

Supplemental Material

Appendix 1: Global Kidney Nutrition Care Atlas Questionnaire.

Supplemental Table 1: Detailed response rates to individual nutrition questions.

Supplemental Figure 1A: Availability of dietary counseling by a person trained in nutrition (this include renal dietitians, general dietitians, nutritionists, or nutrition technicians) for different ISN regions.

Supplemental Figure 1B: Kidney dietitian practice settings for different ISN regions.

Supplemental Figure 1C: Kidney nutrition care availability for nondialysis CKD versus dialysis patients for different ISN regions.

Supplemental Figure 1D: Personnel other than dietitians involved in kidney nutrition care across different ISN regions.

Supplemental Figure 2A: Doing formal assessment of nutrition status across ISN regions.

Supplemental Figure 2B – 2E: Use of different nutrition assessment tools across ISN regions: (B) body weight, (C) serum albumin, (D) skinfold anthropometry, and (E) body mass index across ISN regions.

Supplemental Figure 3A – 3B: (A) Oral nutrition supplements availability, and (B) cost coverage in inpatient and outpatient setting across ISN regions.

Supplemental Figure 4A – 4C: Formal feedback to nephrologists on: (A) findings of nutrition assessment, (B) dietary prescription to CKD patients, and (C) dietary adherence of CKD patients, across ISN regions.

Appendix I

C3. Nutritional services

C3.1. Please indicate the availability of the following nutritional services for kidney care in your country, where 'Generally available' means: in 50% or more centres (hospitals or clinics) and 'Generally not available' means: in less than 50% of centres (hospitals or clinics)

| Nutritional issues | | | | |
|--|---------------------|-------------------------|-------|---------|
| | Generally available | Generally not available | Never | Unknown |
| C3.1.1 Dietary counselling by a person trained in nutrition (for example, a dietitian) | | | | |
| C3.1.2 Measurement of serum albumin | | | | |
| C3.1.3 Use of anthropometry for nutritional assessment (changes in body weight) | | | | |
| C3.1.4 Use of anthropometry for nutritional assessment (skin fold assessment) | | | | |
| C3.1.5 Use of anthropometry for nutritional assessment (body mass index) | | | | |
| C3.1.6 Oral nutrition supplements (for example, vitamins, oral meal supplements) | | | | |

C3.2. Are dietitians or dietitians specialized in renal nutrition (renal dietitians) available for consultation in your country?

- Yes
 No
 Unknown

C3.2.1 If there are dietitians/renal dietitians in your country, in which settings are they available for consultation? (please check all that apply)

- Inpatient setting

- Outpatient clinic/office setting

C3.2.2 If there are dietitians/renal dietitians in your country, which patients are eligible for consultation? (please check all that apply)

- Non-dialysis CKD patients
- Dialysis patients

C3.2.3. If there are dietitians/renal dietitians in your country that offer services in inpatient settings, how much does it usually cost (USD) patients directly (out-of-pocket expenses) for each consultation (encounter)?

Textbox

C3.2.4 If there are dietitians/renal dietitians in your country that offer services in outpatient settings, how much does it usually cost (USD) patients directly (out-of-pocket expenses) for each consultation (encounter)?

Textbox

C3.2.6. How often is there formal communication between nutritional counsellors and nephrologists in your country that centre around these issues:

| | Always | Often | Sometimes | Never | Unknown |
|--|--------|-------|-----------|-------|---------|
| C3.2.6.1 Prescriptions to CKD patients | | | | | |
| C3.2.6.2 Dietary adherence and suggested changes | | | | | |

C3.2.7. Is there formal assessment of nutritional status in patients with CKD (including ESKD)?

- Yes
 No
 Unknown

C3.2.7.1. If there is a nutritional assessment, how often are nephrologists informed of the findings of nutritional assessments?

- 1) Never
- 2) Sometimes
- 3) Often
- 4) Usually
- 5) Always

C3.3 Do personnel other than dietitians give dietary counselling to CKD patients in your country?

- Yes

- No
- Unknown

C3.3.1 If yes, who provides most of the dietary counselling to CKD patients? (please select the most appropriate response)

- Nephrologists
- Non-nephrologist physicians
- Nurses
- Nutritional technicians
- Other

C3.5. In which settings are oral nutrition supplements (ONS) provided free of charge to patients?

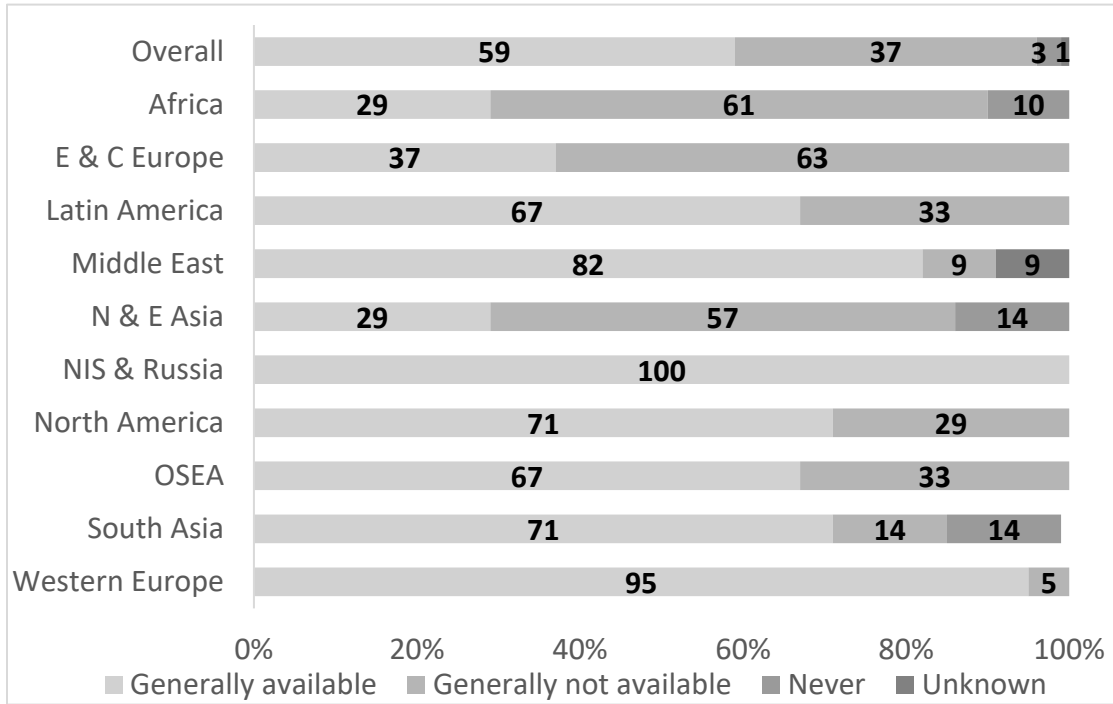
- C3.5.1 Inpatient? Yes or no
- C3.5.2 Outpatient clinic/office? Yes or No

