bananas
Oranges
Potatoes

Restriction and malnutrition

- Over-restriction may occur if
 - patients are told they need to restrict their diet inappropriately or
 - patients do their own research online
- Dietary restrictions can limit the variety / may remove major staples such as potatoes.
- If already at risk of malnutrition it could worsen malnutrition status
- Consistent messaging from MDT is important



Effects of malnutrition/PEW



What's changed in recent years?

- ✓ Individualised advice based on bloods, symptoms medications, and patient priorities
- 🥗 More plant-based options promoted where appropriate – increasing fruit & vegetables
- 👥 Co-produced patient resources (such as Kidney Kitchen) – change in language
- 🌍 Focus on cultural inclusivity and enjoyment from food



Dietary advice in AKC

Main Focus:

- Nutrition gets more nuanced, but **healthy eating** remains the key message.
- Aiming to preserve kidney function, maintain weight* and manage symptoms.

Key Nutritional Considerations:

- **Protein:** May be appropriate to reduce protein in advanced CKD (individualised).
- **Phosphate:** If elevated, focus on additives and portion sizes.
- **Potassium:** Only restrict if levels are high. Focus on additives before fruit and vegetables.
- **Salt:** Low salt diet = improved blood pressure and less fluid retention.
- **Appetite may drop:** May need small, tasty, energy-dense meals +/- nutritional supplements.

Key Message:

- **Avoid fear-based food rules** and encourage **realistic, enjoyable, healthy balanced eating.**

What do the guidelines say?

1

**OFFER SPECIALIST
DIETITIAN
ASSESSMENT**

2

**AVOID BLANKET
DIETARY
RESTRICTION**

3

**FOCUS ON DIETARY
PATTERNS, NOT
SINGLE NUTRIENTS**

4

**PRIORITISE
NUTRITION, QUALITY
OF LIFE, AND
INDIVIDUALISATION**

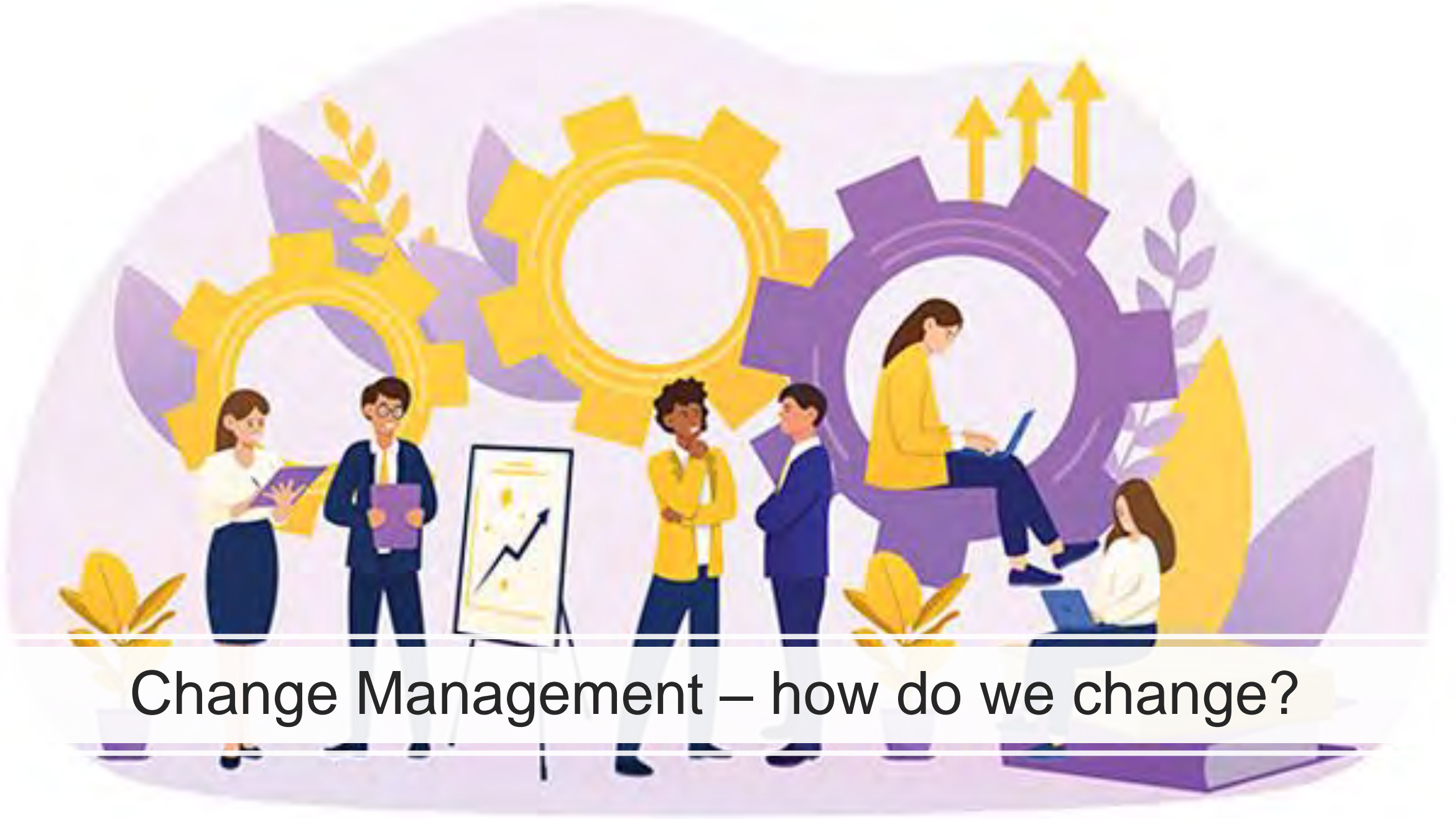
NICE (NG107) <https://www.nice.org.uk/guidance/ng107>

