

Fall Foods and the Renal Diet: A Seasonal Guide for Kidney Health

As the leaves turn and temperatures drop, fall brings a bounty of seasonal foods that can be both comforting and nourishing. For individuals managing chronic kidney disease (CKD), choosing the right foods is essential to support kidney function and overall health. Fortunately, many fall favorites can be adapted to fit a renal diet, which typically limits sodium, potassium, phosphorus, and sometimes protein.

Understanding the Renal Diet

The renal diet is designed to reduce the workload on the kidneys and maintain a healthy balance of nutrients. Key dietary considerations include:

- **Low Sodium:** Helps control blood pressure and reduce fluid retention.
- **Low Potassium:** Prevents dangerous heart rhythms caused by high potassium levels.
- **Low Phosphorus:** Protects bones and blood vessels from damage.

Working with a registered dietitian is highly recommended to tailor the diet to individual needs, especially as CKD progresses.

Fall Foods That Fit the Renal Diet

Fall offers a variety of kidney-friendly ingredients that are naturally low in potassium and phosphorus, and rich in flavor:

Fruits

- **Apples:** Low in potassium (~158 mg per medium apple), high in fiber and antioxidants. Great for baking or salads
- **Cranberries:** Only 40 mg potassium per half-cup raw. Excellent in sauces, muffins, or dried in salads



Vegetables

- **Cabbage:** Just 60 mg potassium per half-cup raw. Ideal for slaws or stuffed cabbage rolls
- **Cauliflower:** About 80 mg potassium per half-cup raw. Can be roasted or mashed as a potato substitute

Proteins

- **Turkey and Chicken:** Lean, low-phosphorus options when prepared without skin or added salt. Roasting whole poultry adds flavor without additives

Tips for Fall Meal Planning

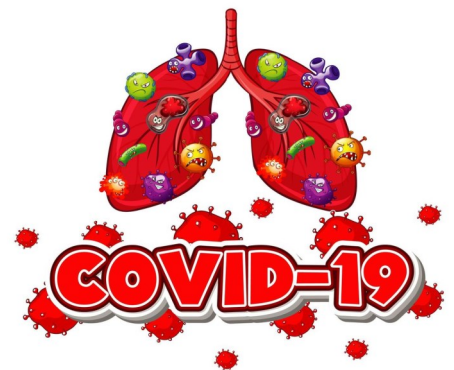
- **Cook from scratch** to control sodium and phosphorus levels.
- **Use herbs and spices** instead of salt or salt substitutes (which may contain potassium chloride).
- **Watch portion sizes**, especially with higher-potassium foods.
- **Avoid processed foods**, which often contain hidden phosphorus additives

Respiratory Infections

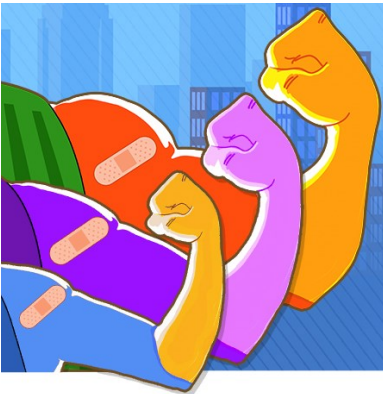
As the summer comes to an end, it is time to think about how to stay healthy during the autumn and winter months when respiratory infections are more common. The most common types of respiratory infections are viral and bacterial infections. The most common viral respiratory infections include the common cold, influenza, respiratory syncytial virus (RSV), and SARS-CoV2 (COVID-19). RSV is a respiratory virus that causes cold-like symptoms in most people, who usually recover without much difficulty. However, RSV can affect infants and older adults more severely and may even require hospitalization.

The most common bacterial respiratory infection is pneumonia. Something interesting to note about pneumonia is that it can be both bacterial and viral. The bacterial type of pneumonia tends to be more severe and may require antibiotics. Symptoms typically include higher fever, a cough that produces mucus, and chest pain. In this case, the chest pain is commonly associated with intense coughing and is known as pleurisy.

