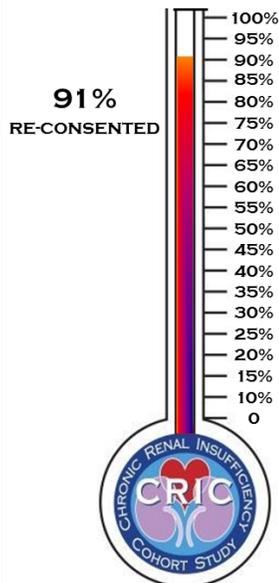




CHRONIC RENAL
INSUFFICIENCY
COHORT STUDY

CRIC RECRUITMENT



NIDDK



In This Issue:

- ▶ Send us your questions!
- ▶ Germs do not fly – they hitchhike!
- ▶ Ten Tips for Healthy Holiday Eating
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On the Web...

<http://www.cristudy.org>

<http://www.kidney.org>

To Our CRIC Participants

CRIC Phase III is approaching its 4th year of follow-up for new Phase III participants. As displayed in the figure to the left, 91% of participants from CRIC Phase II have re-enrolled in CRIC Phase III. Thanks to your commitment to helping fight kidney disease, we've surpassed our re-consented goal of 90%!

In this issue, we highlight strategies to avoid getting sick and spreading germs while preparing food. We have also included an article about how to eat healthily during the holidays called "Ten Tips for Healthy Holiday Eating" and a summary of a recent publication from CRIC.

I would also like to take this opportunity to fill you in on future plans for the CRIC Study. We are very excited about the potential extension of CRIC for an additional 5 years beginning in 2018. As we prepare for this extension, we are exploring other ways to collect data from participants in their homes. This may involve using computers, smart phones, and other types of devices to better capture different types of information about your health. We will share more information about the future of the CRIC Study as the plans evolve.

If you have any questions or comments about your experience in CRIC, please contact the investigators and staff at the Center where you are followed. Once again, many thanks for your partnership and your commitment to helping us fight kidney disease.

Wishing you and your families a joyous holiday season.



Harold I. Feldman, M.D., M.S.C.E.
Chair, CRIC Steering Committee

CRIC Newsletter Manager: Lisa Wesby, CRIC Project Manager

CRIC Newsletter Team: Jeanne Charleston

We'd Love to Hear from You!

Do you have a question about the CRIC study or about kidney or heart disease? If so, please contact your local CRIC staff by writing or calling:

Germs Do Not Fly – They Hitchhike!

By Berni Friedman

Hands are the highways to the transmission and spread of bacteria, pathogens, and viruses that cause diseases, food-borne illnesses, and infections resulting from hospital treatment. Hands are also the transmitters of colds, food poisoning, and bacterial resistant diseases.

Touching is the most common way that people spread infections. This is caused by rubbing their nose or eyes with their hands, which have been contaminated with the cold and untold other viruses and bacteria. Numerous studies support the finding that hand washing reduces both the carriage of germs on the hands and “hospital generated” infections.

Many studies have found that hand washing is poorly practiced outside the healthcare profession, indicating a need in the community to learn more about the importance of hand washing. In my past years, I’ve taught soldiers about the spread of infection because of poor hand washing. I did it by coughing into my hand instead of my sleeve and then walking over and shaking his or her hand with my wet hand. That action was never completed because they refused to shake hands with me. Have you been in a ladies’ or men’s rest room and watched people coming out of the restroom without stopping at the sink? For those who do wash their hands after using the toilet, they then open the bathroom door to exit with their bare hands! Do I need to say more? Those nicely clean hands are now contaminated because the person who did not wash their hands before leaving the rest room put his/her bugs on the door handle. (Carrying that moist paper towel to open the door is a great way to prevent transmission).



How about going into a restaurant, and the kitchen and wait staff wash their hands but then open the bathroom door with their clean hands to have them re-dirtied?

How often at home do we not think about washing our hands as often as we need to? Consider that grandkid with the runny nose that visited and sneezed over everything, hugged you, and then kissed your cheek. The airborne spray that you rubbed off with your hand went into your mouth when you yawned. The furniture was also a recipient of the shower of germs; touched later by your spouse who then rubbed his nose. Now let’s wait and see how long it takes before your spouse starts sneezing!

We need to diligently practice preventive cleaning and hand washing measures. The only person who can protect you is YOU!

- When you go into the gym to exercise, wipe down that piece of equipment prior to its use. Did you know the person who used it before? Did he or she wipe it down after use?
- Cover your mouth when you cough with your sleeve not your hand (if you use your hand be sure to wash it quickly).
- Get your flu shot and if you are 65 years of age or older and have not had a pneumonia shot –make sure you get it.

□ WASH YOUR HANDS!!!

Oh by the way soap and water is fine. The alcohol hand hygiene product is wonderful when soap and water is not available. Except for the one diarrhea infection called C. Difficile. If a family member has this infection, soap and water is the best thing you can do.



Ten Tips for Healthy Holiday Eating

By Greta Macaire, R.D.

Be Realistic!

✂ Don't try to lose pounds during the holidays, instead try to maintain your current weight.

Plan time for exercise!

✂ Exercise helps relieve holiday stress and prevent weight gain. A moderate and daily increase in exercise can help partially offset increased holiday eating. Try 10- or 15-minute brisk walks twice a day.

Don't skip meals!

