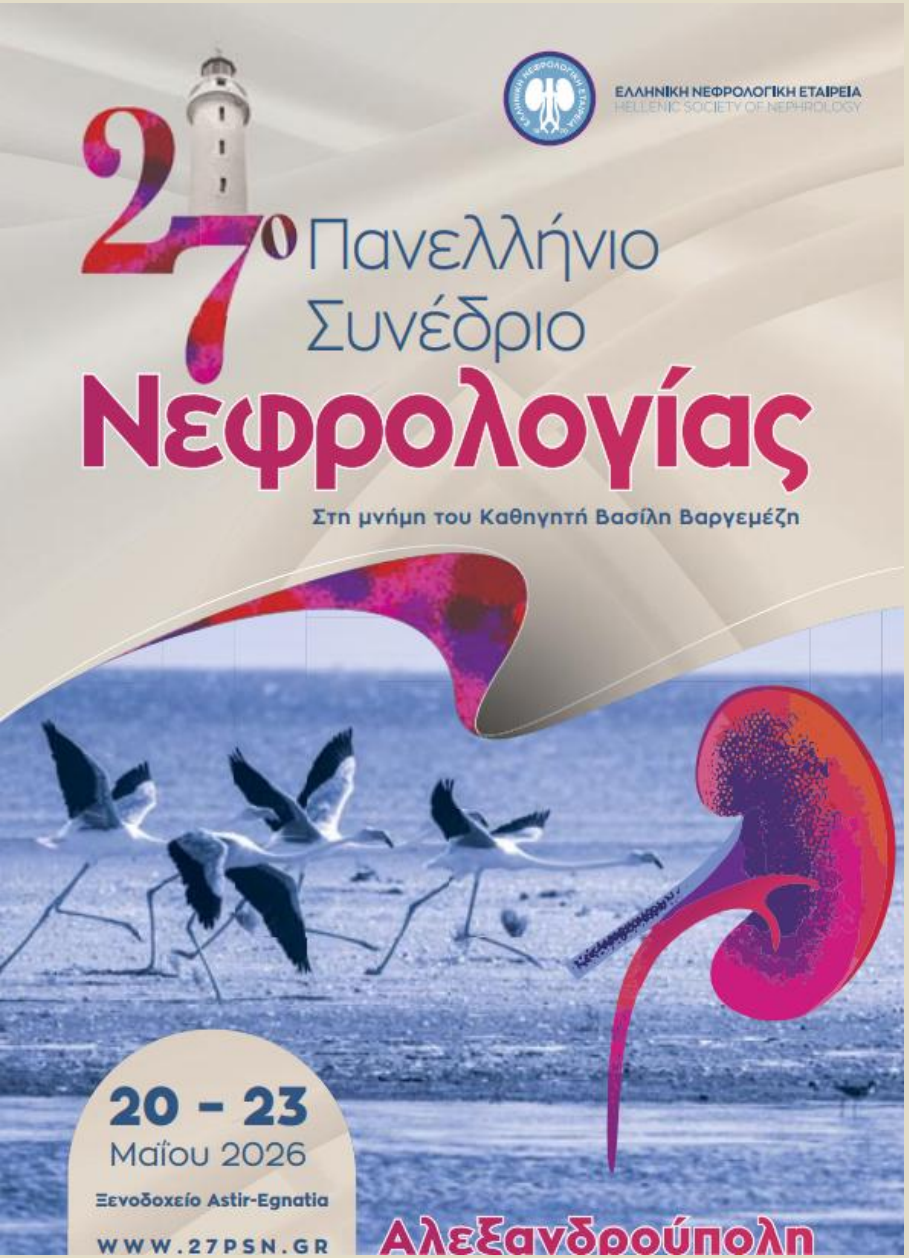


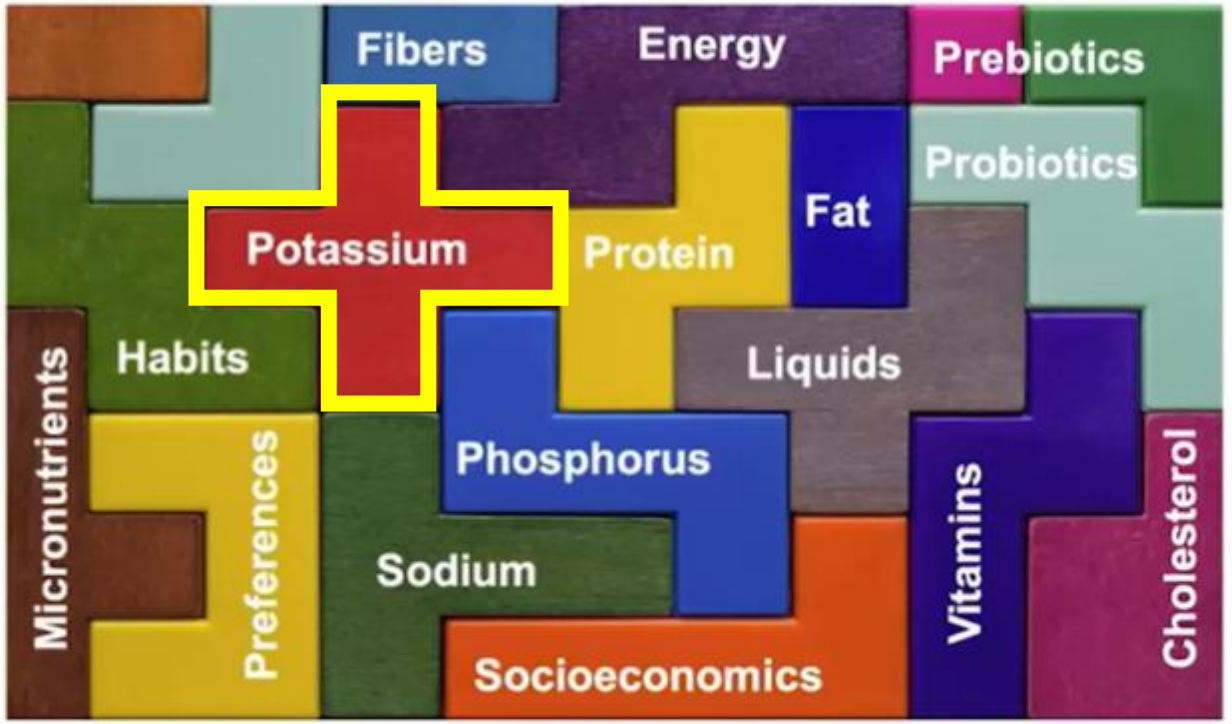
Δίαιτα και υπερκαλιαιμία στους ασθενείς με ΧΝΝ 4ου και 5ου σταδίου

Μαρία Σμυρλή

Επικουρική Νεφρολόγος

Κλινική Νεφρολογίας και Μεταμόσχευσης Νεφρού, Ιατρική σχολή ΕΚΠΑ, ΓΝΑ «Λαϊκό», Αθήνα

Διατροφικές συστάσεις σε ασθενείς με ΧΝΝ



*Social Determinants of Health

Αυστηρός διατροφικός περιορισμός καλίου στη ΧΝΝ.
Τεκμηρίωση ή συνήθεια?

SOME EFFECTS OF POTASSIUM SALTS IN MAN*

By Norman M. Keith, M.D., Arnold E. Osterberg, Ph.D., and
Howard B. Burchell, M.D., *Rochester, Minnesota*

The decreased inulin clearance indicates reduced glomerular filtration. The results of all seven studies reveal that a single dose of a potassium salt containing 80 to 100 mg. of potassium per kilogram of body weight may or may not have a toxic action on the kidney. Obviously such a dose is close to the toxic level for the normal kidney.

NORMAN M. KEITH, ARNOLD E. OSTERBERG, HOWARD B. BURCHELL. SOME EFFECTS OF POTASSIUM SALTS IN MAN. Ann Intern Med.1942;16:879-892.

GIORDANO-GIOVANNETTI DIET IN TERMINAL RENAL FAILURE

G. M. BERLYNE
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SENIOR HOUSE-OFFICER

UNIVERSITY DEPARTMENT OF MEDICINE,
MANCHESTER ROYAL INFIRMARY

- αυγά
- φρούτα και λαχανικά χαμηλής περιεκτικότητας σε άζωτο,
- ανάλατο βούτυρο και λαρδί,
- φυτικά έλαια, ζάχαρη
- μέλι, καθώς και άμυλο καλαμποκιού και σιταριού.
- Δίαιτα χαμηλή σε K+ ~2000mg/day, ωστόσο υπερκαλιαιμία.

