

## SPECIAL INTRODUCTION BY THE ASN PRESIDENT

# EATING FOR KIDNEY HEALTH

By Deidra C. Crews

**A**cross the continuum of kidney health, the question of *what to eat* is pervasive among patients, caregivers, and clinicians alike. My patients and their families have often pointed out to me how challenging—and confusing—it is to keep track of the vast, and sometimes disparate, recommendations they are given regarding what they should and should not eat.

In this special section of *Kidney News*, the authors address several timely questions about nutrition and kidney health. Farthest upstream is a discussion of dietary practices, such as sugary drink consumption and its associated risk of developing kidney diseases (1). Relevant to the self-management and care of people living with nondialysis-dependent chronic kidney disease, this issue details approaches to assessing nutritional status for people with kidney diseases and the impact of various dietary patterns on systemic inflammation. These topics include the time-honored dilemma of how much and what type of protein should be consumed. Additionally, the section explores potential approaches to the dietary management of kidney diseases through use of artificial intelligence-based support. Authors in this issue also discuss a new era in the care of people treated with hemodialysis, wherein plant-based diets can be more frequently considered, if not encouraged, particularly given the broad availability of potassium binders. These emerging approaches underscore the need for multidisciplinary teams, inclusive of dietitians trained in current trends for the specialized care of patients with kidney diseases, to ensure their successful implementation.

In bringing attention to nutrition and kidney health, we should remember that many people at disproportionate risk of developing kidney diseases and its health consequences also experience food insecurity. The United Nations defines food insecurity as a lack of “regular access to enough safe and nutritious food for normal growth and development and an active and healthy life” (2). Food insecurity, sometimes referred to as “food poverty,” may have different implications for health, including kidney health, in different settings. For example, in low- and middle-income countries, food insecurity may result in starvation. Whereas in high-income countries, food insecurity is more often associated with greater risk of overweight and obesity, likely because when people experiencing food insecurity in these countries access foods, they tend to be energy-rich (i.e., high caloric content) but nutrient-poor foods (3).

An individual’s ability (or inability) to access the types of foods nephrologists and other clinicians might recommend to people with or at risk for kidney diseases is critical to consider, as is environmental climate change that threatens both food security and nutrition (4). Climate change is already having significant impacts on the kidney health of many people with social and geographic vulnerabilities across the globe (5).

This special section of *Kidney News* invites us to learn the latest about the role of nutrition in our field—and it *also* invites us to redouble our efforts to ensure everyone has the opportunity to eat for their kidney health. ■

*Deidra C. Crews, MD, ScM, FASN, is professor of medicine at Johns Hopkins University School of Medicine, Baltimore, MD, deputy director of the Johns Hopkins Center for Health Equity, and ASN president.*

The author reports no conflicts of interest.

### References

1. Rebholz CM, et al. Patterns of beverages consumed and risk of incident kidney disease. *Clin J Am Soc Nephrol* 2019; 14:49–56. doi: 10.2215/CJN.06380518
2. Food and Agriculture Organization of the United Nations. *Hunger and Food Insecurity*. 2024. <https://www.fao.org/hunger/en/>
3. Popkin BM. Contemporary nutritional transition: Determinants of diet and its impact on body composition. *Proc Nutr Soc* 2011; 70:82–91. doi: 10.1017/S0029665110003903
4. Myers S, et al. Current guidance underestimates risk of global environmental change to food security. *BMJ* 2022; 378:e071533. doi: 10.1136/bmj-2022-071533
5. Baker A. Chronic kidney disease is poised to become the black lung of climate change. *New York Times*. August 9, 2023. <https://time.com/6303020/chronic-kidney-disease-climate-change/>

*Kidney News* thanks Clara García Carro, MD, PhD, and María José Soler Romeo, MD, PhD, FERA, for expertly selecting and coediting these articles.

*Dr. García Carro is a nephrologist at San Carlos Clinical Hospital, Madrid, Spain. Dr. Soler is a nephrologist at Hospital del Vall d'Hebron, Barcelona, Spain; deputy chair of the International Society of Nephrology's Western Europe Regional Board; and vice president of Sociedad Española de Nefrología.*

The section coeditors report no conflicts of interest.