Supplemental Table 1. Detailed response rates to individual nutrition questions.

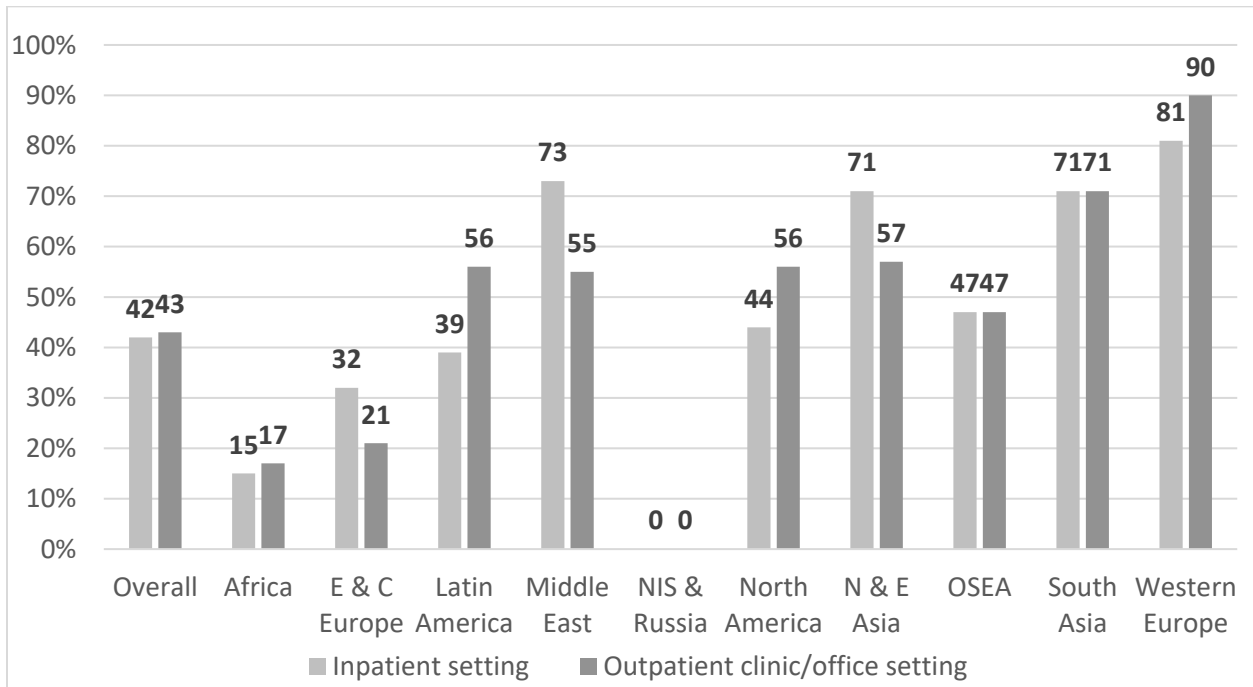
NIS, Newly Independent States; Data expressed as number (%) of countries responded to the survey.

