In May 2014, the renal nutrition community gathered in Wurzburg, Germany for the 17th International Congress on Nutrition and Metabolism in Renal Disease. This meeting was highlighted by outstanding scientific content, excellent attendance, and remarkable social and cultural experiences. This successful meeting was also notable for the implementation of the inaugural “Total Nutrition Therapy (TNT™) Renal”, a clinical nutrition course developed by and for nephrologists and other renal health care professionals who treat patients with acute and chronic kidney disease (CKD).

TNT Renal Course is modeled after a successful teaching model that provides physicians with the tools necessary to help administer quality patient care focused on clinical nutritional management. With more than 25,000 graduates from more than 30 countries, TNT was originally developed in 1996 in a partnership between Federación Latino Americana de Terapia Nutricional Clínica y Metabolismo and Abbott Nutrition. There are number of specialty TNT courses focusing on pediatrics, neonatology, critical care, geriatrics, wound healing, and diabetes, and TNT Renal is the most recent addition to this list.

TNT Renal initiative is spearheaded by the International Society of renal Nutrition and Metabolism (ISRNM) Council and its executive board. Dr. T. Alp Ikizler, past president of ISRNM and ex-officio member of the ISRNM Council is designated as the Chair of the TNT Renal Course and administers the development and implementation of the Course. The content is developed by Drs. Denise Mafra, Daniel Teta, Juan-Jesus Carriero, Roberto Pecoi-Filho, and Katrina Campbell and overseen by an editorial board, which includes Drs. Kamiyar Kalantar-Zadeh, Denis Fouque, Christoph Wanner, Miguel Riella, and Peter Stenvinkel.

The overall objectives of TNT Renal include the following:

1. Describe how protein–energy wasting (PEW) and failure to provide nutrition therapy impair clinical and financial outcomes in nondialyzed and dialyzed kidney disease patients;
2. Rapidly identify kidney disease patients at risk for PEW and diagnose PEW;
3. Determine nutrient requirements and develop and implement renal-specific nutrition care plans for dialyzed and nondialyzed kidney disease patients;
4. Describe how appropriate renal nutrition support can enhance outcomes for nondialyzed and dialyzed kidney disease patients;
5. Monitor and manage renal nutrition therapy to close nutrition gaps, support patient recovery, and improve outcomes.

The TNT Renal course requires that participants and faculty members adhere to the content and the renal nutrition guidelines used in the program. The program is composed of 12 slide presentations, 4 workshops, up to 4 case studies, a pre- and post-test, and a course evaluation.

The subject areas covered during the didactic lectures include the following:

1. Physiology and metabolism;
2. Etiology of PEW in CKD;
3. Nutritional screening and assessment;
4. Epidemiology and consequences of PEW;
5. Rationale for medical nutrition therapy;
6. Nutritional considerations in nondialysis CKD patients;
7. Enteral feeding for dialyzed and nondialyzed CKD patients;
8. Other nutrition interventions in CKD patients;
9. Nutrition for hospitalized patients with kidney disease;
10. Obesity, insulin resistance and diabetes in CKD.

The course is typically offered over 2 consecutive days by a team of 4 faculty members, including a course director. It is important, however, to finish all parts of the course. The course is designed to accommodate approximately 40 participants to promote participant learning and engagement. Typically, lectures are presented to the entire group in a formal setting, whereas workshops and case studies are conducted in small groups of 8 to 10 participants. After participants have attended the lectures,
they are given the opportunity to apply their learning to case studies and in workshops. The case studies and workshops facilitate interaction between participants and faculty and provide an opportunity for practical application of the concepts covered in the lectures. Examples of the cases presented and discussed during course include nondialysis patients with or without diabetes mellitus, end-stage renal disease (ESRD) patients on maintenance hemodialysis or peritoneal dialysis, patients with acute kidney injury, and ESRD patients with a kidney transplant. The workshops are focused on nutrition screening and assessment, determining fluid and nutrient requirements, and developing and implementing nutrition interventions.

The inaugural TNT Renal Course was a success with multinational participation from the Middle East, Europe, and Latin America. Overall, the attendees rated the program excellent and commented that TNT Renal was highly likely to have an important impact on their practice. TNT Renal graduates plan to incorporate nutrition assessments in their daily activities and will have a much better understanding and appreciation of the prevention and treatment of PEW in kidney disease. They also stated that they are more inclined to create and/or join nutrition support teams. Overall, TNT Renal has made a significant positive influence on course graduates.

ISRNM is committed to expand this highly significant program in the future. The society is in discussions with other renal entities including but not limited to International Society of Nephrology, European Dialysis and Transplantation Association/European Renal Association, and International Federation of Kidney Foundations to hold satellite symposiums during their annual or biannual meetings or have combined efforts for independent meetings in collaboration with local renal and nutrition societies. We hope that TNT Renal will help improve patient outcomes by incorporating nutrition therapy into standards of best practice patient care, especially in the setting of kidney disease.

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