KDIGO Kidney International 2024



The reality

Guidelines say	What we often do
Individualised dietary assessment	Default to standard restrictions
Avoid blanket restriction	Give “low potassium/phosphate diet”
Focus on dietary patterns	Focus on single nutrients
Encourage dietitian involvement	Delay or bypass referral
Prioritise nutrition & QoL	Prioritise biochemistry



Change Management – how do we change?

Phrasing the question

Do you want to see the dietitian?

Would you like me to refer you to the dietitian?



"Our dietitian can check you're not being too restrictive with your diet, and can help support you to eat well for your overall well-being, are you happy for me to refer you?"



Healer



Counselor



Supporter



Educator



Roles a Dietician Plays



Motivator



Problem Solver



Life coach

#DietiticsDay

Shilps Mittal - Nutritionist

Referral for low potassium advice



Regular
Blood Sugar



Improved
Acid Levels



Regular
Bowel Movements

Referral for low potassium advice

"...in the meantime, I've suggested they look the information up on google"



KIDNEY FRIENDLY FOODS

✓ Enjoy

✗ Avoid

Low-Potassium Fruits

& Low-phosphorus Fruits

Apples Plum
Blueberries Raspberries
Cherries Strawberries
Coconut Tangerines
Cranberries Watermelon
Grapes
Lemon
Lime
Lychee
Pear
Persimmon
Pineapple



Low-Potassium Vegetables

& Low-Phosphorus Vegetables

Alfalfa sprouts Peppers
Asparagus Radish
Beans Rhubarb
Broccoli Tomatoes
Cabbage Watercress
Cauliflower Yellow squash
Celery
Corn
Cucumber
Eggplant
Kale
Onions
Parsley



Low-Potassium Meat & Fish

Canned light tuna
Chicken wings
Flounder
Oysters
Shrimp



Low-Potassium Dairy Free

Almond milk
Cashew milk
Coconut milk
Dairy-free yogurt
Hemp milk
Non-dairy cheese
Rice milk
Soy milk



Low-Phosphorus Breads

Bagel
Corn tortilla
English muffin
Flatbread
Flour tortillas
Light wheat bread
Pita bread, white
Rye bread
Sourdough bread
White bread



Low-Sodium Fats

High-Potassium Fruits

Apricots
Avocado
Banana
Cantaloupe
Dates
Dried figs
Dried fruits
Grapefruit juice
Honeydew melon
Kiwi
Mango
Nectarine



High-Potassium Vegetables

Acorn squash Lima beans
Artichokes Mushrooms
Swiss chard Silverbeet
Baked potatoes Spinach
Beet greens Sweet potatoes
Bok choy Sweet chard
Carrots Turnip greens
Kohlrabi

High-Phosphorus Dairy & High-Potassium Dairy

Cheese
Cottage cheese
Ice cream
Milk
Pudding



Low-Oxalate Herbs & Spices

Apple Cider Vinegar
Basil
Chives
Dijon Mustard
Dill
Garlic
Ginger (fresh)
Mint
Nutmeg
Oregano
Oyster Sauce
Peppermint
Pickles
Sage
Vinegar
White pepper



- ✓ Select foods and beverages that are low in phosphorus. FOLLOW A LOW-OXALATE DIET IF YOU ARE PRONE TO KIDNEY STONES.
- ✓ Choose foods that provide an appropriate amount of potassium.