| | C3.1 Availability nutritional services for kidney care | C3.2 dietitians/rena l dietitians availability | C3.2.1 dietitians practice setting | C3.2.2 dietitians care available for non-dialysis- CKD and dialysis patients | C3.2.6.1 prescriptions to CKD patients | C3.2.6.2 dietary adherence | C3.7 formal assessment of nutritional status | C3.7.1 feedback to nephrologist s | C3.3 personne l other than dietitians | C3.3.1 who provides most of the dietary counselin g to CKD patients | C3.5.1 inpatient settings for oral nutrition supplement s (ONS) | C3.5.2 outpatient settings for oral nutrition supplement s (ONS) |
|-----------------------------------|--|---|---|---|---|----------------------------------|---|--|---|---|---|--|
| Overall | 155(96.9) | 155(96.9) | 155(96.9) | 155(96.9) | 74(98.7) | 74(98.7) | 155(96.9) | 82(98.8) | 155(96.9) | 131(100) | 155(96.9) | 155(96.9) |
| ISN regions: | | | | | | | | | | | | |
| -Africa | 41(97.6) | 41(97.6) | 41(97.6) | 41(97.6) | 8(100) | 8(100) | 41(97.6) | 9(100) | 41(97.6) | 31(100) | 41(97.6) | 41(97.6) |
| -Eastern & Central Europe | 19(100) | 19(100) | 19(100) | 19(100) | 6(100) | 6(100) | 19(100) | 13(100) | 19(100) | 17(100) | 19(100) | 19(100) |
| -Latin America & the Caribbean | 18(100) | 18(100) | 18(100) | 18(100) | 10(90.9) | 10(90.9) | 18(100) | 10(100) | 18(100) | 15(100) | 18(100) | 18(100) |
| -Middle East | 11(100) | 11(100) | 11(100) | 11(100) | 8(100) | 8(100) | 11(100) | 10(100) | 11(100) | 11(100) | 11(100) | 11(100) |
| -NIS & Russia | 7(70) | 7(70) | 7(70) | 7(70) | - | - | 7(70) | 3(100) | 7(70) | 6(100) | 7(70) | 7(70) |
| -North American | 9(90) | 9(90) | 9(90) | 9(90) | 5(100) | 5(100) | 9(90) | 5(100) | 9(90) | 7(100) | 9(90) | 9(90) |
| -North and East Asia | 7(100) | 7(100) | 7(100) | 7(100) | 5(100) | 5(100) | 7(100) | 6(100) | 7(100) | 6(100) | 7(100) | 7(100) |
| -Oceania & South East Asia | 15(100) | 15(100) | 15(100) | 15(100) | 8(100) | 8(100) | 15(100) | 8(100) | 15(100) | 13(100) | 15(100) | 15(100) |
| -South Asia | 7(100) | 7(100) | 7(100) | 7(100) | 5(100) | 5(100) | 7(100) | 4(100) | 7(100) | 7(100) | 7(100) | 7(100) |
| -Western Europe | 21(100) | 21(100) | 21(100) | 21(100) | 19(100) | 19(100) | 21(100) | 14(93.3) | 21(100) | 18(100) | 21(100) | 21(100) |
| World Bank Groups: | | | | | | | | | | | | |
| -Low income | 22(95.7) | 22(95.7) | 22(95.7) | 22(95.7) | 2(100) | 2(100) | 22(95.7) | 4(100) | 22(95.7) | 16(100) | 22(95.7) | 22(95.7) |
| -Lower-middle income | 35(92.1) | 35(92.1) | 35(92.1) | 35(92.1) | 7(100) | 7(100) | 35(92.1) | 14(100) | 35(92.1) | 33(100) | 35(92.1) | 35(92.1) |
| -Upper-middle income | 41(100) | 41(100) | 41(100) | 41(100) | 21(95.5) | 21(95.5) | 41(100) | 22(100) | 41(100) | 33(100) | 41(100) | 41(100) |
| -High income | 57(98.3) | 57(98.3) | 57(98.3) | 57(98.3) | 44(100) | 44(100) | 57(98.3) | 42(97.7) | 57(98.3) | 49(100) | 57(98.3) | 57(98.3) |

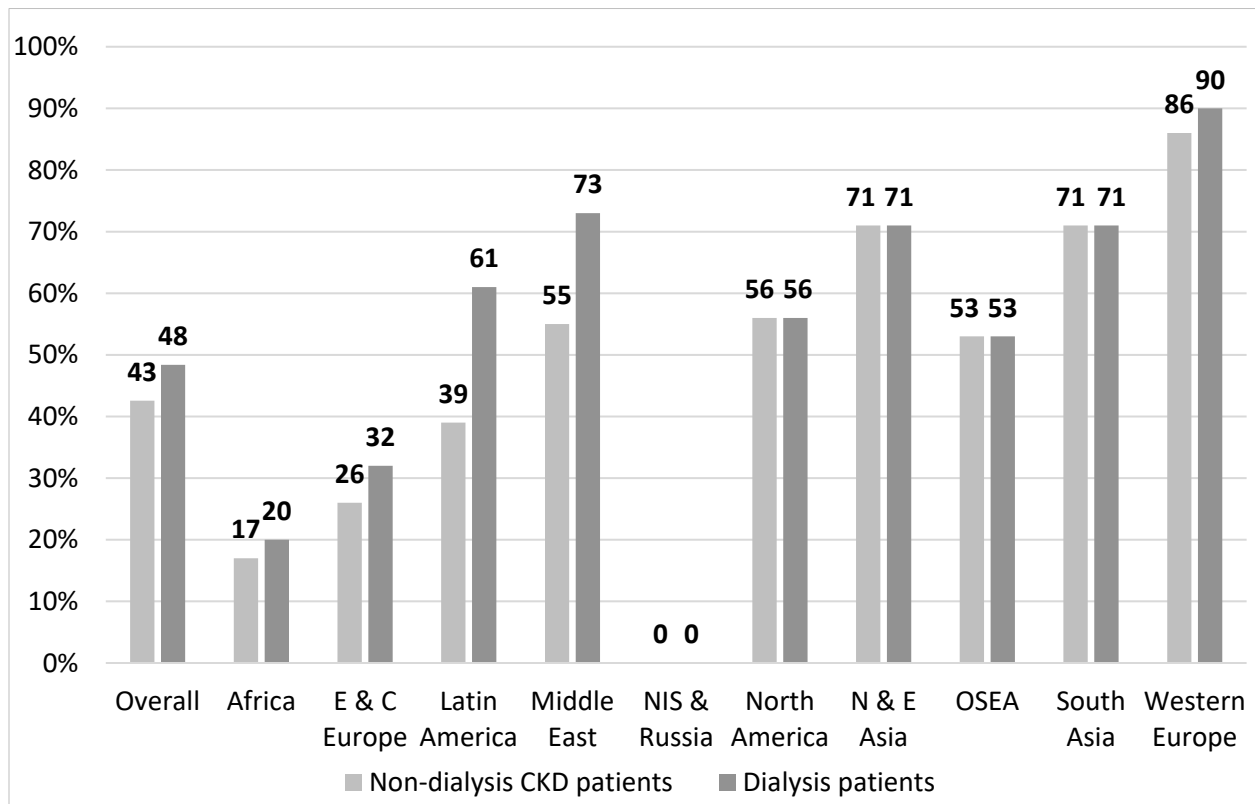
Supplemental Figure 1A. Availability of dietary counseling by a person trained in nutrition (this include renal dietitians, general dietitians, nutritionists, or nutrition technicians) for different ISN regions.



Supplemental Figure 1B. Dietitians/renal dietitians practice settings for different ISN regions.

