ABSTRACT

Nutritional therapy is very significant for dialysis patients. The basis of the diet in hemodialysis treatment is a sufficient energy intake, increased protein intake, which corresponds to the needs of the dialysis patient. It can be difficult for patients to grasp a change in their diet compared to the period of pre-dialysis treatment, constant monitoring of all dietary restrictions due to insufficient filtration capacity of the kidneys, and at the same time compiling a still varied and balanced diet. For this reason, it is more than desirable for patients to be provided with the possibility of regular nutritional education and consultation. This individual care is essential for improving the quality of the patient's life and adequate support for hemodialysis treatment.

This work aims to evaluate the change in the composition of the diet of hemodialysis patients after regular nutritional education. In addition to the adjustment of eating habits, other anthropometric and laboratory parameters related to the nutritional status of dialysis patients were also monitored.

Patients were divided into two groups, according to their preferences. The first monitored group recorded their meals by hand or electronically. Patients from the second control group did not record their diet, instead they tried to adjust the diet according to the individual nutritional consultations.

Optimal body weight, total cholesterol, HDL cholesterol, LDL cholesterol, TAG, albumin, phosphorus and serum potassium were evaluated.

The result of the research was expanding knowledge of the principles of diet on hemodialysis. There was a decrease in optimal body weight by 0.87% = 0.74 kg, a decrease in phosphatemia levels by 19.49% = 0.3 mmol/l, total cholesterol by 5% = 0.19 mmol/l, LDL cholesterol by 8, 9% = 0.17 mmol/l, TAG by 11.8% = 0.22 mmol/l and albumin by 3.2% = 1.2 g/l. On the contrary, there was an increase in potassium values by 4.5% = 0.22 mmol/l and an increase in HDL cholesterol by 11.3% = 0.12 mmol/l. Due to changes in these parameters, it is not possible to prove a statistically significant greater success of group number one, which recorded their diet.

Key words: nutritional therapy, hemodialysis, chronic kidney disease