

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/food-nutrition-insecurity-ckd/54819/>

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Addressing Food and Nutrition Insecurity in Patients with CKD

Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Jeanette Andrade, who's an Associate Professor and the Director of the Master's in Dietetic Internship Program at the University of Florida. She'll be recapping her presentation at the 2026 National Kidney Foundation Spring Clinical Meeting, which focused on the rising prevalence of food and nutrition insecurity among patients with chronic kidney disease. Here's Dr. Andrade now.

Dr. Andrade:

So for food and nutrition security, when you look at the definitions side by side, they look very similar in regards to the fact that you need both the availability and accessibility of healthy foods to live a bountiful life. The caveat with nutrition security is it's just more for prevention or reduction of chronic diseases and more or less the complications associated with them. So those are the main differences between them.

Why this is a factor within the kidney disease population is because of the types of diet and medical complexities that they have, regardless of if they're currently on dialysis or they're not yet on dialysis. So when we look at food security and the large datasets like the NHANES, you can see individuals who identify as being food insecure, and if they have a lower kidney function, they have a higher prevalence of food insecurity.

We have a food security screener tool. It's basically two questions that ask, "Over the past 12 months, have you been able to access and afford the foods?" And so that's a quick two-question screener that has been utilized frequently. Tufts University has identified a two-item nutrition security screener that essentially asks, "Have you been able to identify foods over the past 12 months that are healthy for you?" If individuals don't know the concept of 'healthy' though, and they're just assuming, "Yes, I could purchase fruits and vegetables," then they're going to indicate no issues. So even though they may identify that they're food insecure because they couldn't afford or access a food, they may identify that their nutrition's secure because they've been able to purchase at least some bananas, right? And so for them that's healthy.

So there's a combination of different types of screener tools, and especially as dietitians, typically within the dialysis center, what's being utilized is looking at what types of foods they're typically eating, how many meals they're eating, what those meals consist of, if they have appetite or GI disturbances, and then looking at the labs to really identify like, "So you say that you're eating great, but your labs are showing something different," or "You're losing a lot more weight," or "You're not gaining as much weight as you should." They indicate that there's something else going on here, which may get them to more of that nutrition insecurity. But again, it's a lot of instruments that have to come together to really create a full assessment of 'yes, their nutrition's secure.'

With food as medicine, I think because of that entire concept, a lot more clinics and facilities are actually using this through produce prescription programs. I know there's a lot of successful stories with individuals who have been identified as being a diabetic or hypertensive in kidney disease, and you can see that there's a little bit of movement in that area as well. Some dialysis centers have food pantries so that once individuals get off their treatment, they can go into the food pantry to obtain the food that they need. And there's a dietitian there to help them and say, "Here, these are the products that you should be having," so tailoring it a little bit more.

I think too with AI and everything else like that, there's now better app devices that are available for individuals so that they can monitor themselves. So if their serum phosphorus levels are abnormally high, they can identify that, and if they are consuming certain types of products, it would be beneficial to help reduce their serum phosphorus or at least not to continue to increase it.

Announcer:

That was Dr. Jeanette Andrade talking about how we can address the rising prevalence of food and nutrition insecurity among patients with chronic kidney disease. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!