## A Potential Consequence of High-Protein Diets

In a world of countless diet fads and programs, perhaps none is as well-known as the "Atkins Diet," which severely limits carbohydrate consumption but allows for high levels of dietary protein and fats. The possible long-term side-effects of a high-protein, low-carbohydrate diet are still uncertain, although recent American Heart Association guidelines suggest that a long-term, high-protein diet may adversely affect kidney function.

To evaluate a possible association between dietary protein intake and functional decline of the kidneys over an 11-year period, researchers examined approximately 1,600 women ages 42-68. Protein intake was determined twice over the study period using a food-frequency questionnaire; renal function was evaluated through measurements of kidney filtration ability. About 500 women displayed a slight but harmless weakened kidney function at the start of the study.

In women with mild kidney deficiency, high protein consumption was associated with a significant decline in kidney function over time; those who consumed the most protein showed the greatest functional decline. Intake of nondairy animal protein, in particular, was associated with accelerated renal decline in these women. High protein intake was not related to kidney function in women with normal initial kidney function.

Long-term, high-protein diets may have substantial negative side-effects on kidney function. Roughly one-fourth of all Americans are considered to display mild renal insufficiency; most of these individuals are unaware of this. Exercise caution when considering any fad diet or weight-loss remedy. If you choose a high-protein, low-carb diet to lose weight, consider only adhering to it for a short time. A well-balanced diet combined with exercise is still the safest, most effective way to maintain long-term weight control.

## Reference:

Knight EL, Stampfer MJ, et al. The impact of protein intake on renal function decline in women with normal renal function or mild renal insufficiency. *Annals of Internal Medicine* 2003:138(6), pp. 460-467.

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