The lungs are separated from the chest wall by the pleura. The pleura can become inflamed and swollen with a respiratory infection causing pain. This pain is often described as sharp chest pain that is mostly felt when coughing and taking deep breaths. Pleurisy is typically treated by taking



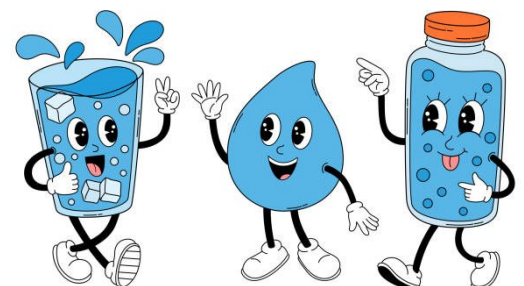
over the counter (OTC) pain and cough medications, resting throughout the day, and following a healthy diet. Acetaminophen (or Tylenol) is a common OTC pain medication that people with kidney disease take. It is important to avoid nonsteroidal anti-inflammatory drugs (NSAIDs), which include ibuprofen (Motrin, Advil, Midol), naproxen (Aleve, Midol ER, Naprosyn), meloxicam (Mobic), etc. NSAIDs can be harsh on the kidneys and may be referred to as kidney toxic medications.



Viral pneumonia is usually caused by other viral infections like influenza, RSV, and COVID-19. The symptoms of viral pneumonia infections tend to be milder consisting of dry cough, low-grade fever and fatigue. Treating the symptoms of viral infections is recommended whereas treatment for bacterial infections may

require antibiotics. Antibiotics will not work as a treatment for viral infections. Antibiotics are only intended to treat bacterial infections. This is an important distinction to know when comparing the two types of respiratory infections!

Staying hydrated is important. Drinking water helps with keeping the mucus produced when coughing from getting too thick. Ask your DCL healthcare team to help you think about ways you can remain hydrated if you are on a fluid restriction. The DCL dietitians will be able to suggest foods you can eat that contain fluid as well. Remember to include foods with fluid in your total daily fluid restriction count.



Respiratory Infections

The CDC shares several ways we can protect ourselves from getting a respiratory infection. Some helpful hints include:

♦ **Avoid close contact.**

If possible, stay away from people who are sick and avoid being around others when you are sick.

♦ **Stay home when you are sick.**

Stay home when you are sick to avoid spreading the illness to others.

♦ **Cover your mouth and nose.**

Use a tissue to cover your mouth and nose when coughing and sneezing. Put the used tissue in the trash and then wash your hands. Cough into your sleeve if a tissue is not available. These techniques help to reduce spreading germs.

♦ **Wash your hands often.**

Use soap and warm water to wash your hands for 20 seconds to avoid spreading germs. Wash your hands often and especially after using a tissue. Use alcohol-based hand rub if soap and water are not available.

♦ **Avoid touching your eyes, nose, or mouth.**

Clean and disinfect high-touch surfaces frequently to avoid spreading germs. Germs can spread when you touch a contaminated surface and then touch your eyes, nose, or mouth.

♦ **Practice healthy habits.**

Some healthy habits include eating a healthy diet and drinking fluids according to your health care plan, being physically active, managing stress, and getting plenty of sleep. Be mindful of not exceeding your fluid restriction if this applies to you.

Receiving the flu vaccine annually is an important way to reduce the risk of catching the flu. There are newer vaccines on the market for RSV as well, plus the COVID-19 vaccine.

Talk with your healthcare provider about which vaccines you should receive. We will be offering the **annual flu vaccine** at DCL soon.

References:

CDC (2025, August 18). About Respiratory Illnesses.

<https://www.cdc.gov/respiratory-viruses/about/index.html>

CDC (2024, August 26). Preventing Seasonal Flu.

<https://www.cdc.gov/flu/prevention/index.html>

Mayo Clinic (2023, December 13). Pleurisy.

<https://www.mayoclinic.org/diseases-conditions/pleurisy/symptoms-causes/syc-20351863>



New Developments in Kidney Transplantation

By Rafael Villicana, MD May 2025

<https://www.rsnhope.org/kidneytalk-magazine/new-developments-in-kidney-transplantation/>

There have been numerous time periods in kidney transplantation where one could argue that not much has changed. Thankfully, we are currently in an era where there are new developments either already happening or on the near horizon. Major changes are on the way!