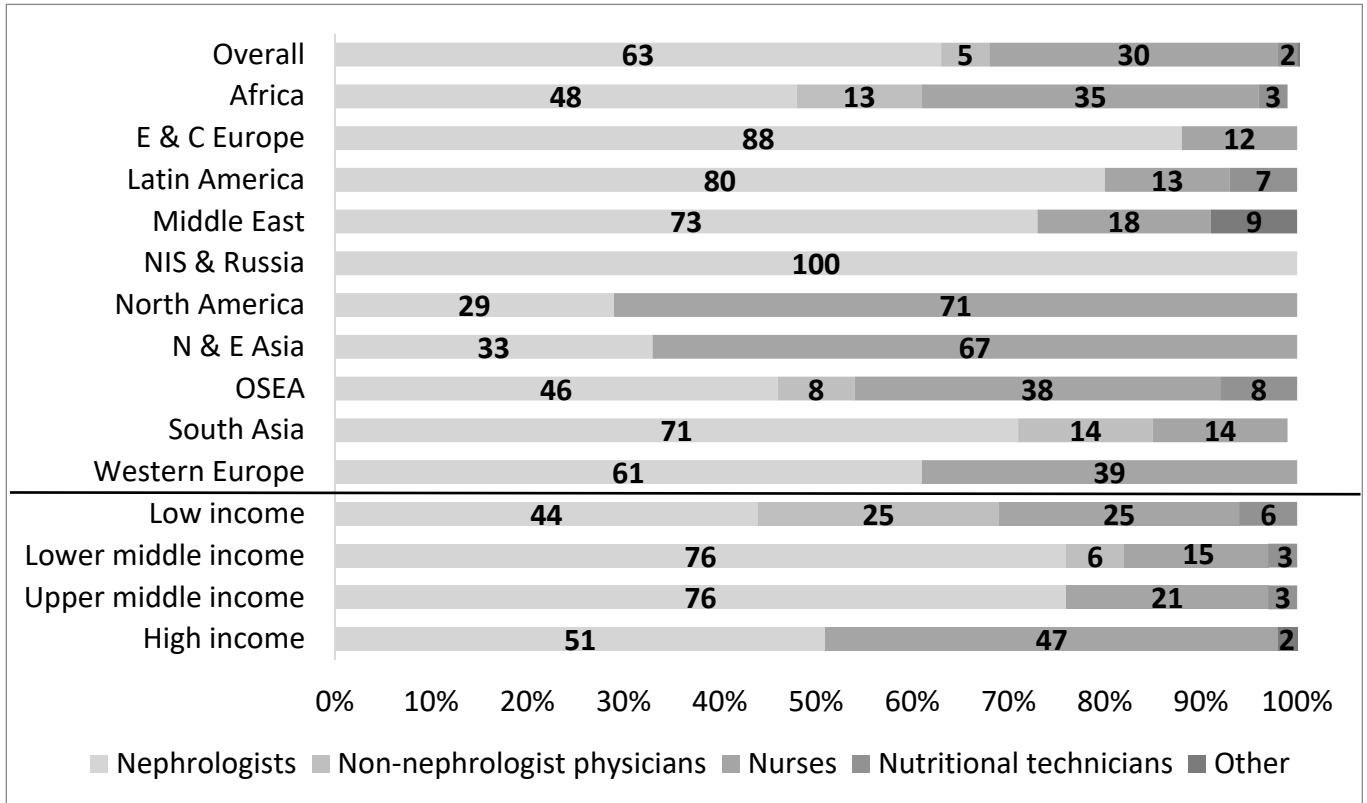


Supplemental Figure 1C. Nutrition care availability for nondialysis CKD versus dialysis patients in different ISN regions.

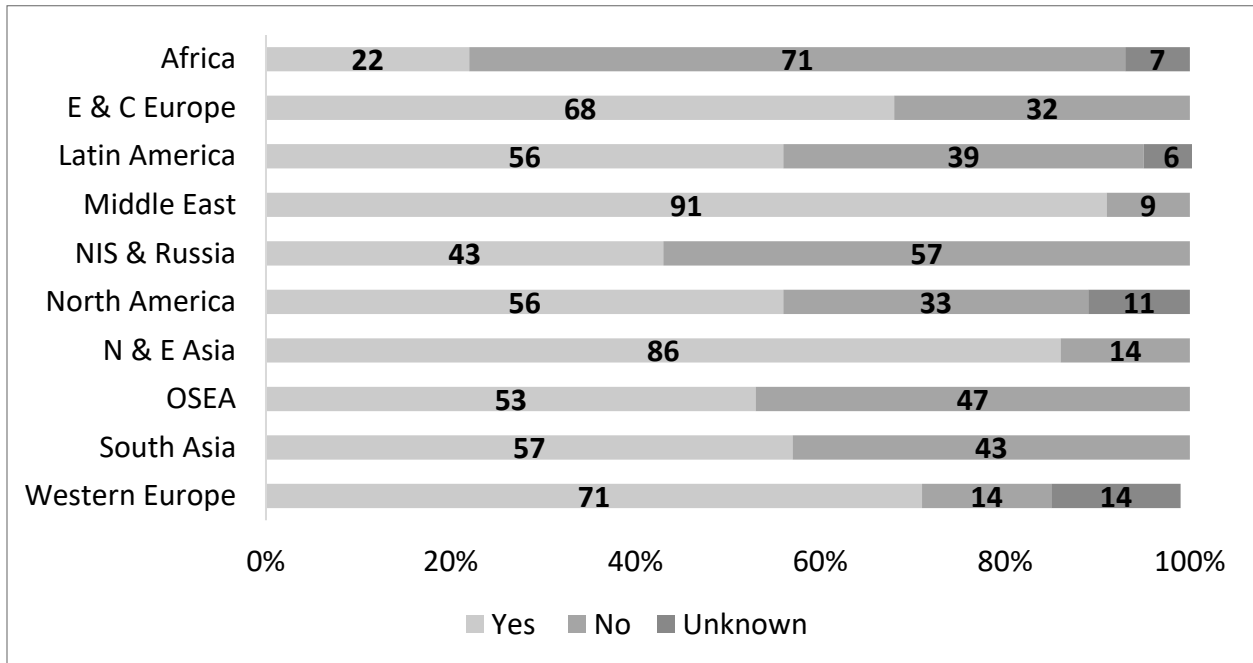


Supplemental Figure 1D. Personnel other than dietitians involved in kidney nutrition care across different ISN

