

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/hidden-hunger-ckd-case-based-perspective/54814/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Hidden Hunger in CKD: A Case-Based Perspective

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 sharing a patient case that illustrates how food and nutrition insecurity can affect patients with chronic kidney disease, which was part of her presentation at the 2026 National Kidney Foundation Spring Clinical Meeting. Here's Dr. Andrade now.

Dr. Andrade:

It was an individual that was part of my study. This was many years ago. But this individual was Hispanic, and so the types of foods that he typically gravitated towards were more from his culture, like rice and beans. He would have a little bit of meat, but he would say that meat didn't agree with him all the time; it was more the taste and flavor.

The unfortunate circumstance with him was that even though he was a very compliant individual—he came to the dialysis sessions every time he was supposed to—he was at risk of losing his house because one of his family members who was a financial provider had passed away. So he was at risk of being unhomed, and he was very terrified of that. He also was only eating two meals a day, which I don't think is uncommon for anyone on dialysis because typically their appetite is low and they don't feel like eating much. And even when they do eat, it may be very small portions. So you could definitely say that he's food insecure because his ability to afford and access the foods was very limited.

When you looked at his labs though, which I thought was very interesting when considering this whole nutrition and security phenomenon, everything was pretty much in the spectrum. They were within range, except for ferritin and phosphorus. So you see that these are elevated, but he's not eating much of anything. And his weight was stable and everything.

So I think that's where the conundrum comes in with nutrition insecurity because the gentleman wasn't eating well, but his labs showed a different story. And so I think the whole thing is, how do you really identify if someone is nutrition insecure if things are looking well? He's a healthy dialysis patient. When you look at him, he's okay. He's like a typical dialysis patient. He's actually better than some that we have. So I think that's the whole conundrum of how do you really work with individuals who may have some issues, but otherwise, it's coming across as if they're fine.

Announcer:

That was Dr. Jeanette Andrade talking about how food and nutrition insecurity can affect 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!