

Improving Awareness & Patient Outcomes

Plant-Based Diets for the Management of Hypertension in Chronic Kidney Disease

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Improving Awareness & Patient Outcomes

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- To define Chronic Kidney Disease (CKD).
- To discuss the interrelationship between hypertension and CKD.
- To describe the role of plant-based diets in the management of hypertension in CKD.



CKD: Chronic Kidney Disease



Stages of CKD

4

Stage 1	% of normal kidney function ² 90% or more	 Chronic kidney disease (CKD) is defined as the presence of kidney damage that persists for more than 3 months.¹ CKD is subdivided into five stages according to glomerular filtration rate (GFR) category.^{1,2} 	
Stage 2	60-89%	Stage 1	Kidney damage with normal kidney function
Stage	3	Stage 2	Kidney damage with mild loss of kidney function
/	30-59%	-	GFR 60 - 89 mL/min per 1.73 m^2
Stage 4	15-29%	Stage 3	Mild to severe loss of kidney function GFR 30- 59 mL/min per 1.73 m ²
Stage 5	<15%	Stage 4	Severe loss of kidney function GFR 15 -29 mL/min per 1.73 m ²
Table and figure adapted from National Kidney Foundation Website ²		Stage 5	Kidney Failure-ESRD (end-stage renal disease) GFR <15 mL/min per 1.73 m ²

1. Thomas R et al. *Prim Care*. 2008; 35(2): 329-vii. 2.. National Kidney Foundation. The Facts about Chronic Kidney Diseases. 2019 https://www.kidney.org/atoz/content/about-chronic-kidney-disease. Accessed 7/22/2020.



Interrelationships Between CKD and Hypertension

Kidney Disease

Hypertension

- High blood pressure, also known as hypertension, is defined as an increase in the amount of force, or pressure, that the blood places on the blood vessels as it moves through the body.¹
- Hypertension is a cause and a complication of CKD.²
- Hypertension is the second most common cause of kidney disease and kidney failure.¹

CKD: Chronic Kidney Disease

1. https://www.niddk.nih.gov/health-information/kidney-disease/high-blood-pressure. Last accessed February 2021. 2. Pugh D, et al. Management of hypertension. Drugs 2019; 79: 365–379.



Mechanism of Hypertension in CKD



The information provided by NephU is intended for your educational benefit only. It is not intended as, nor is it a substitute for medical care or advice or professional diagnosis. Health care professionals should use their independent judgement when reviewing NephU's educational resources. Users seeking medical advice should consult with a health care professional.



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Hypertension & CKD: Prevalence Overlap



^aData from National Health and Nutrition Examination Survey (NHANES), 1999-2004; CKD: Chronic Kidney Disease

- 1. <u>https://www.niddk.nih.gov/health-information/kidney-disease/high-blood-pressure. Last accessed February 2021</u>
- 2. Rao, et al. Hypertension and CKD: Kidney Early Evaluation Program (KEEP) and National Health and Nutrition Examination Survey (NHANES), 1999-2004. Am J Kidney Dis. 2008; 51 (S2):S30-S37.



Nutrition & Lifestyle Factors

- Nutrition and lifestyle factors are important modulators of both high blood pressure¹ and incident CKD.²
- Early management of pre-hypertension or hypertension include:¹
 - Increasing physical activity
 - Decreasing body weight
 - Decreasing alcohol consumption
 - Reducing sodium intake
 - Smoking cessation

CKD: Chronic Kidney Disease

- 1. Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. Curr Cardiol Rep. 2020; 22: 124: 1-8.
- 2. Kelly JT, et al. Modifiable lifestyle factors for primary prevention of CKD: A systematic review and meta-analysis JASN 2021; 32: 239-253.





Plant-Based Diets & Hypertension

 A predominantly or completely plant-based diet may be useful as firstline therapy to manage hypertension.



Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019; 14(4): 397-405.



Some Potential Benefits of Plant-Based Diets



1. Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405. 2. Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. N Engl J Med. 2017; 377;18: 1765-1776. 3. Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. Nutrients 2019; 11: 1263; doi:10.3390/nu110612633. 4. Joshi S, Shah S, Kalantar-Zadeh K. Adequacy of plant-based proteins in chronic kidney disease. J Renal Nutr. 2019; 29 (2):112-117. 5. Tuttle KR, et al. Dietary amino acids and blood pressure: A cohort study of patients with cardiovascular disease. Am J Kidney Dis. 2012; 59(6):803-809.