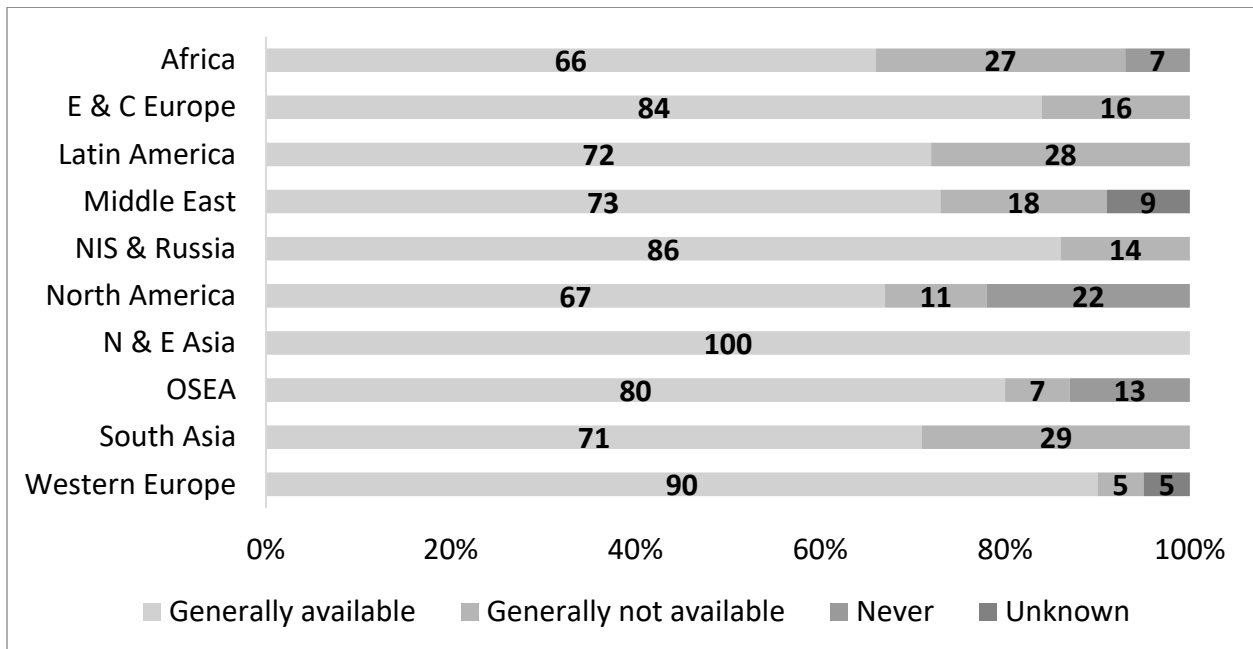
regions.



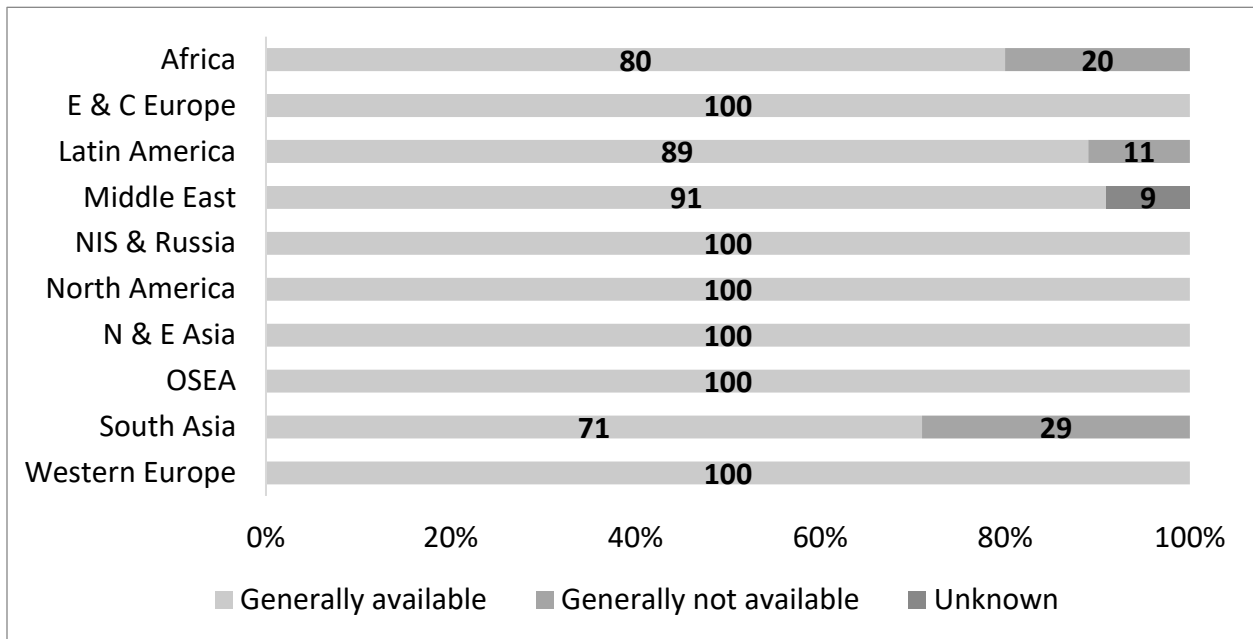
Supplemental Figure 2A. Doing formal assessment of nutrition status across different ISN regions.