To meet your specific dietary needs, carefully examine food labels and consult with a renal dietitian.

High-Phosphorus Foods

Soybeans
Sunflower Seeds
Flax seeds
Lentils
Navy beans
Oats
Pinto beans
Quinoa
Swiss cheese
Sardines
Dried peas
Firm tofu
Nuts
Bran cereals
Scallops
Whole-wheat bread
Pumpkin seeds



High-Sodium Foods

Bacon
Burgers
Buttermilk
Canned soups
Cheese
Cheese sauce
Cheese spreads
Chicken fingers
Chicken nuggets
Chips
Crackers
Croutons

Bulgur
Cornflakes
Couscous
Unsalted popcorn
Farro
Millet



White bread
White rice
Wild rice

Pudding
Yogurts

High-Sugar Foods

Candy
Chocolate
Cookies
Doughnuts
Ice cream

Pastries
Regular soda
Sweetened cereals
Sweetened yogurt

High-Protein Foods

Beef (Ribeye, T-bone)
Deli meats (Salami)
Lamb (chops, ribs)
Pork (Bacon)
Sausages



High-Oxalate Fruits

Dates (dried)
Elderberry
Feijoa
Figs
Kiwi (dried)
Grapefruit (pink)
Guava
Lemon Myrtle
Oranges
Pomegranate
Rhubarb
Rhubarb (stewed)
Star fruit



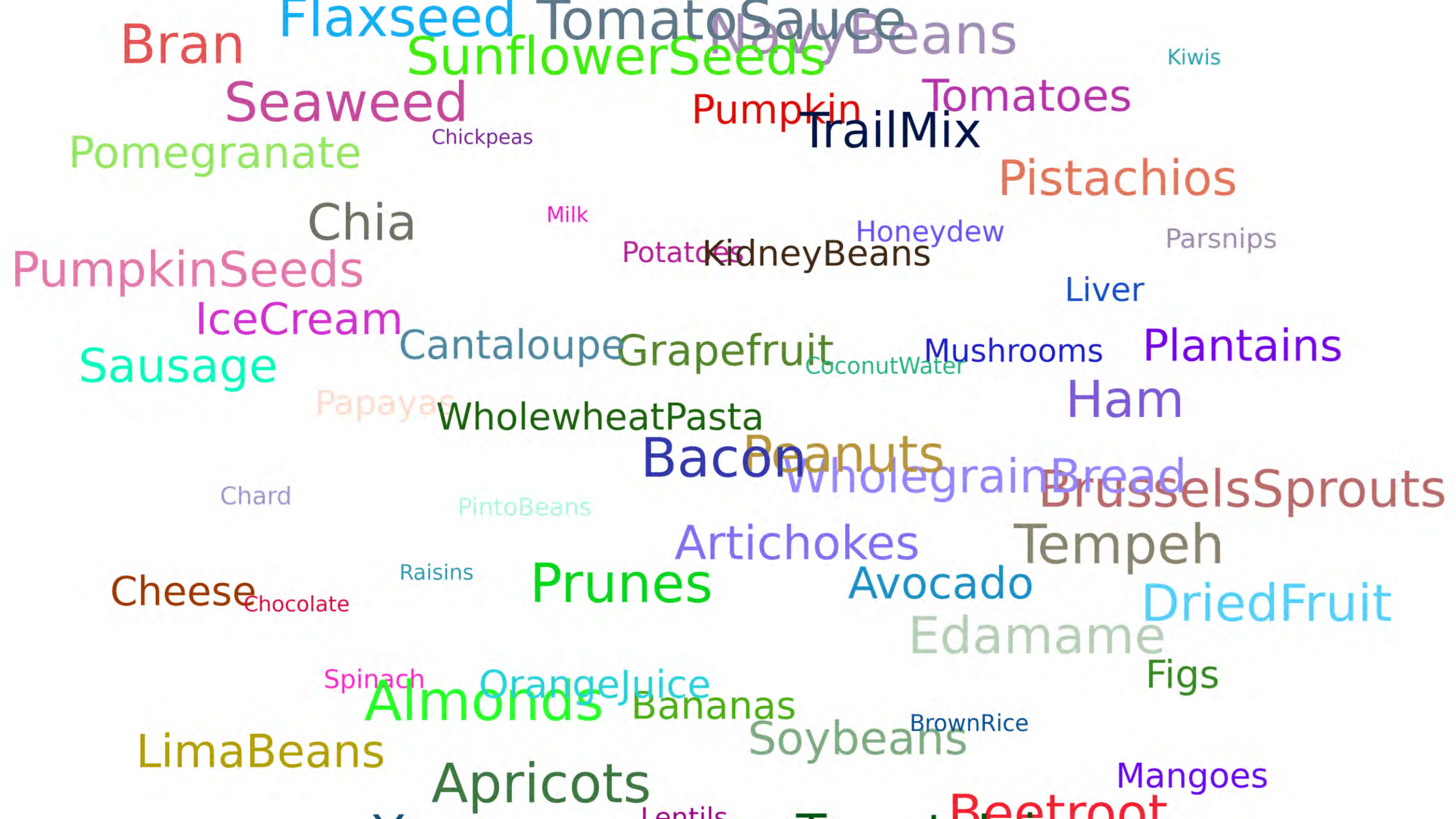
Croissants
Frozen pizza
Fries
Gravy
Hash browns
Ham
Hot dogs
Juice blends
Macaroni & cheese
Olives
Pancake mix
Pasta meals
Pretzels
Pickles
Pizza
Salt
Salad dressing
Salsa
Sausages
Soy sauce
Soup
Stuffing



