

## COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA

43<sup>rd</sup>Annual Academic Sessions

**Programme & Abstracts** 



Set Standards

"Empathy, Safety, Standards; The Strengths of General Practice"

Re-audit

Audit Cycle

Measure current practice

Reflect, plan change and implement change

Compare results of Dractic



## OP9

## COCONUT OIL AS A FAT SOURCE IN DIETETIC THERAPY FOR CHRONIC KIDNEY DISEASE PATIENTS; EFFECT ON LIPID LEVELS

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**Introduction:** Chronic Kidney Disease (CKD) is a public health problem in the world as well as in Sri Lanka. However, only a small proportion of patients in early stages reach End-Stage Renal Disease (ESRD). Dyslipidaemia is directly associated with cardiovascular morbidity of CKD patients. Guidelines have been established on medical nutrition therapy for CKD. It shows that, proper evidence based renal diet slows the progression of CKD.

**Objectives:** This study attempted to evaluate the effects of dietary and lifestyle modifications on patients at Sri Lanka Police Hospital with CKD by evaluation of clinical outcome.

**Method:** A descriptive retrospective study was conducted with pre-dialysis CKD patients on proper diet plan (male, female).

Estimated glomerular filtration rate (eGFR), serum creatinine and lipid levels of CKD patients were analysed. The CKD patients were given dietary and lifestyle modifications and patients were reviewed and monitored at regular intervals by the registered dietitian; based on evidence based nutrition. Physically refined coconut oil was included as a source of fat around 30%-35% of total energy.

Data for 35 patients were retrieved and analysed by Minitab-17.

**Results:** There was a significant decrease in serum creatinine level in 67.8% (p < 0.05) of the sample and significant increase in e GFR level in 60% of the sample. Following the intervention 96 % (p < 0.05) of the sample had LDL and triglyceride (TG) within the normal range. The HDL level of 92.8% (p < 0.05) of the sample was also within the normal range.

Conclusion: It is concluded that dietary intervention causes a significant effect on slowing the progression of CKD in the management of dyslipidemia of CKD. Coconut oil (Physically refined) as a source of fat with appropriate quality has an effect on increasing the HDL and decreasing LDL and TG levels of CKD patients. This study showed the possibility of delaying the dialysis and RRT in pre-dialysis patients with appropriate dietary management.

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