TABLE I—CLINICAL FEATURES IN TERMINAL CHRONIC RENAL FAILURE IN 40 UNSELECTED PATIENTS

Feature	Group 1 (1957–63) (Patients on standard low protein diet)	Group 2 (1964–65) (Patients on Giovannetti-type diet)
Deaths	40	11
Gastrointestinal symptoms:	40 (*100%*)	0 (*0%*)
Nausea	40 (*100%*)	0 (*0%*)
Anorexia*	34 (*85%*)	0 (*0%*)
Vomiting	32 (*80%*)	0 (*0%*)
Diarrhœa	16 (*40%*)	0 (*0%*)
Hiccup	9 (*22%*)	0 (*0%*)
Bloody diarrhœa/or bloody vomitus	9 (*22%*)	0 (*0%*)
Other Symptoms:		
Anæmia†	29 (*72%*)	8 (*72%*)
Dyspnœa	25 (*62%*)	3 (*27%*)
Drowsiness	20 (*50%*)	0 (*0%*)
Œdema	19 (*47%*)	4 (*36%*)
Acidotic respiration	14 (*35%*)	1 (*9%*)
Left ventricular failure	12 (*30%*)	3 (*27%*)
Pericarditis	11 (*27%*)	2 (*18%*)
Epistaxis	11 (*27%*)	6 (*54%*)
Fits	10 (*25%*)	3 (*27%*)
Skin bleeding	9 (*22%*)	2 (*18%*)
Twitching	9 (*22%*)	2 (*18%*)
Metallic taste	3 (*7%*)	0 (*0%*)
Parotitis	1 (*2%*)	0 (*0%*)
Agitation	0 (*0%*)	9 (*82%*)
Pigmentation	2 (*5%*)	6 (*54%*)
Muscle bleeding	0 (*0%*)	1 (*9%*)
Pruritus	>4 (*>10%*)	1 (*9%*)

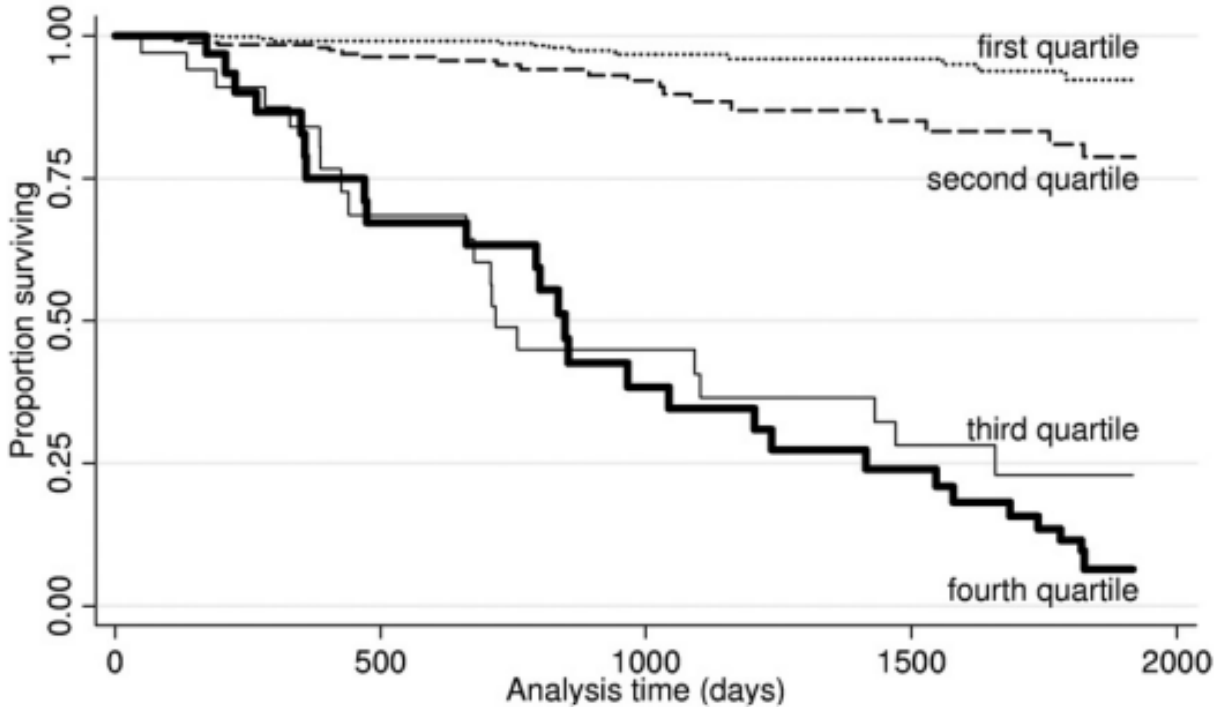
Lancet. Volume 286, Issue 7401, 3 July 1965, Pages 7-9

Dietary Potassium Intake and Mortality in Long-term Hemodialysis Patients

Nazanin Noori MD, PhD [1 2], Kamyar Kalantar-Zadeh MD, MPH, PhD [1 2 3], Csaba P. Kovesdy MD [4], Sameer B. Murali MD [1], Rachelle Bross RD, PhD [2], Allen R. Nissenson MD [3 5], Joel D. Kopple MD [1 2 3]

- 224 long-term HD patients from 8 dialysis clinics.
- Food Frequency Questionnaire (FFQs)
- 4 quartiles of dietary potassium (56pts/group)
- 5-year survival

increased death risk in high potassium intake
(**HR 2.4** [95% (CI), 1.5-5.6])



