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CHRONIC KIDNEY DISEASE · STAGE 3A

Stage 3a: what to eat and what to avoid

3a
eGFR 45–59 mL/min

Mildly to moderately reduced kidney function. At this stage the aim is to slow progression and protect your heart.

🔎 What does it mean?

Your kidneys filter about half of normal (eGFR 45–59 mL/min). Many people have no symptoms. The risk of heart and blood vessel disease is increased, so looking after blood pressure, blood sugar, cholesterol and smoking matters as much as your diet.

✅ The most important things

- 🧂 **Salt < 5 g/day** — the most important dietary measure now.
- 🥦 **More plants**, less meat and fewer ultra-processed foods.
- 💊 **Review your medicines**: do not use anti-inflammatories or "natural products" without advice.
- 🩺 **Blood pressure, sugar and cholesterol** controlled to protect kidneys and heart.

🍽️ Your nutrients at this stage

Nutrient	Level	What to do
🧂 Salt	Limit	Less than 5 g of salt a day (≈ 2 g sodium). "Hidden" salt counts: bread, cheese, cured meats, soups and meals out.
🍗 Protein	Moderate	≈ 0.8 g per kg of body weight a day (e.g. 70 kg → ≈ 56 g). Avoid high-protein diets and shakes. Prefer plant protein.
🍌 Potassium	Usually free	Fruit and vegetables are good for you — don't cut them on your own. Only reduce if tests show high potassium.
🧀 Phosphorus	Watch additives	Avoid processed foods with phosphates (E338–E343, E450–E452): sliced ham, sausages, processed cheese, cola. Restrict only if phosphorus rises.
💧 Fluids	Normal	Drink according to thirst; water as your main drink.

🚦 Food traffic lights

Choose

- A variety of vegetables (boiled, stewed or sautéed in olive oil)
- Fresh seasonal fruit: apple, pear, Algarve oranges, strawberries, watermelon*
- Fresh fish: hake (pescada), sea bream (dourada), sea bass (robalo), horse mackerel (carapau), grilled sardines (without coarse salt)
- Pulses (beans, chickpeas, lentils, peas) as a source of protein*
- Olive oil for cooking and dressing
- Herbs, garlic, onion, lemon, bay leaf, coriander, oregano, sweet paprika
- Water as your main drink

In moderation

- Red meat (beef, pork, lamb): no more than 350–500 g a week
- Bread: watch the amount — it is one of the biggest sources of salt in Portugal
- Salt cod (bacalhau): only when well soaked
- Cheese: choose fresh cheese (queijo fresco) or requeijão; cured cheeses are salty and high in phosphorus
- Eggs, milk and plain yoghurt in usual portions
- Unsalted nuts: a small handful*
- Wine or beer: little or none

Avoid / rarely

- Cured and smoked meats: chouriço, presunto (cured ham), alheira, farinheira, salpicão
- Sliced ham, sausages, processed meats (salt + phosphates)
- Packet crisps, salty snacks, lupin beans (tremoços) and olives
- Stock cubes, instant soups, ready-made sauces
- Fizzy drinks, especially cola (contains phosphorus)
- Fast food and ready meals
- "Light" or low-sodium salt (contains potassium)

** High in potassium: if your tests show high potassium, your doctor may ask you to limit them.*

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🔄 Easy swaps

INSTEAD OF…	CHOOSE…
✗ Salt in the pan and salt cellar on the table	✓ Herbs, garlic, lemon, vinegar, sweet paprika
✗ Caldo verde with chouriço	✓ Caldo verde without chouriço, olive oil added raw
✗ Poorly soaked salt cod (bacalhau)	✓ Soak for 24–48 h, changing the water several times
✗ Ham or flamengo cheese sandwich	✓ Home-cooked chicken/fish or fresh cheese

🏃 Lifestyle

🚭 Smoking
One of the most effective measures. Ask for help to quit.

🍷 Alcohol
The less the better: < 100 g a week (≈ 8 small glasses of wine).