What was Then vs. What is Now

Paleolithic Diet

- Our ancestors in the Paleolithic era consumed a high-potassium and lowsodium diet
 - About 11,000-15,000 mg/day potassium and 700 mg/day sodium, with a ratio of 16:1.^{1,2}
- The human body developed renal mechanisms to excrete significant loads of potassium rapidly and to preserve sodium.²

Western Diet

- The Western diet is typically high in sodium (particularly from processed foods), and low in potassium.¹
- On average, Americans consume 3400 mg/day sodium³, and less potassium than is recommended by the IOM's Food & Nutrition Board: 4700 mg/day.¹

1. Palmer BF, Clegg DJ, Achieving the benefits of a high-potassium, paleolithic diet, without the toxicity. Mayo Clin Proc. 2016;91(4):496 -508. 2. Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. Curr Cardiol Rep. 2020; 22; 124: 1-8.. 3. Sodium in Your Diet fact sheet. https://www.fda.gov/food/nutrition-education-resources-materials/sodium-your-diet. Last accessed February 2021.



Translating Sodium into Practical Terms

Food & Nutrition Board: AI Level for Males and Females ¹	Sodium (mg/day) or [g/day]	Teaspoons (tsp) of Salt/day
Adults (19-50 years)	1500 [1.5]	2/3 tsp
Adults (50-70 years)	1300 [1.3]	1/2 tsp

A single teaspoon of table salt (a combination of sodium and chloride) contains ~2300 mg [2.3 g] of sodium, equivalent to ~100 mmol or 100 mEq.²

Al: Adequate Intake

1. Sodium & Chloride Intake Recommendations - NUTRI-FACTS. https://https://www.nutri-facts.org/en_US/nutrients/minerals/sodium-and-chloride/intakerecommendations.html. Last accessed February 2021. 2. Sodium in Your Diet fact sheet. https://www.fda.gov/food/nutrition-education-resources-materials/sodiumyour-diet. Last accessed February 2021.



Out with the Old, In with the New



CKD: Chronic Kidney Disease

3

- 1. Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. Nutrients 2019; 11: 1263; doi:10.3390/nu11061263
- 2. Chen X, et al. The associations of plant protein intake with all cause mortality in CKD. Am J Kidney Dis. 2016; 67: 423-30.



THE IMPORTANCE OF LOW SODIUM & PROTEIN DIETS FOR KIDNEY HEALTH & BLOOD PRESSURE CONTROL

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4



Kidney Effects of Low Protein/Sodium Diets



CKD: Chronic Kidney Disease; GFR: Glomerular Filtration Rate, TGF: transforming growth factor β Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. *N Engl J Med* .2017; 377;18: 1765-1776.



Low vs. High Protein Intake Impacts Kidney Over Time

Low Protein Intake

- Pre-glomerular effects may lead to postglomerular advantages to slow CKD progression
- Mitigates proteinuria
- Decreases urea
- Ameliorates azotemia & uremic toxins

High Protein Intake

- Short term effects:
 - Dilates the afferent arterioles
 - Increases glomerular filtration

• Long term effects:

 Glomerular hyperfiltration over time may lead to damage of remaining glomeruli through M-cell signaling, increased TGF-β, and progressive fibrosis kidney damage.

CKD: Chronic Kidney Disease, GFR: Glomerular Filtration Rate, M-cell: Mesangial (M) Cell , TGF: transforming growth factor β Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. *N Engl J Med.* 2017; 377;18: 1765-1776.



Sodium Intake in Chronic Kidney Disease



- A meta-analysis of RCTs evaluating the effects of low versus high salt intake in adult patients with non-dialysis CKD on change in BP, proteinuria, and albuminuria was conducted.
- 11 RCTs were included, with n=738 CKD patients, stages 1-4.