***Limitations**

Sample size, selection bias, “potassium bath”, FFQs once

Nazanin Noori et al. Dietary Potassium Intake and Mortality in Long-term Hemodialysis Patients, American Journal of Kidney Diseases, Volume 56, Issue 2, 2010, Pages 338-347,

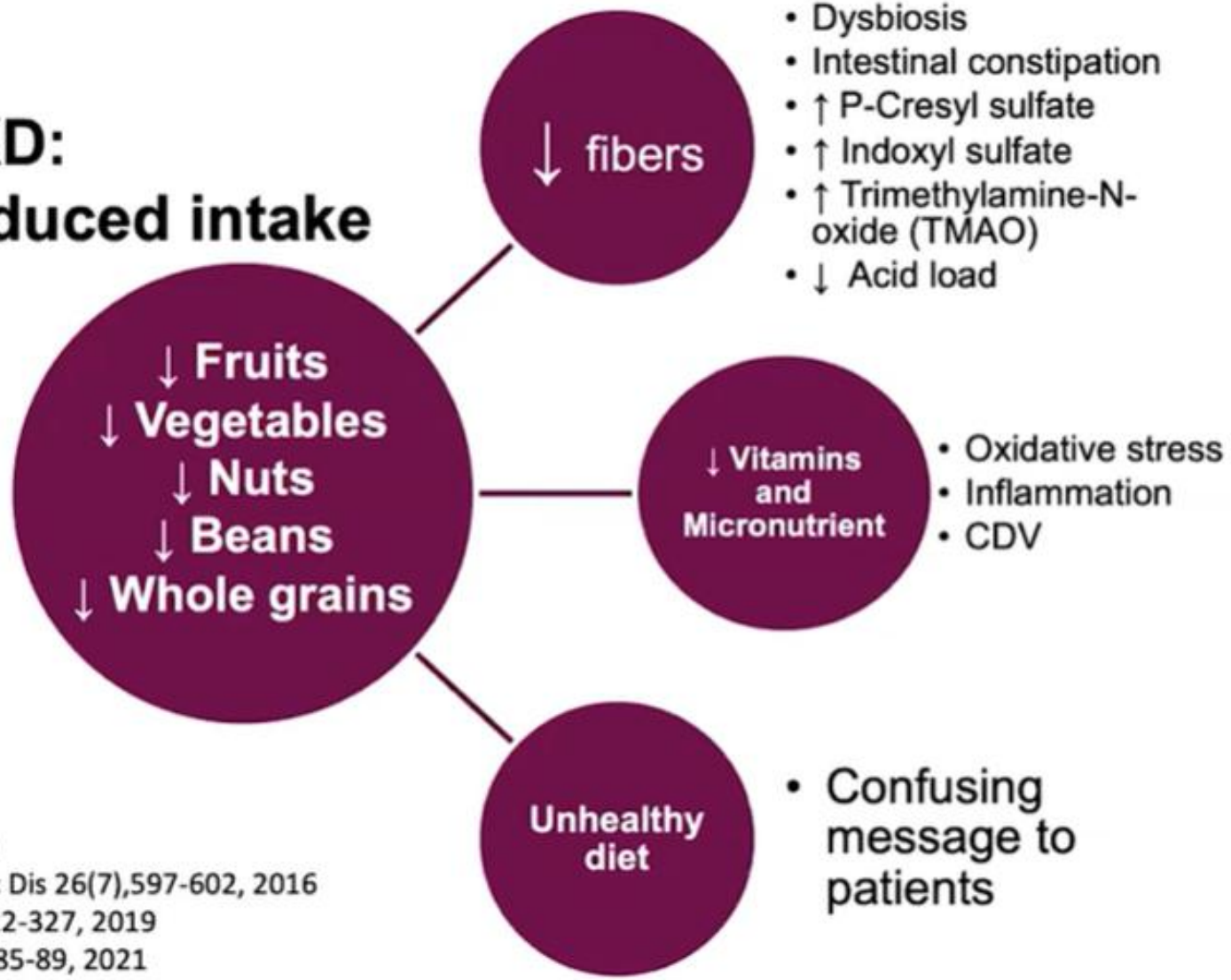
eat right.org Academy of Nutrition and Dietetics

Guidelines

Academy of Nutrition and Dietetics	K/DOQI
CKD 3-5 K^+ < 2.4 gr/d	CKD 1-2: K^+ > 4 gr/d CKD 3-5: K^+ 2-3 gr/d

NATIONAL KIDNEY FOUNDATION® 75 YEARS

CKD:
Diets with reduced intake



Goraya et al, CJASN 8:371, 2013
Rossi et al, Nutr Metab Cardvasc Dis 26(7),597-602, 2016
Leining et al, J Ren Nutr 29(4):322-327, 2019
Santos et al, J Renal Nutr 31 (1):85-89, 2021
Stanford et al, J Renal Nutr 31(2):177-188, 2021

Does dietary potassium affect outcomes in patients treated with hemodialysis?

