**Introduction**: People of Black and South Asian ethnic groups are 3-5 times more likely to require dialysis than Caucasians, so it is important that the nutrition information provided to patients is culturally appropriate. Information provided in dietary resources should account for diversity in cuisines consumed by our patients. Historically, the lack of food composition data in the UK for ethnic foods can be a barrier.

UK census data for London shows 27% of the population are African, Caribbean, Indian, Polish or Greek. An audit of patients from London dialysis units showed 74% of men and 96% of women from Black and minority ethnic groups would like ethnic specific dietary information. Given this need, diet resources for a low potassium (K) diet incorporating South Asian, Chinese, African-Caribbean and Eastern European foods were produced.

**Methods**: International online food databases, were used:

* West African food dataset. <http://www.fao.org/docrep/015/i2698b/i2698b00.pdf>
* EuroFIR <http://www.eurofir.org/foodexplorer/instructionfoodexplorer.html>
* Indian composition of foods <https://drive.google.com/file/d/0B03Wh4Dk4Vq7a1otenZWWk9pYmM/view>
* Caribbean composition of foods <http://iris.paho.org/xmlui/bitstream/handle/123456789/4326/FOOD%20COMPOSITION%20SUPPLEMENT%202000.pdf>
* McCance and Widdowson Composition of Foods [**https://www.gov.uk/government/publications/composition-of-foods-integrated-dataset-cofid**](https://www.gov.uk/government/publications/composition-of-foods-integrated-dataset-cofid)
* Malaysian Food Composition Database programme http://myfcd.moh.gov.my/index.php/1997-food-composition-database

PUBmed was also searched for foods by their ‘*botanical name* + potassium’.

Foods to include in the diet sheet were decided by a working group of renal dietitians and patients familiar with these foods. Low K diet was set at < 60mmols of K/day. Cut offs for the various food groups were set:

* Fruit and vegetables - up to 20mmol/d
* Dairy - 12mmol/d
* High potassium starchy foods (once per day max) - 11mmol/d
* Breakfast cereal - 3mmol/serve
* Bread - 4mmol/slice

**Results**: Due to the easy availability of online food composition information it was possible to produce comprehensive diet resources for a 60mmol/d K diet for the 4 main ethnic groups within the UK, which will be available online to BDA RNG members.

**Conclusion**: this set of 4 diet sheets will now help support dietitians to provide more culturally appropriate information and empower patients to be able to consume native foods whilst following a low K diet. These diet sheets will also be translated to some of the key languages in order for UK dietitians to be able to provide an equitable service. Further support for dietitians as a training course and supporting information is also being planned to improve knowledge. Familiarity with the variety of foods consumed may improve patient experience and satisfaction.