Mean Difference (MD): -80 mEq/day (95%CI: -107 to -53; p < 0.001)

CKD: Chronic Kidney Disease, RCTs: Randomized Clinical Trials, Na+: Sodium, CI: Confidence Intervals Garofalo C, et al. Dietary salt restriction in chronic kidney disease: A meta-analysis of randomized clinical trials. *Nutrients* 2018; 10, 732; doi:10.3390/nu10060732



Sodium Intake in Chronic Kidney Disease

Blood Pressure	Clinic	Ambulatory
Systolic BP	-4.9 mmHg (95%CI: -6.8 to -3.1; p <0.001)	-5.9 mmHg (95%Cl: -9.5 to -2.3; p <0.001)
Diastolic BP	-2.3 mmHg (95%CI:-3.5 to-1.2; p <0.001)	-3.0 mmHg (95%Cl: -4.3 to -1.7; p <0.001)

- Proteinuria (MD): -0.39 g/day (95%CI: -0.55 to -0.22, p <0.001).
- Albuminuria (MD): -0.05 g/day (95%CI: -0.09 to -0.01, p = 0.013).
- Moderate salt restriction significantly reduced systolic and diastolic BP and proteinuria/albuminuria in patients with CKD (stages 1–4).

BP: Blood Pressure, MD: Mean Difference

Garofalo C, et al. Dietary salt restriction in chronic kidney disease: A meta-analysis of randomized clinical trials. Nutrients 2018; 10, 732; doi:10.3390/nu10060732



Further Review of the Evidence

- A Low Sodium Diet (LSD) is beneficial for hypertension control, irrespective of BP levels:
 - Lowers proteinuria; enhances the antiproteinuric effect of RAAS inhibition in non-dialysis CKD patients
- Sodium restriction assumes a greater importance in ESKD because of the mismatch between intake and removal
 - Leading to hypertension, LVH, and higher CV risk
- Reducing salt intake is crucial for hypertensive CKD patients at all stages.
- Ways to improve long-term adherence to LSD are needed.

LSD: Low Sodium Diet, BP: Blood Pressure, RAAS: Renin-Angiotensin-Aldosterone System, CKD: Chronic Kidney Disease, ESKD: End-Stage Kidney Disease, LVH: Left Ventricular Hypertrophy, CV: Cardiovascular Borrelli S, et al. Sodium Intake and chronic kidney disease. *Int J Mol Sci.* 2020; 21: 4744; doi:10.3390/ijms21134744

9



PLANT-BASED DIETS, POTASSIUM INTAKE & BLOOD PRESSURE CONTROL

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20

Potassium and Blood Pressure



K+: Potassium, BP: Blood Pressure

Murillo-de-Ozoresa AR, et al. Molecular mechanisms for the regulation of blood pressure by potassium. Curr Top Membr. 2019;83:285-313.



Sodium-Potassium Relationships

- Recent evidence has shown that renal handling of sodium and blood pressure is directly affected by potassium intake.¹
- Low Na+:K+ ratio has been shown to have a stronger correlation with blood pressure than potassium or sodium intakes alone.¹
- The most consistent and impressive pressurelowering effects of potassium are observed when dietary salt consumption is also high.²

Na+/K+: Sodium/Potassium

- 1. Murillo-de-Ozoresa AR, et al. Molecular mechanisms for the regulation of blood pressure by potassium. Curr Top Membr. 2019; 83: 285-313.
- 2. Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. Curr Cardiol Rep. 2020; 22: 124: 1-8.



Kidney & Potassium Homeostasis

- The kidney is one of the major organs responsible for both electrolyte and blood pressure homeostasis.
- 90% of ingested K+ is excreted in the urine, while 10% is excreted through the stool.

BP: Blood Pressure, K+: Potassium

Murillo-de-Ozoresa AR, et al. Molecular mechanisms for the regulation of blood pressure by potassium. Curr Top Membr. 2019;83:285-313.



Kidney & Potassium Homeostasis

The DCT is a critical site for Potassium Homeostasis



The DCT is responsible for:

- Na+/Cl- reabsorption
- K+ secretion
- Calcium and magnesium handling

The Na+/Cl- cotransporter (NCC; SLC12A3) plays an important role in the regulation of:

- Electrolyte homeostasis
- Extracellular Fluid volume
 - Blood Pressure

DCT: Distal Convoluted Tubule, Na+/Cl-: Sodium/Chloride, K+: Potassium, NCC; SLC12A3:: Na+/Cl- Cotransporter Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. *Curr Cardiol Rep.* 2020; 22: 124: 1-8.



