Dr Elsa Morgado · Nephrology
Nephrologist · OM 37466 · NIF 192794272 · Faro, Portugal

CHRONIC KIDNEY DISEASE · STAGE 3B

Stage 3b: what to eat and what to avoid

3b
eGFR 30–44 mL/min

Moderately to severely reduced kidney function. Time to keep a closer eye on potassium, phosphorus and medicines.

🔎 What does it mean?

Your kidneys filter 30% to 45% of normal (eGFR 30–44 mL/min). Blood test changes (anaemia, potassium, phosphorus, acidosis) may start even without symptoms. A good diet and the right medicines help slow progression.

✅ The most important things

- 🧂 **Salt < 5 g/day and protein ≈ 0.8 g/kg/day**, more plant protein.
- 💊 **Review your medicines**: do not use anti-inflammatories or "natural products" without advice.
- 🧪 **More frequent blood tests**: potassium, phosphorus, haemoglobin and bicarbonate.
- 💊 **Kidney-protecting medicines**: don't stop them without asking your doctor.

🍽️ Your nutrients at this stage

Nutrient	Level	What to do
🧂 Salt	Limit	Less than 5 g of salt a day. It helps blood pressure and proteinuria medicines work.
🍗 Protein	Moderate	≈ 0.8 g/kg/day (e.g. 70 kg → ≈ 56 g). No high-protein diets; more plant protein.
🍌 Potassium	Monitor	You can eat fruit and vegetables. If it rises (especially with "-prils", "-sartans", spironolactone, finerenone), your doctor will say what to cut down.
🧀 Phosphorus	Monitor	Avoid phosphate additives (processed foods, cola, processed cheese). If high: fewer cured cheeses and cured meats.
💧 Fluids	Normal	Drink according to thirst, unless advised otherwise.
🥗 Acidosis	Prevent	Eating more vegetables helps; prescribed bicarbonate is sometimes needed.

🚦 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*
- Bananas, kiwis, nuts and potatoes: moderate amounts if potassium is borderline

⚪ 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**: with eGFR 30–44 mL/min, the maximum dose is reduced.
- 🌿 **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

🏷️ Labels: hidden salt, phosphorus and potassium

- **Salt** = sodium × 2.5. Per 100 g: more than 1.5 g is high; 0.3 g or less is low.
- **Phosphorus from additives** (E338–E343, E450–E452) is almost fully absorbed: avoid processed foods that contain them.
- **Hidden potassium**: potassium chloride (E508), "light" salt, some "no salt" or "low sodium" products.
- If in doubt, choose fresh food cooked at home.

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.