SPEAK WITH YOUR DOCTOR AND DIETITIAN TO FIND OUT IF YOU SHOULD LIMIT PHOSPHORUS.

- ✓ For kidney disease, make sure your doctor monitors our potassium levels.

Google



Low Potassium Diets



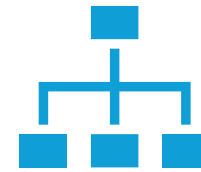
Evidence Gap:

Few high-quality clinical trials supporting potassium restriction
Most studies observational or small / inconsistent outcomes



Potential Downsides:

Risk of nutritional deficiencies / quality of life / less enjoyment



Current Perspective:

Individualised approach recommended – rule out other contributors (KDIGO 2024)

Systematic review and meta-analysis by Morris et al.,2020 <https://doi.org/10.1053/j.jrn.2019.09.009> Very-low-quality evidence supports consensus that dietary potassium restriction reduces serum potassium



It's OK to
have a
banana!

Bananas!

Food item	Portion size (total potassium content)	Mean bioavailability of potassium content*	Estimated bioavailable potassium
Banana (without skin)	Small 63g (4.4 mmol)	60%	2.6 mmol
	Medium 85g (5.9 mmol)		3.5 mmol
	Large 128g (8.8 mmol)		5.3 mmol



Even a large banana only provides ~5.3 mmol bioavailable potassium - this is not the main driver of hyperkalaemia in most patients!

What does the patient want?



De-Prescribing dietary advice



Ask patients if they are restricting their diet

Is this impacting QoL / nutritional status? Could a dietitian review help?



Removing prior protective advice may feel like withdrawal of support



Previous “it's bad for you” messages can stick strongly



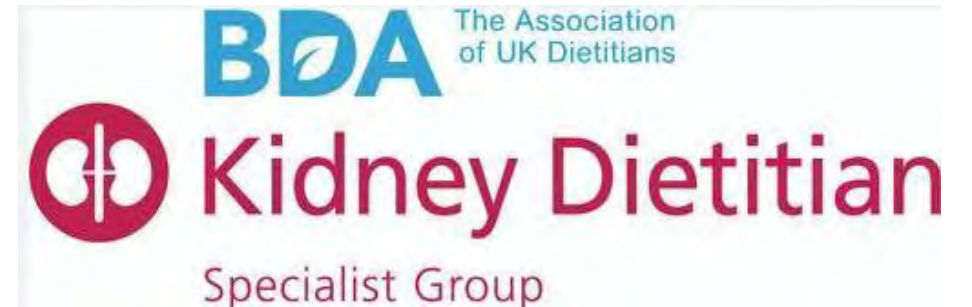
Empower patients to know why advice has changed



Consistent and reassuring messaging is important

Safe signposting

- If you are confident there are no nutritional concerns and the patient would benefit from some information...
- Look for the Trusted approval logos





Take home messages

- Try to avoid referring for a 'low potassium' or 'low phosphate' diet
 - Consider how the dietitian assessment is offered
 - Dietitians can support patients / improve QoL
 - If the MDT messaging doesn't align – patients may default to 'restriction'
 - Focus on the patients' priorities, overall well-being, and nutritional status, alongside biochemistry targets
-

