

Abstract

Acute and chronic renal diseases belong permanently among those with a relatively significant prevalence. Conservative treatment, including dietetic interventions, plays an important role in medical strategy. Dietetic scheme of the 80's of the 19th century is still used as a fastening point. For this scheme is, of course, unavoidable to be submitted to strict individualisation, not only regarding the health status of the patient, but also in relation to his psychic status and compliance resulting from it, must be taken into consideration.

In case of the acute renal failure, the basis of dietetic structures is created by low-protein diets, which range between the energetic value of 25-50 kcal/kg/day and the intake of 0,6-1,2g/kg/day proteins, rich in essential amino acids. Further, the low-protein diets are supplemented with the reduced intake of natrium, calium and phosphorus.

With chronic renal failure, dietetic processions are divided into three schemes in dependency on the level of serum creatinin. Moreover, they respect a distortion of lipid metabolism, distortion of glucoregulation and the individual status of the patients again. It is crucial to start conservative medical processions already in the early stadium of renal functions decrease. At the same time, the level of serum creatinin shouldn't exceed the level of about 150 $\mu\text{mol/l}$.

Dietetic measurements don't concern only basic nutriments, lipids, sacharids and proteins, but also ions, vitamins, trace elements and many other factors. Today, the factors such as carnitine, advanced glycation products, omega-3 fatty acids, leptin and homocysteine, are pushed into the centre of professional attention.