Beneficial Effects of Dietary Potassium Intake



Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. Curr Cardiol Rep. 2020; 22: 124: 1-8.



Potassium and Blood Pressure

- Results from a meta-analysis showed that higher
 K+ intake decreased the mean difference (MD) of
 SBP and DBP in a random-effects model^a
 - Compared to placebo, K+ supplementation resulted in significant reductions in:
 - **SBP** (MD -4.25 mmHg; 95% CI: -5.96 to -2.53)
 - **DBP** (MD -2.53 mmHg; 95% CI: -4.05 to -1.02)
- The change-score analysis showed significant changes in BP compared to baseline between the intervention vs control groups^b
 - **SBP** (MD -8.89 mmHg; 95% CI: -13.67.96 to -4.11)
 - DBP (MD -6.42 mmHg; 95% CI: -10.99 to -1.84)

a: from a total of 9059 articles and included 23 trials with 1213 participants ; b: based on 8 out of 23 trials K+: Potassium; SBP: Systolic Blood Pressure, DBP: Diastolic Blood Pressure, MD: Mean Difference, CI: Confidence Interval Poorolajal J, et al. Oral potassium supplementation for management of essential hypertension: A meta-analysis of randomized controlled trials. *PLOS ONE* 2017: 1-16.



Potassium Intake and Blood Pressure



A sub-group analysis of low, medium and high K+ dosages were categorized, and a meta-analysis was performed for each category. A dose-response relationship between K+ intake and reductions in both SBP and DBP was observed.

K+: Potassium; SBP: Systolic Blood Pressure, DBP: Diastolic Blood Pressure

Poorolajal J, et al. Oral potassium supplementation for management of essential hypertension: A meta-analysis of randomized controlled trials. PLOS ONE 2017: 1-16.



Plant-Paleo Diet

- High potassium diets have salutary and protective effects on hypertension and a wide array of cardiovascular conditions.¹
- Potassium's beneficial effects have primarily been linked to eating high-potassium diets, rather than taking potassium supplements.¹
- Patients will benefit from switching away from processed food and embracing a diet rich in fruits and vegetables.²

- 1. Su X, et al. Kidney Is essential for blood pressure modulation by dietary potassium. Curr Cardiol Rep. 2020; 22: 124: 1-8.
- 2. Palmer BF, Clegg DJ. Achieving the benefits of a high-potassium, paleolithic diet, without the toxicity. Mayo Clin Proc. 2016; 91(4):496-508.



OTHER BENEFITS OF A PLANT-BASED DIET



Plant-Based Diets and Weight Control

- Obesity can facilitate a rise in BP through many mechanisms:
 - Increased tubular sodium reabsorption
 - Impaired pressure natriuresis
 - Activation of RAAS
 - Increased SNS activity
- Plant-based diets are high in fiber, low in saturated fat, and lower in energy density.



BP: Blood Pressure, RAAS: Renin-Angiotensin-Aldosterone System, SNS: Sympathetic Nervous System Joshi S, et al. Plant-based diets and hypertension. *Am J Lifestyle Med.* 2019, 14(4): 397-405.





Does Amino Acid Type Matter?

Associated with higher BP

In a cohort study, Amino Acids (AA) from a Low-Fat versus Mediterranean-style Diet in patients with prevalent cardiovascular disease were assessed at baseline, 3 and 6 months, and then every 6 months for 2 years.

Higher intakes of methionine and alanine, amino acids found in greater amounts in animal-based foods. Higher intakes of histidine and threonine, amino acids found in greater amounts in plant-based foods.

Associated with lower

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The AA ratio found in plants resulted in better BP outcomes

AA: Amino Acid, BP: Blood Pressure

Tuttle KR, et al. Dietary amino acids and blood pressure: A cohort study of patients with cardiovascular disease. Am J Kidney Dis. 2012; 59(6): 803-809.



Hypertensive Mechanisms of Meat-Based Diets



1. Tuttle KR, et al. Dietary amino acids and blood pressure: A cohort study of patients with cardiovascular disease. Am J Kidney Dis. 2012; 59(6): 803-809. 2. Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405.



