**Problem**: Dialysis is usually a lifelong treatment for older people with end stage renal disease (ESRD) however, dialysis start is often determined by some conditions that are likely to be more frequent and prominent in older people such as weight loss and symptoms (e.g poor appetite, nausea). In addition dialysis start can be determined by plasma potassium and fluid overload. All of these factors are potentially modifiable with nutritional advice. Therefore, can nutritional interventions in older people with advanced chronic kidney disease (CKD) result in delaying dialysis start?

**Purpose:** This study aims to determine whether dietary interventions can result in improved patient outcomes, including dialysis-free survival time (primary outcome), in older people with advanced CKD, over a 2 year period.

**Design:** Pilot randomised study. Older people aged ≥65 years with an eGFR 10-20mls/min were recruited and randomised (by randomisation schedule generated online) to standard care (minimal dietary advice) or intervention group (enhanced dietary input at dietitian’s discretion) over 2 years. Primary outcome data to be presented is dialysis-free survival time and secondary outcome data on change in: blood biochemistry; nutritional status (Subjective Global Assessment); symptoms (Palliative Outcome Scale – Symptoms Renal); muscle mass (Body Composition Monitor Fresenius) and function (4 metre walk gait speed test and Jamar handgrip dynamometer); and hydration status. Data collection occurred six monthly. Dialysis-free survival time will be analysed by Cox Regression model with predictors of interest. Secondary outcomes will be analysed using descriptives, Pearson’s chi squared tests and independent t-tests.

**Findings:** 80 participants were recruited, 40 per group. Gender mix in standard v intervention groups respectively were 67% and 65% male, ages 74.6 (6.8) and 76.0 (7.4) years, 47.5 v 45% diabetes and an eGFR of 15.9±3.4 v 16.0±3.1mls/min. Dialysis-free survival time after 2 years will be presented as well as secondary outcomes (currently being analysed). Interim one year analysis of secondary outcomes demonstrated the standard care group had a significant reduction in albumin and a significant increase in potassium, not observed in the intervention group, but symptoms and malnutrition rates were similar.

**Conclusion**: The two year data to be presented will contribute vital information about the impact of nutritional care in older people approaching ESRD on meaningful outcome measures.

**Relevance:** Currently there is a disparity of commissioning and access to renal dietetic services in people with advanced CKD, despite a high patient demand. However, there is a lack of robust evidence on the longer term impact of dietetic interventions, which this study aims to address.