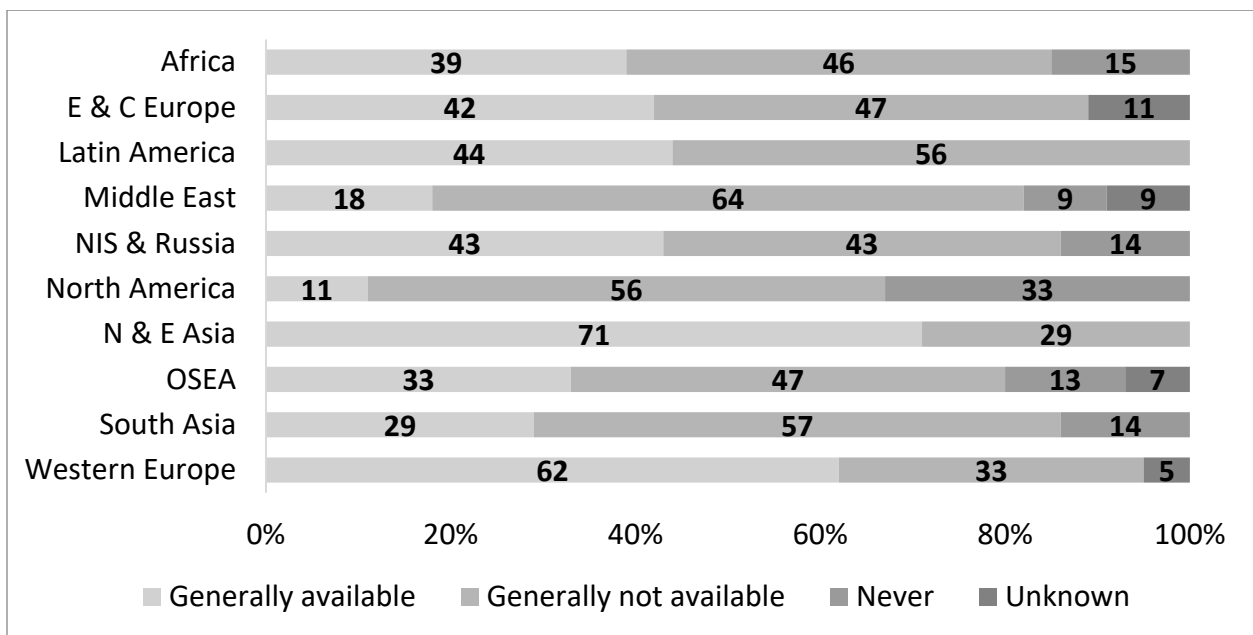
Supplemental Figure 2B. Use of different nutrition assessment tools: body weight across different ISN regions.



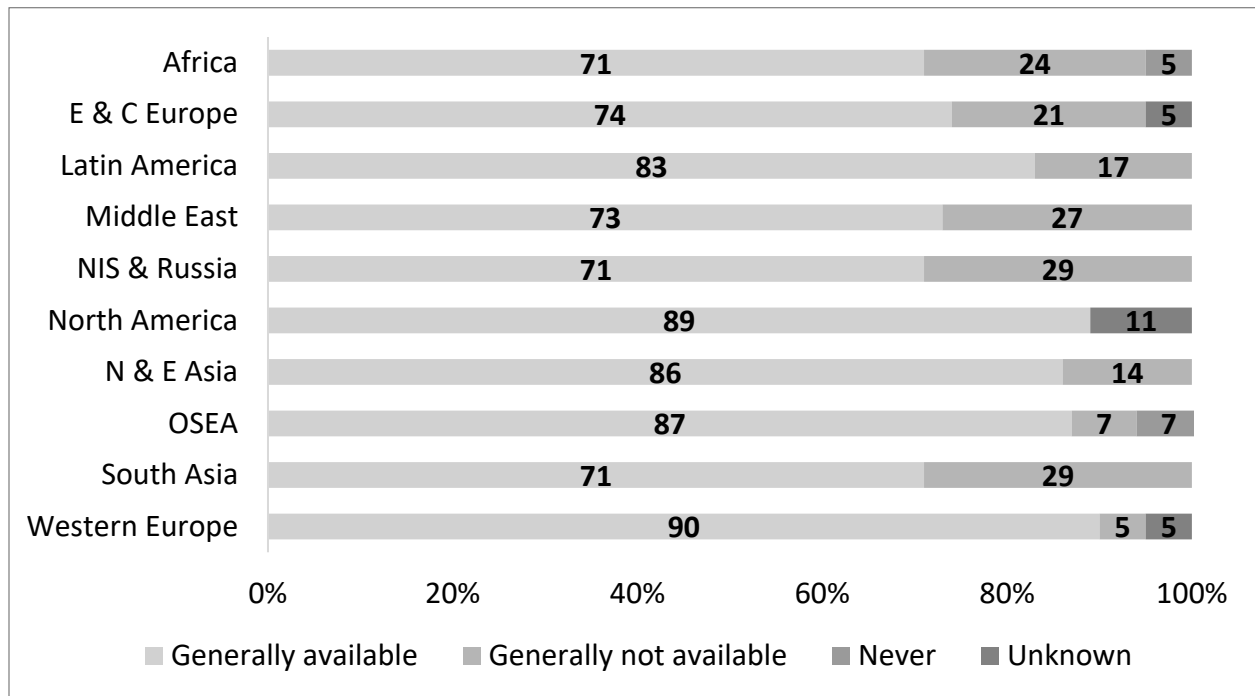
Supplemental Figure 2C. Use of serum albumin across different ISN regions.