Organ Procurement/Allocation

If you are on a kidney transplant waitlist or seeking to be added to one, you should be aware of the significant recent changes in this area. Many have felt that the existing system was inefficient and in need of reform. To address these concerns, in 2024 Congress initiated a modernization project focused on organ procurement and allocation. This initiative aims to enhance quality measures, streamline operations, increase data transparency, and leverage technology. From the patient's perspective, there is hope for greater transparency from the organ transplant community and ultimately an increase in the availability of organs.

Another significant initiative expected to benefit patients and their families is the Improving Organ Transplant Access (IOTA) project, which will be launched by the Centers for Medicare and Medicaid Services (CMS) this summer. This mandatory pilot project will involve 50 percent of U.S. transplant centers, aiming to increase the volume of transplants while ensuring good patient outcomes through an incentive, and penalties to transplant centers if they do not perform to quality standards.

Xenotransplantation

You may not be familiar with the term "xenotransplantation," but you have likely come across it in your reading. Xenotransplantation refers to the transplantation of tissues or organs from one species to another, typically from animals to humans. When I first learned about this concept over 20 years ago, I believed it might never become a reality or that it was far off in the future. However, that future has arrived, as you may have seen on the internet or television. There have been recent transplants being performed of a genetically engineered pig kidney. Although we are still in the early stages of this therapy with clinical trials yet to be completed, there is no doubt that we will see more developments in this exciting field. It holds the potential to help alleviate our significant organ shortage, especially as wait times continue to increase.

I am also frequently asked about alternatives to transplantation, including artificial kidneys, stem cells, and other treatments. These technologies are progressing as well, and I remain hopeful that there will come a time when patients with advanced kidney disease have access to a range of effective options.

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Diagnostic Testing

For people who have a working transplant, the constant fear of organ rejection is a reality. The most common method for detecting this serious complication is a kidney biopsy. Fortunately, there are several less invasive tests available which can assist your clinical team in assessing the risk of rejection. If we can detect rejection early, we can get ahead of it and help prevent it. While these tests are not foolproof, they can help determine whether a biopsy is necessary, or equally important, whether it can be avoided or postponed. Most of these assessments are blood-based, although urine tests are also in development.

Immunosuppression

As many of you may know, after receiving a transplant, it is essential to take medications routinely to prevent rejection throughout the life of the transplant. Unfortunately, while these medications are effective in preventing rejection, they also come with numerous side effects which can adversely impact the transplant or cause other health issues. This might partially explain why the incidence of early rejection episodes has decreased, but the longevity of transplants has not improved at the same rate.

Immunosuppressive therapy is an area of transplantation which has experienced fewer recent advancements compared to other fields, with the last significant development occurring nearly 15 years ago. Nonetheless, there have been many advances in treating chronic rejection and preventing initial rejection, which we hope will ultimately lead to longer-lasting transplants.

What You Can Do Now

To maintain your transplanted kidney health, always take your immunosuppressant medications, ensure you have an adequate supply, and keep up with doctor appointments and lab tests. Regularly monitor your blood pressure, temperature, and weight, and report any health changes to your doctor, such as pain or fever. Prioritize a healthy diet, exercise, and hydration. Use your healthcare portal to check lab results and medications and stay in touch with your healthcare team whenever you experience nonemergency issues. And most importantly, stay informed and ask questions!

If you are waiting for a kidney transplant, ensure that all your tests are up to date and that your transplant team has your current contact information. If you are unsure if they have your current information, send a message through your portal. It is important to always answer your phone, as the call for a kidney transplant may come from a number you do not recognize.

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Newsletter

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Transplantation is an increasingly sought-after treatment for kidney failure, which is why the waiting list continues to grow each year. Living donation provides additional options for people who may not be a match for their known donor. Swaps, paired donations, and vouchers can enhance opportunities for those in need. Some of these options have taken place a few times at my center. If someone you know in your community passes away and they are eligible to be an organ donor, their kidney could be directed to you. You need to be active on the waiting list, allowing you to potentially skip the waiting list if it is a match. The deceased donor family will need your name and the name of transplant facility. They must inform the local Organ Procurement Agency of their wishes.

It is important to consult your healthcare team if you have questions or do not understand something, join a support group, and do your own research to learn more about these options.



Coming to DCL in October