## POTASSIUM AND FIBRE: A CONTROVERSIAL COUPLE IN THE NUTRITIONAL MANAGEMENT OF CHILDREN WITH CKD

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Model 2				
Dietary fiber (g/day)	0.0033	- 0.0050	0.012	0.43
eGFR	- 0.0024	-0.0054	0.00060	0.12
RAAS blocker use	- 0.17	-0.34	0.0035	0.06
Serum bicarbonate (mEq/L)	-0.026	-0.048	-0.0044	0.02
BSA (m <sup>2</sup> )	0.20	-0.039	0.44	0.10

0.034

0.030

-0.0025

-0.17

-0.026

0.20

0.0039

-0.036

-0.040

-0.0056

-0.34

-0.048

-0.040

- 0.0044

0.10

0.10

-0.00055

0.0028

-0.0038

0.44

0.012

0.34

0.40

0.11

0.05

0.02

0.10

0.36

Model 1: adjusted for time point.

Model 1

Model 2

**Dietary fiber** 

Model 1

Dietary potassium (g/day)

Dietary potassium (g/day)

Serum bicarbonate (mEq/L)

RAAS blocker use

Dietary fiber (g/day)

eGFR

BSA (m<sup>2</sup>)

Model 2: adjusted for time point, dietary fiber or dietary potassium, eGFR, RAAS blocker use, serum bicarbonate and BSA.

The estimate can be interpreted as the estimated mean change in serum potassium concentration for each unit increase in the explanatory variable.

eGFR: estimated glomerular filtration rate; RAAS: renin-angiotensin-aldosterone system, BSA: body surface area (as a proxy for age).



## CONCLUSIONS

- Dietary potassium and fiber intake are closely related but were not associated with serum potassium levels in paediatric CKD.
- Excessive dietary potassium restriction may deprive patients from other potential beneficial effects of plantbased dietary patterns and deserves reconsideration.
- ✓ If downward adjustments of potassium intake are necessary, the focus should shift from mere potassium content to potassium sources to safeguard fibre intake.





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