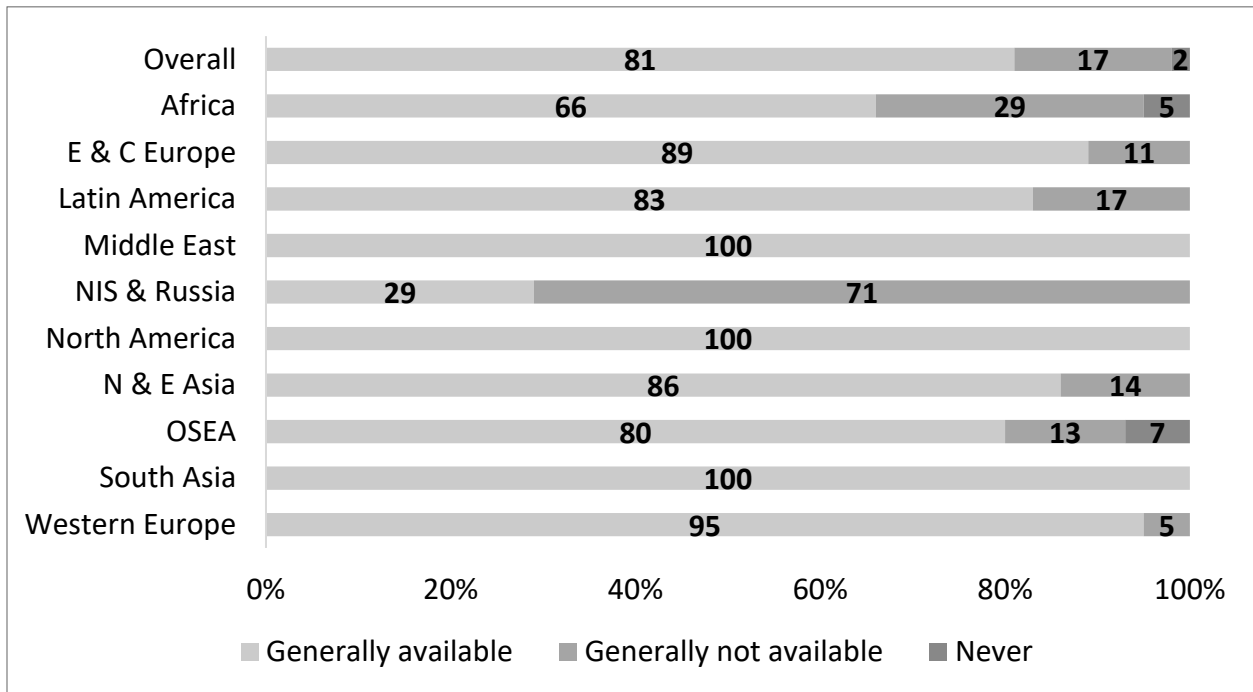
Supplemental Figure 2D. Use of skinfold anthropometry across different ISN regions.



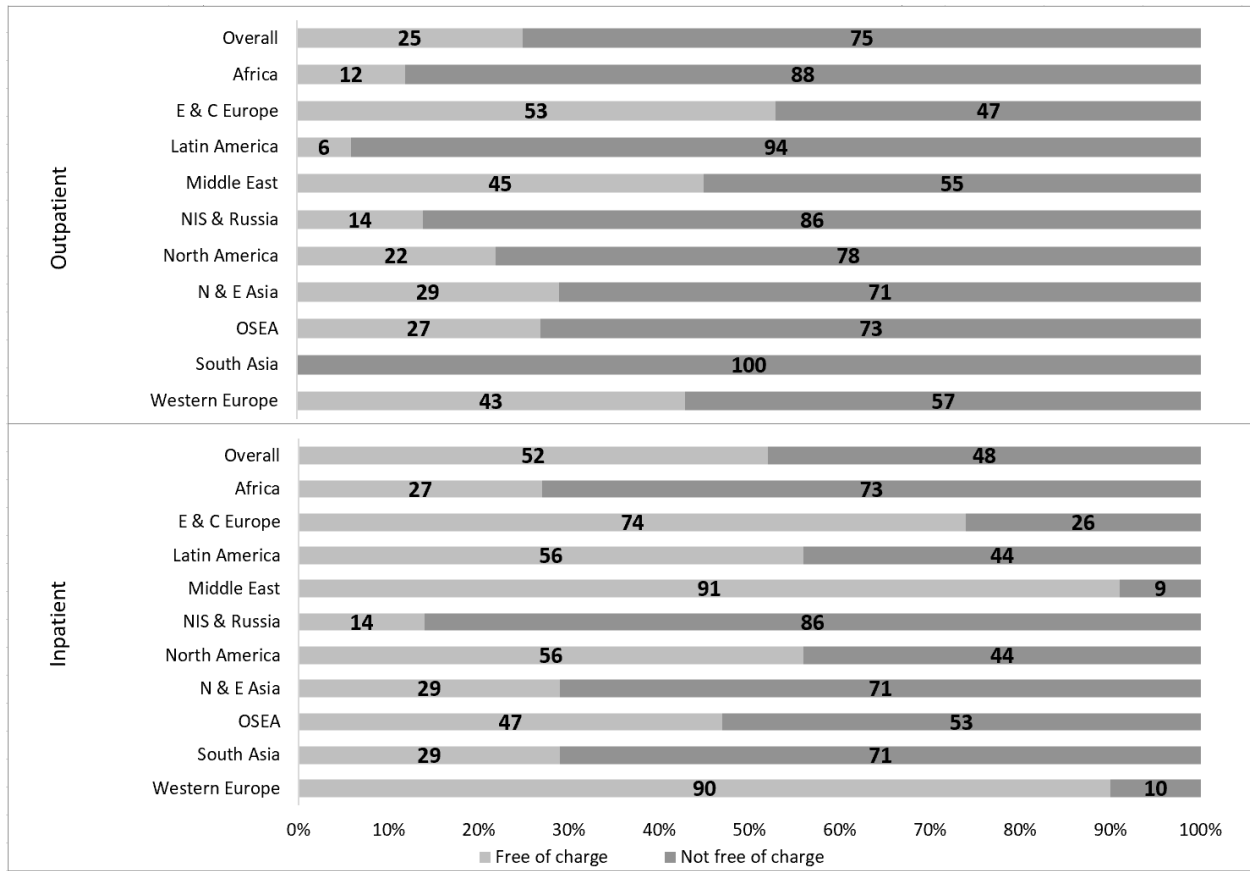
Supplemental Figure 2E. Use of body mass index across different ISN regions.



