

## Development of Black and minority ethnic (BME) patient-centred dietary resources to improve hyperkalaemia in chronic kidney disease (CKD)

**20**  
YEARS OF  
**NICE**  
1999-2019

A set of national dietary resources to treat and prevent hyperkalaemia – high levels of potassium in the blood – have been developed for CKD patients from BME groups. The patient resources are accompanied by a handbook for renal dietitians, supporting them to better understand multicultural diets.

*“The resources received extremely positive feedback and we can see how much work has gone into developing these for which we are all very grateful as I’m sure our Renal Nutrition Group members will be.”*

**Nevine El-Sherbini**, British Dietetic Association, Renal Nutrition Group Committee Member



### What we did and why

16% of patients receiving haemodialysis have potassium levels outside of the recommended range (Renal Registry 2016). Hyperkalaemia is life threatening and can lead to emergency hospital admissions. Dietary assessment and advice for a low potassium diet is one of the suggested treatments to avoid continued hyperkalaemia (CG182).

People of Black and South Asian ethnic groups are 3-5 times more likely to require dialysis than Caucasians, so it is important that the nutrition information provided to patients is culturally appropriate. Standard low potassium diet resources in the UK tend to have limited listings of multicultural foods.

18.7% of patients on dialysis in the UK are from non-white ethnic groups. This rises to 50% in London. In London, 74% of men and 96% of women from black and minority ethnic groups said they would like ethnic-specific information regarding diet.

Given this strong demand, we developed a set of 4 multicultural low potassium diet resources for patients, as well as an accompanying handbook for dietitians to increase their understanding of how to advise on a low potassium diet in the context of a multicultural diet.

### Outcomes and impact

A new set of 4 resources for African-Caribbean, South Asian, Far Eastern and Eastern European diets were developed. There is a significant increase in the number of culturally specific foods listed, compared to the standard diet sheets previously available.

Results:

- 48% of patients who reviewed the diet sheet felt it was easy to follow and 12% felt it was less complicated.
- 72% learnt something new about the low potassium diet.

Service users contributed to the development of the diet sheet and suggested foods to add.

“Include light soup instead of soup with nuts to lower potassium.”  
(Ghanian patient on haemodialysis)

The dietitian handbooks are yet to be evaluated.

### What we learnt

By working as a group of 7 renal dietitians across the UK, we have been able to develop a national set of resources which can be used by the 380 renal dietitians across the country. This has been possible with a mix of teleconferencing and face-to-face meetings.

Our team consisted of members who had a strong knowledge of multicultural diets due to their own experiences and also members who obtained their knowledge through many years of working with service users from BME groups.

Involving patients meant that we were able to include a comprehensive range of foods. We were also aware from undertaking the project that the BME community is underrepresented within the UK kidney patient associations, so we recruited patients from our own renal units to provide feedback on the resources.

The availability of food composition data from West Africa, the Caribbean, Eastern Europe, India and Malaysia has been invaluable. This project would not have been possible without these resources as there is limited data on world foods in UK food composition data.