Hypertensive Mechanisms of Meat-Based Diets



AGEs: Advanced Glycation End-Products, ROS: Reactive Oxygen Species

 Tuttle KR, et al. Dietary amino acids and blood pressure: A cohort study of patients with cardiovascular disease. Am J Kidney Dis. 2012; 59(6): 803-809.
 Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405.



Plant-Based Diets, Antioxidants, & Nitric Oxide

- Plants are rich in antioxidants and nitrates¹ which may increase the bioavailability of NO through several pathways, including Re-dox signaling.²
- Because NO leads to vasodilation and lowering of BP, these mechanisms add to the antihypertensive effect of plantbased diets.²



RE-DOX: Reduction/Oxidation, NO: Nitric Oxide, BP: Blood Pressure

1. Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. Nutrients 2019; 11: 1263; doi:10.3390/nu11061263 2. Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405.



Gut-Kidney Connection

- There is a bidirectional relationship between CKD and the gut microbiome.¹
- Microbiota-derived metabolites contribute to the progression of CKD and
- CKD and concomitant inflammation contributes to changes in the diversity and richness of the microbiota.²



Dysbiosis in the microbiome is linked to the development of several non-communicable diseases including kidney disease, CVD, and others.¹

CKD: Chronic Kidney Disease, CVD: Cardiovascular Disease

1. Al-Khordor, Shatat IE. Gut microbiome and kidney disease: a bidirectional relationship. Pediatr Nephrol. 2017; 32:921–9312. 2. Al-Khordor, et al. The microbiome and blood pressure: Can microbes regulate our blood pressure? Frontiers in Pediatrics 2017; 5(138): 1-12.



Fiber for Hypertension Management

- Several fiber-related mechanisms have been suggested, including the relationships between short-chain fatty acids and their vasodilatory effects.¹
- Further understanding of microbial aberrations may enable us to better understand the pathophysiology of, and interrelationships with, high blood pressure and kidney disease.²

CKD: Chronic Kidney Disease

36

1. Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405. 2. Al-Khordor, et al. The microbiome and blood pressure: Can microbes regulate our blood pressure? Frontiers in Pediatrics 2017; 5(138): 1-12.



DIETARY MANAGEMENT OF HYPERTENSION WHAT DOES THE EVIDENCE SAY?



Recommended Nutrient Intakes for Adults

In all stages: 4.5 < 4 Energy Intake: 30-35 kcal/kg/d 4 Fiber Intake: 25-30 g/d 3.5 < 3 < 3 < 3 3 2.5 2 1.2-1.4 1.5 <1.0 <1.0 ~.6-.8 0.5 0 At CKD Risk with HTN Mild-Moderate CKD Advanced CKD Dialysis or PEW ■ Protein (g/kg/d) Sodium (g/d)

Nutrient Recommendations per CKD stage

CKD: Chronic Kidney Disease, HTN: Hypertension, PEW: Protein-Energy Wasting Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. N Engl J Med. 2017; 377;18: 1765-1776.



The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guideline for Nutrition in CKD Developed as a joint effort with the Academy of Nutrition and Dietetics

Protein Type

 In adults with CKD stages 1-5, on dialysis (1B^a) or posttransplantation (OPINION^b), there is insufficient evidence to recommend a particular protein type (plant vs animal) in terms of the effects on nutritional status, calcium/phosphorus levels, or the blood lipid profile.

39

Fruits & Vegetables

 In adults with CKD stages 1-4, it is suggested that prescribing increased intakes of fruits and vegetables may decrease body weight, blood pressure, and net acid production (2C^c).

a: 1B: Level 1 and Grade B evidence, b: 2C: Level 2 and Grade C evidence, c: Opinion: Expert Opinion only, CKD: Chronic Kidney Disease

1. Ikizler TA, Burrowes JD, Byham-Gray LD, et al; KDOQI Nutrition in CKD Guideline Work Group. KDOQI clinical practice guideline for nutrition in CKD: 2020 update. Am J Kidney Dis. 2020; 76(3)(suppl 1): \$1-\$107.



The National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guideline for Nutrition in CKD Developed as a joint effort with the Academy of Nutrition and Dietetics

 In adults with CKD stages 3-5 (1B^a), or CKD stage 5 on dialysis (1C^b), or posttransplantation (1C^b), it is recommended to limit sodium intake to less than 100 mmol/d (or <2.3 g/d) to reduce blood pressure and improve volume control.

