



Eating guidelines for diabetes and chronic kidney disease

Introduction

If you have both diabetes and chronic kidney disease (CKD), it may often seem that the diabetes and kidney diets don't fit well together. However, with careful planning, you can follow your kidney diet and still control your blood sugar.

Controlling your blood sugar is an important first step to slowing down the progression of kidney disease. It will also help prevent or minimize other complications of diabetes such as eye problems or nerve problems.

Controlling or preventing high blood pressure is another critical part of your care. Avoid salt and high salt foods, and take your blood pressure medication as prescribed.

Finally, eating a moderate amount of protein is another change you can make to reduce the workload of your kidneys. If you are on dialysis, you will need to eat *extra* protein.

Keys to success for controlling your blood sugar

1. Eat three meals a day, no more than six hours apart.
2. Try to eat at regular times (even on days when you have dialysis). If you can't eat a meal, make sure you have suitable snacks available.
3. Avoid simple sugars and sweets such as sugar, regular pop (soda, soft drinks), sweet desserts, candies, jam, and honey. Try using sugar substitutes in your recipes.
4. Do some physical activity each day.
5. Use your glucose meter as directed by your doctor or diabetes team to monitor how your diet and medications affect your blood glucose level throughout the day.
6. Maintain your blood sugar in the range recommended by your doctor and/or diabetes team.
 - With CKD, you are at increased risk of low blood sugar. The doctor who takes care of your diabetes may need to decrease your insulin (or other hypoglycemic agent) on a regular basis. You should report repeated low blood sugar reactions to your doctor.
 - If you are on dialysis, controlling your blood sugar can help to decrease thirst and control fluid intake.
 - With a kidney transplant and anti-rejection medications, you may need higher doses of insulin (or other hypoglycemic agent). Your doctor will help you adjust these medications.

Putting it all together

If you have both diabetes and kidney disease, you can still eat well if you remember to:

1. Choose low phosphorus and low potassium foods if directed by your doctor or dietitian.
2. Limit your milk and dairy intake.
3. Control blood sugar to help control thirst and fluid gains (if you are on hemodialysis).
4. Don't cook with salt, salt substitutes, or add salt at the table.
5. If in doubt about what to eat or drink, it may be better to follow your kidney diet until you can see a dietitian who will make one complete diet just for you.

Frequently asked questions

Q – My diabetes diet says to choose whole grains more often, but my kidney diet tells me to eat white bread—which one should I follow?

A – Choose white bread in the amounts recommended in your diabetes diet. Whole grains are higher in potassium and phosphorus. Research shows that it is the total amount of carbohydrates that matters most in controlling blood glucose.

Q – I was taught to treat low blood sugar with orange juice, but now I'm not allowed to drink that anymore. What should I do if my sugar gets too low?

A – Any type of juice is effective in treating a low blood sugar. Cranberry or apple juice will work exactly the same way orange juice does. If you are on a fluid restriction, the best way to treat a low is with candies or glucose tablets so you don't add any extra fluids.

Q – Can you give me more information on how to treat an episode of low blood sugar?

A – If you find yourself sweating, shaking or feeling particularly hungry, your blood sugar may be too low. If you have any of these symptoms, check your blood sugar right away. If it's low, eat 15 g of fast-acting carbohydrate, such as glucose tablets, 1 tbsp honey or $\frac{3}{4}$ cup apple juice, right away. Wait ten to fifteen minutes and check your sugar again. If it's still low, treat again. If your next meal is more than an hour away, or you are going to be physically active, eat a snack with a carbohydrate and a protein source. Good examples are toast and peanut butter, or half a sandwich.

Q – I have such a different diet than the rest of my family—how can I expect them to eat like this?

A – Actually, many of the dietary changes you need to make are also healthy changes for your family. Things like avoiding salt and simple sugars, and choosing smaller portions of meat and protein (unless you are on dialysis), are all healthy choices that can benefit everyone.

Q – Should I continue to choose more legumes as directed by my diabetes diet?

A – Legumes are high in phosphorus and potassium and should be avoided unless your dietitian tells you how to safely include them in your diet. If you are vegetarian, you should see a registered dietitian as soon as possible to make sure you are meeting all of your nutritional needs.

Q – I have several other medical conditions and I don't know how to make everything fit together—what can I do?

A – Ask your doctor for a referral to a registered dietitian. The registered dietitian will work with you to create an individualized eating plan that takes all your medical conditions into account.

For further information, or if you wish to help us in our efforts, please contact The Kidney Foundation of Canada office in your area. You can also visit our Web site at www.kidney.ca.

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