It was great to find out that there are so many free educational materials available for RDNs to use and that RDNs can add their own organization’s logo and utilize these materials. We, as professionals, can assist with the further development of new materials by participating in programs such as:

1. Join a task force and become a reviewer of educational materials.
2. Check out the potential funding opportunities to conduct research through the R-21 Grant mechanism.
3. Visit ndep.nih.gov/resources/webinars to check out the NDEP webinar series.
4. Visit the www.niddk.gov to order or download these materials and learn how you can become a partner!

Table 1 highlights how the NIDDK has taken evidenced-based research and created educational materials (such as instructional handouts or teaching tools) that can be used by professionals with their patients. The intention of these messages is to influence an individual’s behavior change in order to prevent and/or manage chronic diseases, such as obesity, type 2 diabetes and chronic kidney disease. Methods used to refine these materials included: review of evidence based science, review of the literature, review of what other materials have been developed, in-depth interviews with individuals who will be using the created materials, input from focus groups comprised of health care providers and patients who will be using the materials, and interviews with experts for in-depth knowledge about the target audience and/or their review of the science content.

Recently Published

Insufficient time to check out recently published articles in nephrology nutrition? In an effort to help keep our RPG members current, we reviewed the following articles from a variety of publications. We hope you find this list helpful and, as always, would appreciate your feedback and suggestions!


End stage renal disease (ESRD) patients are at high risk for cardiac disease due to alterations of mineral and bone metabolism. ESRD patients who receive transplants may remain at risk for cardiac disease after kidney transplantation. This article reviews the contributions of both immunosuppressive drugs and the existing alterations of mineral and bone metabolism on the poor cardiovascular outcome of post-transplant patients.


There is a strong association between inflammation and increased mortality in individuals with chronic kidney disease (CKD). Periodontitis is an inflammation of the gums. This study looked at the association between periodontitis and mortality rate in people with stage 3-5 CKD.


This paper provides an update on the effect of protein restriction on glomerular filtration rate (GFR) in chronic kidney disease (CKD). The paper explores why research on this topic has been conflicting; it also examines the effect of protein restriction on GFR in different subgroups. Authors found that protein restriction slows CKD progression in non-diabetic and in type 1 diabetic patients, but not in type 2 diabetic patients.


Research suggests that chronic kidney disease (CKD) patients may be susceptible to gut microbial imbalance or dysbiosis. Dysbiosis can cause metabolic abnormalities like uremic toxin production and inflammation, leading to progressive kidney failure and cardiovascular disease. This review examines the metabolic pathways of dysbiotic gut microbiota as well as diet strategies (such as use of pre and probiotics) to address abnormalities.


This paper explores the nutrition facts label and specifically as it influences chronic kidney disease (CKD) patients. Authors discuss challenges the current label presents to CKD patients (like the availability of potassium information). The authors found that CKD patients would benefit from changes to the existing nutrition facts label, in particular related to potassium and calcium content.