SAJCN
2022
CPD

You can obtain 3 CEU's for reading the article "**EFFECT OF SIMPLIFIED DIETARY ADVICE ON NUTRITIONAL STATUS AND UREMIC TOXINS IN CHRONIC KIDNEY DISEASE PARTICIPANTS**" and answering ALL the accompanying questions with a pass mark of 70% or more.

This article has been accredited for CEU's (ref. no. DT/A01/P00008/2022/00007)

HOW TO EARN YOUR CEUs

1) Register at https://www.mpconsulting.co.za.
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7) Answer ALL the accompanying questions in the CPD questionnaire.
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Only online questionnaires will be accepted.

Activity 166

1. Chronic Kidney Disease (CKD) is associated with many complications including:
   a. Anaemia, mineral bone disease and progression to end-stage kidney disease
   b. Anaemia, mineral bone disease and a delay in end-stage kidney disease
   c. Anaemia, diabetes and mineral bone disease

2. Traditional CKD advice restricts the following foods owing to their mineral content:
   a. Lean meat, fruit and wholegrains
   b. Wholegrains, fruits and vegetables
   c. Margarine, fruits and vegetables

3. The recent Kidney Disease Quality Initiative (KDOQI) updated nutrition guidelines suggest:
   a. A dietary pattern encouraging healthy foods improves clinical outcomes and mortality
   b. A western-dietary pattern improves clinical outcomes and mortality
   c. A dietary pattern encouraging fruits and vegetables worsens clinical outcomes and mortality

4. Saccharolytic bacteria production is enhanced by:
   a. Low-fibre diets and prolonged colonic transit time
   b. High-fibre diets and normal colonic transit time
   c. High-fibre diets and prolonged colonic transit time

5. Simplified guidelines recommended to participants at baseline were:
   a. Encouraging salty foods and limiting wholegrains
   b. Encouraging processed foods and limiting fruits and vegetables
   c. Limiting processed foods and encouraging adequate fruits and vegetables

6. Dietary intake changes were significantly reduced for the following nutrients:
   a. Fat, carbohydrate and sugar
   b. Fat, carbohydrate and potassium
   c. All macronutrients and micronutrients

7. A majority of participants' anthropometry displayed a profile of:
   a. BMI and waist circumference reflecting obesity
   b. BMI and waist circumference reflecting underweight
   c. BMI and waist circumference reflecting normal weight

8. Biochemical changes that were significantly changed from baseline to week 4 included:
   a. Total cholesterol, triglycerides and LDL levels
   b. Total cholesterol, triglycerides and potassium
   c. Total cholesterol, triglycerides and urea

9. Dietary adherence was the lowest amongst certain food groups including:
   a. Protein and limited processed foods
   b. Fruit and wholegrains
   c. Protein and vegetables

10. The improved dietary adherence in this study were owing to:
    a. Group counselling and traditional dietary advice
    b. Individual counselling and traditional and simplified dietary advice
    c. Individual counselling and simplified dietary advice

11. Weight reduction in this population is a positive finding since:
    a. Weight reduction has shown to stabilise glomerular filtration rate (GFR)
    b. Weight reduction decreases GFR
    c. Weight reduction increases GFR

12. A high sugar intake increases insulin resistance and affects the polyol pathway through:
    a. Decreased conversion of glucose to fructose
    b. Increased conversion of glucose to fructose
    c. No effect on the conversion of glucose to fructose

13. Plasma uremic toxins levels not changing significantly may have been affected by:
    a. Fibre intake decreasing from baseline to week 4
    b. Fibre intake not changing from baseline to week 4
    c. Fibre intake increasing from baseline to week 4

14. The low socio-economic status of participants may have contributed to:
    a. High fruit and vegetable intake
    b. High protein and vegetable intake
    c. Low fruit and vegetable intake

15. Levels of gut-derived uremic toxins are affected by:
    a. Colour of foods in the diet
    b. Quality of foods in the diet
    c. Not affected by the diet