We aimed to assess nutritional status in patients who had received a kidney transplant more than one year prior to assessment.

Aim

- Nutritional status of the patients is shown in Table 1
- 22% (16/72) had a total PG-SGA score of ≥4
- 4% (3/72) of the patients were categorized as malnourished (Stage B or C)
- Median point score in malnourished patients was 10, which mainly related to nutrition impact symptoms
- In well nourished patients (Stage A), scores 4-8 were mainly related to limited activities/functioning, disease factors, and/or deficit/loss of muscle and/or fat

Methods

- In 72 outpatients (aged 55.5 ±11.8 years; 50% male) that received their kidney transplant >1 year prior to assessment, nutritional status was assessed by the Dutch version of the Patient-Generated Subjective Global Assessment (PG-SGA), v3.7 (based on the original English PG-SGA ©FD Ottery, 2005, 2006), utilizing the Pt-Global© web tool
- Patients were categorized as well nourished (Stage A), moderate/suspected malnutrition (Stage B), or severely malnourished (Stage 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

- Nutritional status of the patients is shown in Table 1
- 22% (16/72) had a total PG-SGA score of ≥4
- 4% (3/72) of the patients were categorized as malnourished (Stage B or C)
- Median point score in malnourished patients was 10, which mainly related to nutrition impact symptoms
- In well nourished patients (Stage A), scores 4-8 were mainly related to limited activities/functioning, disease factors, and/or deficit/loss of muscle and/or fat

Background

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. Thus far, prevalence of malnutrition and its risk factors in patients that received a kidney transplant are unknown.

Conclusion

Our findings show that >1 year after kidney transplantation, prevalence of malnutrition is low. However, a substantial proportion of the patients (22%) is at nutritional risk (Total PG-SGA score ≥4 points), indicating symptom management and nutritional intervention is needed.

Table 1. Nutritional status of kidney transplant recipients (n=72)

<table>
<thead>
<tr>
<th>Total PG-SGA point score</th>
<th>Stage A</th>
<th>Stage B</th>
<th>Stage C</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 points</td>
<td>56</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4-8 points</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>≥9 points</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

References