Can increased dietary fibre reduce laxative requirement in PD patients?

Submission date	Recruitment status	Prospectively registered
18/06/2010	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
18/06/2010	Completed	Results
Last Edited	Condition category	Individual participant data
30/08/2016	Urological and Genital Diseases	Record updated in last year

Plain English summary of protocol

Background and study aims

Patients with kidney disease need dialysis to replace the work their kidneys are not able to do. One of the types of dialysis available is called Peritoneal Dialysis (PD). It relies on a special fluid being drained in and out of the patients body. If a PD patient becomes constipated, this fluid cannot drain out properly. As a result, the dialysis process stops working. All PD patients are given laxatives to prevent them from becoming constipated. Rather than rely on laxative medicine, this study aimed to improve the intake of dietary fibre as a means of preventing constipation.

Who can participate?

All adult patients on PD were invited to take part if they were using laxatives regularly and wanted to try an alternative.

What does the study involve?

Patients were randomly put into one of three groups. The first group was given dietary fibre in the form of a white powder that dissolved easily in drinks and soft food. The second group was given a white powder that looked the same but had no fibre. This is called a placebo. These two groups did not know which of the powders they had been given. They were told to mix the powder with any drink or food each day for 4 weeks. They had to start gradually in case the powder caused them any discomfort. They were told to continue taking their usual laxatives until they could tell that the powder was having an effect. They were shown how to measure the effect the powder might be having by looking at their stools. If their stools became looser, they were told to reduce their laxatives but keep going with the powder. The third group were given a special diet chart that listed foods containing dietary fibre that were safe for kidney patients to eat. They were told to try and include six to nine items from the list every day to see if they could improve their intake of dietary fibre using normal food.

What are the possible benefits and risks of participating?

The advantage of taking part would be to use a more natural way of controlling bowel function rather than relying on medication. There were no risks involved with this trial. None of the interventions required patients to make changes to their existing therapeutic dietary advice or their medication.

Where is the study run from?

The study was designed by one of the Renal Dietitians and originally tried out in Portsmouth. It was then extended to include other renal units across England. These were Kings College London, York, Royal Berkshire, Sheffield, Exeter, Truro, Plymouth, Kent and Canterbury. In all cases, the work was carried out by one of the Renal Dietitians on each Unit.

When is the study starting and how long is it expected to run for? The study ran from March 2009 to August 2010.

Who is funding the study? The study was funded by a grant from the British Renal Society.

Who is the main contact? Debbie Sutton, Renal Research Dietitian Debbie.sutton@porthosp.nhs.uk

Contact information

Type(s)

Scientific

Contact name

Mrs Debbie Sutton

Contact details

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Additional identifiers

Protocol serial number 5807

Study information

Scientific Title

A multicentre randomised trial to assess whether increased dietary fibre intake (using a fibre supplement or high fibre foods) reduces laxative requirement in free living Peritoneal Dialysis patients

Study objectives

The main aim of this study is to investigate whether a daily bowel habit of appropriate consistency may be achieved through a higher fibre diet and minimal use of laxatives.

Objectives:

We will conduct the study to:

- 1. Establish current bowel habits, fibre intake, laxative use and costs, and the prevalence of constipation among all peritoneal dialysis (PD) programme patients
- 2. Test whether an increase in dietary fibre intake by 6 12 g per day (using a fibre supplement or high fibre food) results in improved bowel habits and reduced laxative use
- 3. Ensure that the treatment has no adverse effects on fluid balance or laboratory parameters (potassium, phosphate)
- 4. Investigate whether an increased fibre intake improves lipid profile

Ethics approval required

Old ethics approval format

Ethics approval(s)

Portsmouth IOW and SE Hants REC approved on the 18/12/2008 (ref: 08/H0501/123)

Study design

Multicentre randomised interventional treatment trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Renal and Urogenital; Subtopic: Renal and Urogenital (all Subtopics); Disease: Renal

Interventions

- 1. Fibre supplement arm
- 2. High dietary fibre arm
- 3. Placebo arm

The length of study period in each arm is 4 weeks.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Regular bowel activity, measured once at the end of the 4 week intervention period

Key secondary outcome(s))

- 1. Has stopped their laxatives
- 2. Stools equal to 3, 4 or 5 on the Bristol Stool Form

Measured once at the end of the 4 week intervention period.

Completion date

Eligibility

Key inclusion criteria

- 1. PD patient for minimum 3 months
- 2. Regular user of laxatives
- 3. Aged greater than 18 years, either sex

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/03/2009

Date of final enrolment

31/08/2010

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Portsmouth - Queen Alexandra Hospital

Portsmouth United Kingdom PO6 3LY

Sponsor information

Organisation

Portsmouth Hospitals NHS Trust (UK)

ROR

https://ror.org/009fk3b63

Funder(s)

Funder type

Research organisation

Funder Name

British Renal Society

Alternative Name(s)

BRS

Funding Body Type

Private sector organisation

Funding Body Subtype

Associations and societies (private and public)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type Details Date created Date added Peer reviewed? Patient-facing?

Participant information sheet

Participant information sheet 11/11/2025 11/11/2025 No