40

- Potassium
- In adults with CKD stages CKD 3-5 (on dialysis or posttransplantation), it is reasonable to adjust dietary potassium intake to maintain serum potassium within the normal range (OPINION).

a: 1B: Level 1 and Grade B evidence, b: 1C: Level 1 and Grade C evidence, c: Opinion: Expert Opinion only, CKD: Chronic Kidney Disease 1. Ikizler TA, Burrowes JD, Byham-Gray LD, et al; KDOQI Nutrition in CKD Guideline Work Group. KDOQI clinical practice guideline for nutrition in CKD: 2020 update. *Am J Kidney Dis.* 2020; 76(3) (suppl 1): \$1-\$107.



Plant-Dominant Low-Protein Diet



A patient-centered PLADO diet, administered by dietitians trained in non-dialysis CKD care, is promising and consistent with the precision nutrition.

PLADO: Plant-Dominant Low-Protein Diet, CKD: Chronic Kidney Disease

Kalantar-Zadeh K, Joshi S, et al. Plant-dominant low-protein diet for conservative management of chronic kidney disease. Nutrients 2020, 12, 1931; doi:10.3390/nu12071931



Nutrition & Blood Pressure Control



LPD: Low Protein Diet, LSD: Low Sodium Diet, BP: Blood Pressure Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. *N Engl J Med*. 2017; 377;18: 1765-1776.



Examples of Plant-Based Diets



Plant-Based Diet Types:

Vegetarian, Mediterranean, & DASH

- LOW in processed meats, sodium, and saturated fat
- HIGH in fiber, potassium, and other nutrients
 - Associated with a lower risk of mortality from CVD
 - Slow the progression of kidney disease

DASH: Dietary Approaches to Stop Hypertension, MD: Mediterranean Diet, CVD: Cardiovascular Disease Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. *Nutrients* 2019; 11: 1263; doi:10.3390/nu11061263

Daily and Weekly DASH Eating Plan Goals for a 2,000-Calorie-a-Day Diet



a: 1,500 milligrams (mg) sodium lowers blood pressure even further than 2,300 mg sodium daily. https://www.nhlbi.nih.gov/health-topics/dash-eating-plan. Last accessed February 2021.



Risk of Hyperkalemia?

- Despite the relatively higher potassium content of plant-based diets, there is no evidence to suggest a risk for hyperkalemia in these patients, even with advanced CKD stages.¹
- This is probably due to the high fiber content that facilitates gastrointestinal transit time allowing less potassium to be absorbed compared to diets high in animal-based proteins that often worsen constipation and increase the risk of hyperkalemia.¹
- No studies have shown differences in serum potassium levels in patients consuming plant-derived versus omnivore-derived potassium sources.²
- Also, the use of different cooking techniques can minimize the amount of potassium absorbed.²

CKD: Chronic Kidney Disease

1. Joshi S, Shah S, Kalantar-Zadeh K. Adequacy of plant-based proteins in chronic kidney disease. J Renal Nutr. 2019; 29 (2):112-117. 2. Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. Nutrients 2019; 11: 1263; doi:10.3390/nu11061263



In Summary and Call-to-Action

- An important modifiable risk factor for CKD is hypertension, which is improved with a plant-based diet.¹
- Plant-based diets have the potential as first-line therapy for the management of hypertension.²
- The time is now to individualize/liberalize the diet for CKD patients by counseling them on a diet richer in plants.³
- Additional large, long-term, high-quality studies are needed to determine the cause(s)-and-effect(s) of plant-based diets on both CKD³ and hypertension outcomes.²

CKD: Chronic Kidney Disease

46

1. Joshi S, Shah S, Kalantar-Zadeh K. Adequacy of plant-based proteins in chronic kidney disease. J Renal Nutr. 2019; 29 (2):112-117. 2. Joshi S, et al. Plant-based diets and hypertension. Am J Lifestyle Med. 2019, 14(4): 397-405. 3. Cases A, et al. Vegetable-based diets for chronic kidney disease? It is time to reconsider. Nutrients 2019; 11: 1263; doi:10.3390/nu11061263





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