CJASN
Clinical Journal of the American Society of Nephrology

DIET-HD study

Maintenance hemodialysis
n = 8,043

Europe and South America

GA2LEN food frequency questionnaire
To measure baseline potassium intake

4.0 years
25,890 person-years
Median follow-up

Time-to-event and mediation analyses

K+ **The baseline potassium intake was 3.5g/ day** [IQR 2.5 – 5.0]

Potassium intake

All-cause mortality HR 1.00 [0.95 –1.05] per 1g/day higher intake*	No association
Mortality through serum potassium HR 1.00 [1.00 –1.01]*	No association
Mortality independent of serum potassium HR* 1.00 [0.96 –1.06]*	No association
Serum potassium levels +0.03 [-0.01 to +0.07] mEq/L per 1g/day higher intake*	No significant association
Prevalence of hyperkalaemia at baseline OR 1.11 [0.89 – 1.37] per 1g/day higher intake*	No significant association

*results adjusted for food intake

Conclusions Higher dietary intake of potassium is not associated with hyperkalemia or death in patients treated with hemodialysis.

Amelie Bernier-Jean, Germaine Wong, Valeria Saglimbene, et al. ***Dietary Potassium Intake and All-Cause Mortality in Adults Treated with Hemodialysis***. CJASN doi: 10.2215/CJN.08360621. **Visual Abstract by Michelle Lim, MBChB, MRCP**

Does dietary potassium intake associate with hyperkalemia in patients with chronic kidney disease?

ndt
Nephrology Dialysis Transplantation

Christiane I. Ramos[1], Ailema González-Ortiz[2,3], Angeles Espinosa-Cuevas[2], Carla M. Avesani[3,4], Juan Jesus Carrero[3], and Lilian Cuppari[1,5]

NDD-CKD (n= 95)

K+ intake	Normokalemia	Hyperkalemia
g/day	2.1 (1.8–2.8)	2.2 (1.6–2.5)
g/1000 kcal/day	1.3 (1.1–1.5)	1.3 (1.1–1.5)

Hemodialysis (n= 117)

K+ intake	Normokalemia	Hyperkalemia
g/day	1.7 (1.5–2.0)	1.6 (1.3–2.0)
g/1000 kcal/day	1.0 (0.8–1.2)	1.0 (0.8–2.0)

Parameters	OR (95% CI)	P-value
Model 1		
Dietary potassium (g/1000kcal/day)	0.59 (0.10–3.51)	0.56
eGFR (mL/min/1.73m^2)	0.98 (0.93–1.04)	0.59
DM	2.97 (0.89–9.88)	0.08
Use of RAAS blockers	1.42 (0.42–4.85)	0.57
Use of sodium bicarbonate	0.33 (0.08–1.33)	0.12
Serum bicarbonate (mEq/L)	0.76 (0.63–0.91)	<0.01

Parameters	OR (95% CI)	P-value
Model 1		
Dietary potassium (g/1000kcal/day)	1.09 (0.28–4.33)	0.89
DM	4.25 (1.32–13.7)	0.02
Dialysis vintage (months)	0.97 (0.88–1.06)	0.53
BUN	1.02 (0.99–1.04)	0.18
Serum creatinine (mg/dL)	1.53 (1.26–1.87)	<0.01
MIS >6	1.43 (0.48–4.26)	0.52
BMI (kg/m^2)	1.03 (0.91–1.33)	0.61
Serum bicarbonate (mEq/L)	1.14 (0.98–1.33)	0.09

Nephrol Dial Transplant (2020) 1–9
doi: 10.1093/ndt/gfaa232

CPE Associations Between Dietary Potassium Intake From Different Food Sources and Hyperkalemia in Patients With Chronic Kidney Disease

- 285pts
- eGFR=31.2 (21.7-42.5)ml/min/1,73m2
- potassium intake:
  1. < 1,155 mg/1,000 kcals
  2. 1,155mg to 1,500 mg/1,000 kcal
  3. >1,500 mg/1,000 kcal energy
- validated diet history questionnaire
- Hyperkalemia =38 (13.3%)

