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****Low-protein diet tested for effect on kidney damage in diabetics

DALLAS -- A low-protein diet that may slow kidney damage in diabetics currently is being tested at The University of Texas Health Science Center at Dallas. Investigators are seeking 50 insulin-dependent diabetics to participate in the trials.

Diabetes is the most commonly known cause of kidney failure in the United States. Approximately 75 percent of the people who have juvenile-onset diabetes will develop progressive kidney failure after 15 to 20 years of diabetes. On average, diabetics require either dialysis or kidney transplant 10 years after their kidneys begin to fail.

"No one really understands what causes the changes that we see in diabetic kidneys or which of those changes ultimately make the kidneys fail," says Dr. Kathleen Zeller, assistant professor of internal medicine at UTHSCD and medical director of the Parkland Memorial Hospital Ambulatory Care Center.

Observations in animals and patients with other types of kidney disease have led to the current nutritional approach being tested by Zeller and Dr. Philip Raskin, professor in the Department of Internal Medicine.

The effects of a low-protein or low-protein/low-phosphorous diet are being compared to a normal protein/normal phosphorus diet plus aggressive control of blood pressure in an attempt to slow the progression of diabetic kidney disease. The study has been in progress for almost two years, and 25 diabetic patients are already involved. However, 50 more patients are needed to complete the trials.

Zeller says they are looking for patients who are insulin-dependent (Type I) diabetics. That would include all juvenile-onset diabetic patients and those patients who were diagnosed as diabetic before the age of 30 and were placed on insulin treatment immediately.

"We are especially interested in patients who have mild to moderate kidney dysfunction, but we are also interested in screening anybody who has had insulindependent diabetes for over 15 years," says Zeller.

Some patients in the study will be asked to follow a regimented diet, with follow-up on weekends or after hours either on a monthly basis or once every two months. Participants could expect to be involved for about two years; but if the regimen should prove beneficial, they might be followed permanently.

Participants in the trials will have free laboratory testing, regular blood pressure monitoring, thorough retinal examinations by an ophthalmologist every six months and access to a physician 24 hours a day. Current medication will not be furnished, but any additional medication that may be prescribed will be furnished free.

Zeller says the investigators are including regular examinations of the retina of the eye because retinal damage tends to progress at a rate somewhat comparable to kidney damage. It is unusual to have diabetic kidney disease without having significant diabetic eye changes. Conversely, people who have severe eye changes may well have kidney problems.

"There are indications that some of the people who already are involved in the study are being benefited," says Zeller.

Anyone who fits the profile for this study is urged to contact Dr. Zeller's office at 214/688-2993 or 214/688-3003 and to leave his or her name with the secretary or answering service so that an interview can be arranged.

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