✂ Before leaving for a party, eat a light snack like raw vegetables or a piece of fruit to curb your appetite. You will be less tempted to over-indulge ideas are basil on meats and vegetables or cardamom with fruit and baked goods.

Survey party buffets before filling your plate.

✂ Choose your favorite foods and skip your least favorite. Include vegetables and fruits to keep your plate balanced

Eat until you are satisfied, not stuffed.

✂ Savor your favorite holiday treats while eating small portions. Sit down, get comfortable, and enjoy.

Be careful with beverages.

✂ Alcohol can lessen inhibitions and induce overeating; non-alcoholic beverages can be full of calories and sugar.

Take the focus off food.

- ✂ Turn candy and cookie making time into non-edible projects like making wreaths, dough art decorations or a gingerbread house.
- ✂ Plan group activities with family and friends that aren't all about food.
- ✂ Try serving a holiday meal to the community, playing games or going on a walking tour of decorated homes.

Practice Healthy Holiday Cooking.

- ✂ Preparing favorite dishes lower in fat and calories will help promote healthy holiday eating.
- ✂ Bring your own healthy dish to a holiday gathering

Don't beat yourself up!

- ✂ If you overeat at one meal go light on the next. It takes 500 calories per day (or 3,500 calories per week) above your normal/maintenance consumption to gain one pound. It is impossible to gain weight from one piece of pie!

Incorporate some of these simple-cooking tips in traditional holiday recipes to make them healthier:

Gravy	Refrigerate the gravy to harden fat. Skim the fat off. This will save a whopping 56 gm of fat per cup.	Mashed Potato	Use skim milk, chicken broth, garlic or garlic powder, and Parmesan cheese instead of whole milk and butter.
Dressing	Use a little less bread and add more onions, garlic, celery, and vegetables. Add fruits such as cranberries or apples. Moisten or flavor with low fat low sodium chicken or vegetable broth and applesauce.	Quick Holiday Nog	Four bananas, 1-1/2 cups skim milk or soymilk, 1-1/2 cups plain nonfat yogurt, 1/4 teaspoon rum extract, and ground nutmeg. Blend all ingredients except nutmeg. Puree until smooth. Top with nutmeg.
Turkey	Enjoy delicious, roasted turkey breast without the skin and save 11 grams of saturated fat per 3 oz. serving.	Desserts	Make a crustless pumpkin pie. Substitute two egg whites for each whole egg in baked recipes. Replace heavy cream with evaporated skim milk in cheesecakes and cream pies. Top cakes with fresh fruit, fruit sauce, or a sprinkle of powdered sugar instead of fattening frosting.
Green Bean Casserole	Cook fresh green beans with chunks of potatoes instead of cream soup. Top with almonds instead of fried onion rings.		

CRIC: Overview and Summary of Selected Findings

Sodium excretion and the risk of cardiovascular disease in patients with chronic kidney disease.

Mills KT, Chen J, Yang W, Appel LJ, Kusek JW, Alper A, Delafontaine P, Keane MG, Mohler E, Ojo A, Rahman M, Ricardo AC, Soliman EZ, Steigerwalt S, Townsend R, He J; Chronic Renal Insufficiency Cohort (CRIC) Study Investigators.

JAMA. 2016 May 24–31; 315(20):2200–10. <http://www.ncbi.nlm.nih.gov/pubmed/27218629>
doi: 10.1001/jama.2016.4447. <http://jamanetwork.com/journals/jama/fullarticle/2524189>
PMC5087595 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5087595/?report=reader>

A 2016 publication from the CRIC study investigators highlighted selected findings from the study in the areas of sodium excretion, cardiovascular disease and chronic kidney disease. CRIC investigators found that there were differences by race and ethnicity in the severity and management of CKD. Baseline data from the Hispanic subcohort of the CRIC Study showed that Hispanics, compared with whites and blacks, had lower socioeconomic status, more advanced CKD, and poorer blood pressure control. Also, CRIC Study participants from racial and ethnic minority groups, who often live in poor urban environments, consume more phosphate-rich processed foods compared with white study participants. In CKD, kidneys cannot remove phosphate very well and high phosphate levels can cause damage to the body.

People with chronic kidney disease have an increased risk of cardiovascular disease compared to the general population. Prior research has shown that eating a diet high in sodium can lead to high blood pressure. There is also some evidence that high dietary sodium may lead to cardiovascular disease, but it is not clear if high dietary sodium leads to cardiovascular disease in people with chronic kidney disease. The goal of this study was to see if people with chronic kidney disease who eat a diet high in sodium have a greater risk of cardiovascular disease compared to those with eat a diet with less sodium. In order to look at this relationship, we used the data from 3,939 participants from the Chronic Renal Insufficiency Cohort (CRIC) Study. Participants collected 24-hour urine samples at baseline, year 1, and year 2, and dietary sodium was measured from those samples. The average of the three dietary sodium

measurements was used to reflect each participant's usual dietary intake. CRIC participants report cardiovascular disease events every six months during follow-up. For this analysis, we used data on heart failure, stroke, and heart attack (or myocardial infarction) events. Over the first seven years of the CRIC study, 804 cardiovascular disease events were reported by participants. Participants with the highest dietary sodium intake were 36% more likely to have a cardio-vascular disease event than those who ate less dietary sodium. For every increase in average dietary sodium of 1,000 mg per day, there was a 10% increase in the risk of cardiovascular disease. These findings suggest that reducing dietary sodium might reduce the risk of cardiovascular disease in people with chronic kidney disease.