Table 3. Multivariable Linear Regression Analysis of Serum Potassium Level and Dietary Potassium Intake From Different Food Sources in Potassium Binder Nnonusers, Stratified by Renal Function

	eGFR ≥30 mL/min/1.73 m^2 (n = 148)			eGFR <30 mL/min/1.73 m^2 (n = 97)		
Potassium Intake	Regression Coefficient (β)*	(95% CI)*	*P* value	Regression Coefficient (β)*	(95% CI)*	*P* value
Total Potassium Intake	0.131	(−0.024, 0.286)	.097	0.188	(−0.062, 0.438)	.139
Potassium Intake From Food Sources						
Grains	−0.836	(−3.251, 1.580)	.495	−0.594	(−4.088, 2.901)	.736
Potatoes	0.215	(−0.500, 0.930)	.553	0.957	(0.241, 1.673)	.009
Pulses	0.986	(0.043, 1.929)	.040	0.638	(−0.483, 1.759)	.261
Green & Yellow Vegetables	0.314	(−0.096, 0.725)	.132	0.527	(−0.160, 1.213)	.131
Other Vegetables	0.448	(−0.188, 1.083)	.166	0.618	(−0.462, 1.698)	.258
Fruits	−0.325	(−0.908, 0.257)	.271	−0.135	(−1.298, 1.028)	.818
Fish	0.990	(0.209, 1.771)	.013	−0.390	(−1.262, 0.482)	.377
Meats	0.047	(−0.944, 1.038)	.925	−0.496	(−1.779, 0.786)	.444
Eggs	0.769	(−2.539, 4.076)	.647	−1.909	(−6.253, 2.435)	.385
Milk	0.087	(−0.482, 0.655)	.763	0.090	(−0.788, 0.968)	.839
Confectioneries	−0.196	(−3.298, 2.906)	.901	1.463	(−2.025, 4.951)	.407
Drinks	0.009	(−0.709, 0.726)	.981	−0.110	(−1.239, 1.018)	.846
Seasonings	1.475	(−2.984, 5.934)	.514	0.047	(−8.061, 8.156)	.991

Journal of Renal Nutrition®
NATIONAL KIDNEY FOUNDATION
INTERNATIONAL SOCIETY OF RENAL NUTRITION AND METABOLISM

Morimoto N et al. **Associations Between Dietary Potassium Intake From Different Food Sources and Hyperkalemia in Patients With Chronic Kidney Disease** Journal of Renal Nutrition, 2024; 34, 519-529

Διαχείριση του καλίου από το έντερο

- 90% του καλίου αποβάλλεται από τους νεφρούς.
- 10% αποβάλλεται από το έντερο, μέσω ειδικών διαύλων καλίου (BK channels) στα επιθηλιακά κύτταρα του παχέος εντέρου.
- Όταν η νεφρική λειτουργία μειώνεται, το έντερο αποκτά σημαντικότερο ρόλο στη διατήρηση της ομοιόστασης του καλίου (αύξηση έκφρασης BK)
- Σε αιμοκαθαιρόμενους ασθενείς η αποβολή καλίου από τα κόπρανα αυξάνεται περίπου κατά **30%** της και μπορεί να φτάσει έως και τα 3.000 mg/ημέρα **(~80%)**
- Η αργή εντερική κινητικότητα και η δυσκοιλιότητα:
  - ✓ **μειώνουν την αποβολή καλίου**
  - ✓ **αυξάνουν τη συσσώρευση καλίου**
  - ✓ **μπορούν να οδηγήσουν σε υπερκαλιαιμία**

Keiichi Sumida et al. New Insights Into Dietary Approaches to Potassium Management in Chronic Kidney Disease, Journal of Renal Nutrition, Volume 33, Issue 6, Supplement, 2023, Pages S6-S12, ISSN 1051-2276,

2024 update

3.11.5 Dietary considerations

Practice Point 3.11.5.1: Implement an individualized approach in people with CKD G3–G5 and emergent hyperkalemia that includes dietary and pharmacologic interventions and takes into consideration associated comorbidities and quality of life (QoL). Assessment and education through a renal dietitian or an accredited nutrition provider are advised.