🚶 Exercise
≥ 150 min/week of moderate activity, adapted to you. Avoid long sitting.

⚖️ Weight
Aim for a healthy weight; if overweight, losing weight helps.

🩺 Blood pressure
Measure at home. Usual target: systolic 120–130 mmHg, if tolerated.

🩸 Diabetes
Individual HbA1c target (usually 6.5%–8%).

💊 Medicines and products: take care!

- 🚫 **Anti-inflammatories (NSAIDs)** — ibuprofen, diclofenac, naproxen, nimesulide…: avoid. For pain, ask your doctor (paracetamol is generally safer).
- 🧂 **"Light" salt / salt substitutes**: contain potassium chloride — dangerous if your potassium rises.
- 🩻 **Contrast dye** (CT, catheter, MRI): say you have kidney disease; if the scan is needed, don't refuse it.
- 💪 **Protein supplements, gym shakes**: avoid (too much protein overloads the kidneys).
- 🩸 **Metformin**: can be continued; the dose is reviewed if eGFR falls below 45 mL/min.
- 🌿 **Herbal remedies, "detox" teas, supplements**: may harm the kidneys or interact with medicines. Only on medical advice.
- 🚽 **Phosphate laxatives/enemas** (including some colonoscopy preparations): avoid. **Magnesium-based** ones (milk of magnesia, antacids): not for regular use.
- 📏 **Doses adjusted to the kidneys**: antibiotics, diabetes medicines, anticoagulants, gabapentin, allopurinol… When you see other doctors, always take your kidney test results with you.
- 🤒 **Sick days** (vomiting, diarrhoea, fever): contact your doctor — you may need to pause metformin, "-gliflozins", "-prils", "-sartans", diuretics.
- 🦴 **Vitamins and minerals** (calcium, vitamin D, potassium, magnesium): only on medical advice.

📞 Contact your doctor if…

- Swollen legs/face or rapid weight gain
- Shortness of breath, especially lying down
- Passing much less urine than usual
- Vomiting, diarrhoea or fever that stop you drinking
- Blood pressure ≥ 180/110 mmHg, or low with dizziness
- Severe muscle weakness or palpitations

🍽️ More plant protein — an example day

Breakfast	Lunch	Snack	Dinner	Protein
Porridge made with milk and cinnamon; 1 orange	Vegetable soup; stewed beans with carrot and cabbage, without chouriço, with rice	Mixed-grain bread with tomato and a drizzle of olive oil	Boiled hake (pescada) with potatoes and broccoli, dressed with olive oil; fruit	Fish or meat at one meal only, in a moderate portion; pulses at the other

References (sources of these recommendations):

1. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of CKD. Kidney Int. 2024;105(4S):S117–S314.
2. KDIGO 2021 Clinical Practice Guideline for the Management of Blood Pressure in CKD. Kidney Int. 2021;99(3S):S1–S87.
3. KDIGO 2022 Clinical Practice Guideline for Diabetes Management in CKD. Kidney Int. 2022;102(5S):S1–S127.
4. KDIGO 2017 Clinical Practice Guideline Update for CKD–Mineral and Bone Disorder (CKD-MBD). Kidney Int Suppl. 2017;7:1–59.
5. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of CKD (ch. 4: medication safety, phosphate-containing bowel preparations). Kidney Int Suppl. 2013;3:1–150.
6. KDOQI/NKF Clinical Practice Guideline for Nutrition in CKD: 2020 Update. Am J Kidney Dis. 2020;76(3 Suppl 1):S1–S107.
7. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. Eur Heart J. 2024;45:3912–4018.
8. ESUR Contrast Media Safety Committee Guidelines (v10) / ACR Manual on Contrast Media — as referenced by KDIGO 2024 (4.4).
9. Direção-Geral da Saúde (Portuguese Directorate-General of Health) – PNPAS: Food Wheel and salt reduction recommendations (≤ 5 g/day, WHO).

This leaflet is for information only and does not replace individual advice from your doctor or dietitian. Targets should be personalised. Do not change or stop any medicine without talking to your doctor.