

Diet and Risk for Developing Kidney Disease

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Clin J Am Soc Nephrol 14: 1–2, 2019. doi: <https://doi.org/10.2215/CJN.13601118>

I was diagnosed with minimal changes disease, and I am very interested in research that shows lifestyle patterns that affect kidney disease. I was diagnosed 18 years ago and have spent the past two decades successfully experimenting with food and how protein affects my kidney disease. By replacing animal protein with plant-based protein, I was able to put my CKD into remission.

In this issue of the *Clinical Journal of the American Society of Nephrology*, Rebholz *et al.* (1) research the effect of sugar-sweetened beverages on kidney disease risk. Important studies, such as this one, motivate me to restrict my consumption of sugar-sweetened drinks and help educate other patients with kidney disease on the affect that sugar-sweetened beverages have on kidneys.

It is common practice in restaurants to allow employees to drink sodas for free. During the hot summer months, I was drinking more sodas per shift. This increase in sugar-sweetened beverages made me less tolerant of the heat in the kitchen. I appreciate my physical response, because it motivated me to change my beverage consumption from sodas to fruit-infused flavored water. Chances are I could have decreased my kidney function even more if I had not made this lifestyle change. I look back on that situation and realize that my experience does support these research findings: a higher intake of soda could be associated with greater odds of decreasing kidney function.

Living in the Pacific Northwest, I have great empathy for people who live in the southern region of the United States. Their climate is very similar to the working conditions in a commercial kitchen; it can be sweltering. I understand why people would be drinking more liquids in this environment. As a chef, we spend our lifetime developing flavors, which people want to enjoy when eating and drinking. However, this desire for flavor can easily lead people, like me, down the path of sugar-sweetened drinks. It can be standard practice in some food establishments to give the kitchen staff an after-shift beer, which seems like a double dose of trouble for people's kidneys, because this research also indicates a higher association with CKD in people who consume more tea and beer.

As a chef, what recommendations do I give patients with kidney disease trying to decrease their consumption of sugar-sweetened drinks?

1. I educate patients. I remind them to read nutritional labels and record the amount of sugar that they consume in a day from beverages. I had to learn how addictive sugar is for me; the more I consume, the more I crave it. If I start drinking a soda with lunch, I will start craving a soda at every lunch.
2. I explain to patients that eating is a journey with kidney disease. How can I make this journey as enjoyable and healthy as possible? People look at food and beverage as a one-time event, a meal that we sit down and enjoy. As a patient, I had to teach myself to look at my consumption accumulatively. This helped motivate me to make changes with my diet for my kidneys. I slowly made changes every day and built on my successes. To change my beverage consumption, I just slowly started removing a small number of sugar-sweetened beverages each day and built on it.
3. I tell patients that we can re-educate our palate. Instead of drinking sweet tea, I replaced it with a drink called an Arnold Palmer: 50% unsweetened iced tea and 50% lemonade. The unsweetened iced tea dilutes the sugar in the lemonade. Then, over time, as my tastes change, I decreased the lemonade and added more unsweetened iced tea.
4. I like to use Stevia; it is a natural sweetener from the leaves of the rebaudiana plant. The leaves have a sweeter taste on our tongue. I drink a green tea that has a small number of stevia leaves mixed in with the tea leaves. The tea has a mildly sweet flavor without the addition of sugar.
5. Be careful of natural sweeteners. Some health-conscious people replace sugar with honey, maple syrup, agave nectar, and molasses. These sweeteners are digested like sugar.
6. Take a lesson from the spa; they offer fruit-infused water. You can make your own for pennies and put it in your water bottle. I like a few pieces of fresh pineapple and strawberries. Some people like slices of cucumber. When I make an infused water, I do it the night before and keep it in my refrigerator; it is chilled and tastes great the next day.
7. When dining in restaurants, I always ask for a wedge of lemon in my water. It motivates me to drink water,

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the lemon keeps the water tasting fresh, and it keeps me from ordering a soda.

Patients with kidney disease have many challenges; I try to reward myself with healthy flavor wherever I can. I believe that patients can successfully add healthy flavor, and this research supports why patients with CKD need to decrease the number of sugar-sweetened beverages.

Disclosures

None.

References

1. Rebholz CM, Young BA, Katz R, Tucker KL, Carithers TC, Norwood AF, Correa A: Patterns of beverages consumed and risk of incident kidney disease. *Clin J Am Soc Nephrol* 14: 49–56, 2019

Published online ahead of print. Publication date available at www.cjasn.org.

See related editorial, “The Millennial Physician and the Obesity Epidemic: A Tale of Sugar-Sweetened Beverages,” and article, “Patterns of Beverages Consumed and Risk of Incident Kidney Disease,” on pages 4–6 and 49–56, respectively.