3.3 Diet

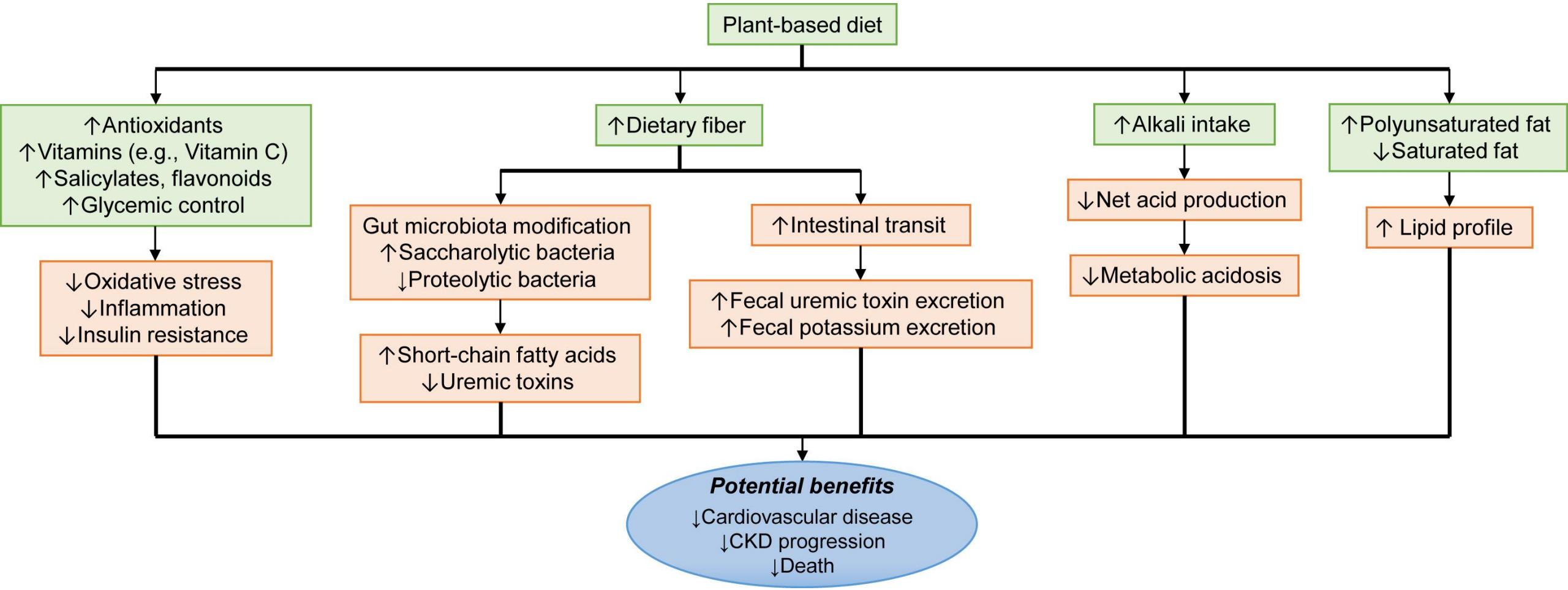
Practice Point 3.3.1: Advise people with CKD to adopt healthy and diverse diets with a higher consumption of plant-based foods compared to animal-based foods and a lower consumption of ultraprocessed foods.

Practice Point 3.3.2: Use renal dietitians or accredited nutrition providers to educate people with CKD about dietary adaptations regarding sodium, phosphorus, potassium, and protein intake, tailored to their individual needs, and severity of CKD and other comorbid conditions.

Plant-based diets

	Vegetarian	Vegan	DASH	Mediterranean	Okinawan	Healthy eating diet
Fruits	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑
Vegetables	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑
Legumes	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑
Oil seed	↑↑↑	↑↑↑	↑↑↑	↑↑↑	Soy	↑↑↑
Whole cereals	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑	↑↑↑
Red meat	---	---	----	Sometimes	↓ Pork	Sometimes
Poultry	---	---	↓	↓	---	↓
Fish	---	---	↓	↓	↓	↓
Eggs	↓	---	↓	↓	↓	↓
Lean dairy	↓	↓	↓	↓	----	↓
Olive oil			↑↑↑	↑↑↑		
Wine				↑		
Ultraprocessed food	---	---	----	---	---	---- / Sugar

Οφέλη της Plant-Based Diet



Sumida K et al. New Insights Into Dietary Approaches to Potassium Management in Chronic Kidney Disease. Journal of Renal Nutrition, 2023; 33, S6-S12

Βιοδιαθεσιμότητα του καλίου της διατροφής

Practice Point 3.11.5.2: Provide advice to limit the intake of foods rich in bioavailable potassium (e.g., processed foods) for people with CKD G3–G5 who have a history of hyperkalemia or as a prevention strategy during disease periods in which hyperkalemia risk may be a concern.