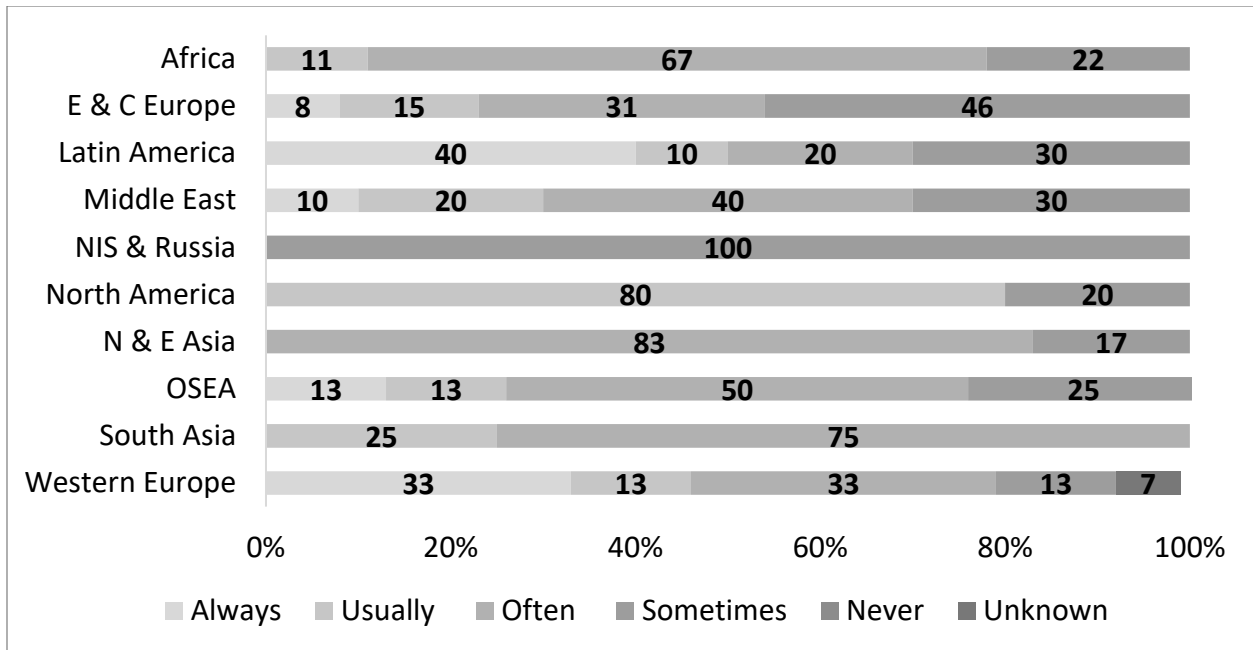
Supplemental Figure 3A. Oral nutrition supplement availability across ISN regions.



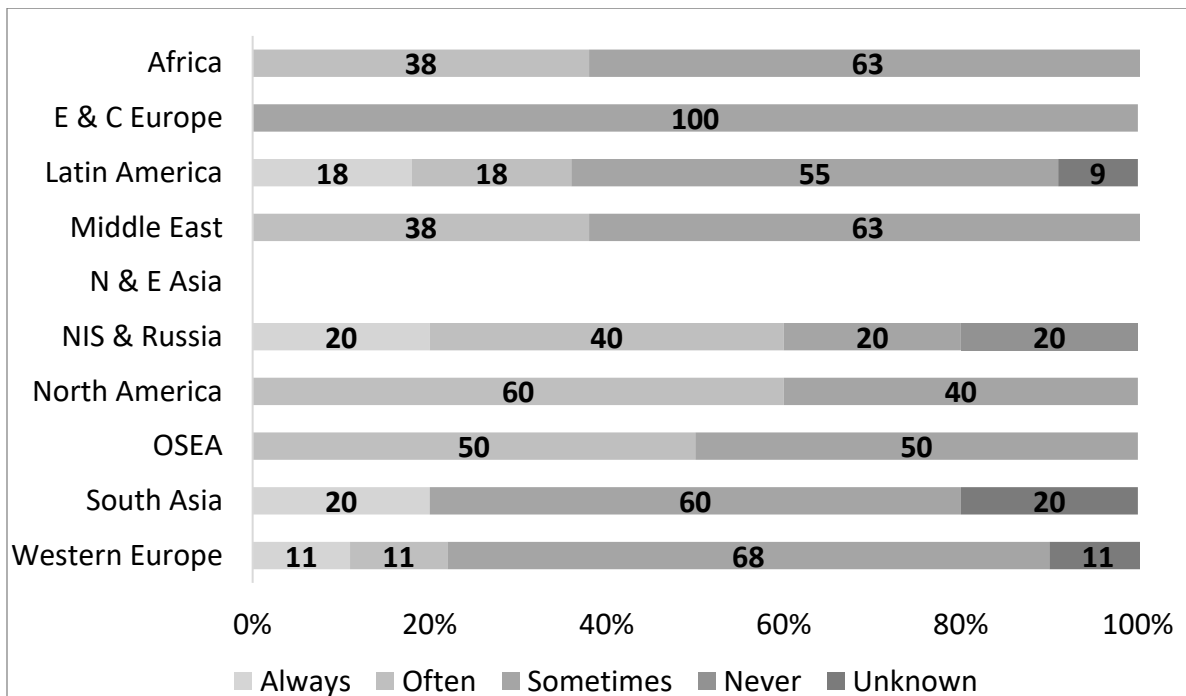
Supplemental Figure 3B. Cost coverage in inpatient and outpatient setting across ISN regions.



Supplemental Figure 4A. Formal feedback to nephrologists on findings of nutrition assessment across different ISN regions.



Supplemental Figure 4B. Formal feedback to nephrologists on dietary prescriptions to CKD patients across different ISN regions.



Supplemental Figure 4C. Formal feedback to nephrologists on dietary adherence of CKD patients across different ISN regions.

