

## ***Kidney Health Information***

### **Food Labelling**

The decision to introduce nutritional signposting two years ago resulted in a drastic change in the quality of labelling of manufactured food sold by supermarkets in UK and the rest of Europe, is also an important issue for kidney patients, their carers and dieticians.

Nutritional information will be clearly printed on packaging and many supermarkets have already started making the changes.

There are current two systems: the traffic light system and the system using recommended guidelines on daily amounts (GDA). Both based on nutrient content and the percentage of daily total intake.

The FSA and also the British Dietetic Association recommend that food manufacturers use the traffic light system Red, Orange and Green, together with nutrients per portion.

The nutrition information includes the calories, protein, fat (including type of fat), sugar and salt content of manufactured products.

The supermarkets also develop brochures for consumer use, with suggestions for healthy eating and explaining their choice of labelling. There is a good explanation on the website of the British Nutrition Foundation (BNF).

Food manufactures have started to adapt the production of foods as a result of consumers' choice and the changes are towards healthier food products, including a reduction in added salt. This change, a new labelling system and better consumer information has led to individuals altering their eating habits. This improves nutritional intake of individuals including the reduction of salt. The current labelling systems may change to fall in line with EU guidelines.

During the past years the amount of added salt has been reduced gradually and this will continue as some foods still contain too much (such as breakfast cereals, bread and others). The addition of potassium salts to replace salt is a concern for kidney patients' especially those on haemodialysis following a potassium restricted diet.

Some patients and several members of the British Dietetic Association Renal Nutrition Group have suggested the type of salt replacement (i.e. potassium salt) is mentioned on the labels as not all kidney patients require potassium restriction.

*Marianne Vennegoor, Renal Dietician, November 2008*

*Please be aware that we have made every effort to ensure this information is accurate, however we cannot guarantee that there are no mistakes. Also, the best management plans for individual patients may vary from those outlined here. Only the doctors caring for the patient will be able to advise on this. Please consult your own doctor.*

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