Plant-based foods

Absorption rate
50%–60%

Plant-based foods may have low absorption rate, net alkalizing effect, and carbohydrate content encourages K^+ shifts into intracellular space, minimizing impacts on serum K^+

Animal-based foods

Absorption rate
70%–90%

Animal-based protein has higher absorption and net acid effect results in higher amounts of K^+ remaining in serum

Processed foods

Absorption rate
90%

Potassium salts (often found in processed foods) absorption rate has been reported to be 90%

*** Πατάτες >94% βιοδιαθεσιμότητα**

Σύγχρονη αντίληψη για τον διαιτητικό περιορισμό καλίου στη ΧΝΝ

- **Dietary restriction** 2000-3000mg/day
- White grains, meat, **low** fruits, vegetables

- **Personalized** potassium intake
- Whole grains, plant-based eating, high fruits and vegetables (**bioavailability potassium**)

Τότε **Τώρα**

Minimally processed or whole foods	Processed	Processed with potassium additives
 Potatoes (unless double boiled)	 Chocolate bars	 Salt substitutes
 Tomato sauce	 Tomato-based soups	 Processed meats/ Ham / Hot dogs
 Dried fruits	 Fruit/vegetable juices	 Low sodium dill pickles
 Coconut water/ Coconut milk	 Chocolate milk	 Low sodium canned soups
 Dairy products/ Soy milk (Limit to 1 cup/day)	 Potato chips	 Low Sodium V8 Juice
 Coffee (Limit to 2 cups/day)	 French fries	 Breaded strips/ Nuggets

National Kidney Foundation®

Precooked Chicken Breast Strips

Examples of potassium additives:

- Potassium chloride
- Potassium phosphate
- Potassium lactate
- Potassium citrate

Nutrition Facts

Serving size	4 Pieces (100g)
Amount Per Serving	
Calories	**110**
	% Daily Value*
Total Fat 1.5g	**2%**
Saturated Fat 0.4g	**2%**
Trans Fat 0g	
Cholesterol 45mg	**15%**
Sodium 390mg	**17%**
Total Carbohydrate 1g	**0%**
Dietary Fiber 0g	**0%**
Total Sugars 0g	
Includes 0g Added Sugars	**0%**
Protein 22g	**44%**
Vitamin D 0mcg	0%
Calcium 10mg	0%
Iron 0.5mg	2%
Potassium 950mg	20%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Ingredients: Chicken breast, water, **potassium lactate**, canola oil, soy protein, modified corn starch, dehydrated chicken flavour, sodium phosphate, salt, sodium diacetate, dehydrated garlic, dehydrated onion, sea salt. Contains: soy.

<u>Know your potassium percentages:</u>

Low: 3% = 100 mg or less

Medium: 3%–6% = 101–200 mg

High: 6%–9% = 201–300 mg

Very High: 9% = 300 mg or more

👉 όχι μόνο «κόβω κάλιο», αλλά «διαχειρίζομαι κάλιο»

Provincial Health Services Authority · BC Children's Hospital · fraserhealth · Interior Health · island health · northern health · Providence Health Care · Vancouver CoastalHealth · kidney FOUNDATION Kidney Community Kitchen

With additives	Potassium (mg)	Additive type	Without additives	Potassium (mg)	Difference (mg)
Breakfast					
Toasted oats, whole grain toasted oats cereal, 30 g	200	Potassium chloride	Organic toasted oat cereal, 28 g	110	90
Almond milk, 240 g	250	Dipotassium phosphate	Almond milk, 240 g	74	176
Split top white bread, 31 g	25	Potassium iodate	Enriched premium white bread, 31 g	25	0
Spreadable butter, 14 g	0	n/a	Spreadable butter, 14 g	0	0
Creamy chilled coffee, 300 g	570	Potassium carbonate	Organic cold brew coffee with milk, 300 g	276	294
Lunch					
Ham sandwich			Ham sandwich		0
100% whole wheat bread, 72 g	160	Potassium iodate	Market basket, 100% whole wheat bread, 86 g	110	50
Meijer cooked ham, 56 g	390	Potassium lactate	Everyday value, organic black forest ham, 56 g	190	200
Mayonnaise, 13 g	0	n/a	Mayonnaise, 13 g	0	0
Popcorn, 33 g	190	Potassium chloride	Popcorn, 28 g	77	113
Kosher dill spears, 28 g	120	Potassium chloride	Organic polish dill pickles, 28 g	20	100
Citrus salad in light syrup, 126 g	150	Potassium sorbate	Tropical fruit salad, 122 g	150	0
Low sodium, 100% vegetable juice, 240 g	931	Potassium chloride	Vegetable juice blend, 240 g	691	240
Dinner					
Original smoked sausage links, 76 g	510	Potassium lactate	Premium sausage, 76 g	271	239
Buttery homestyle mashed potatoes, 28 g	360	Dipotassium phosphate	Mashed potato granules, 25 g	170	190
Cut corn, 85 g	200	n/a	Cut corn, 85 g	200	0
Low-fat yogurt, 170 g	280	Potassium sorbate	Low-fat yogurt, 170 g	281	1
Swiss miss, hot cocoa mix, 16 g	380	Dipotassium phosphate	Organic drinking chocolate, 15 g	197	183
Total	4716			2842	1874

Total difference K+ intake

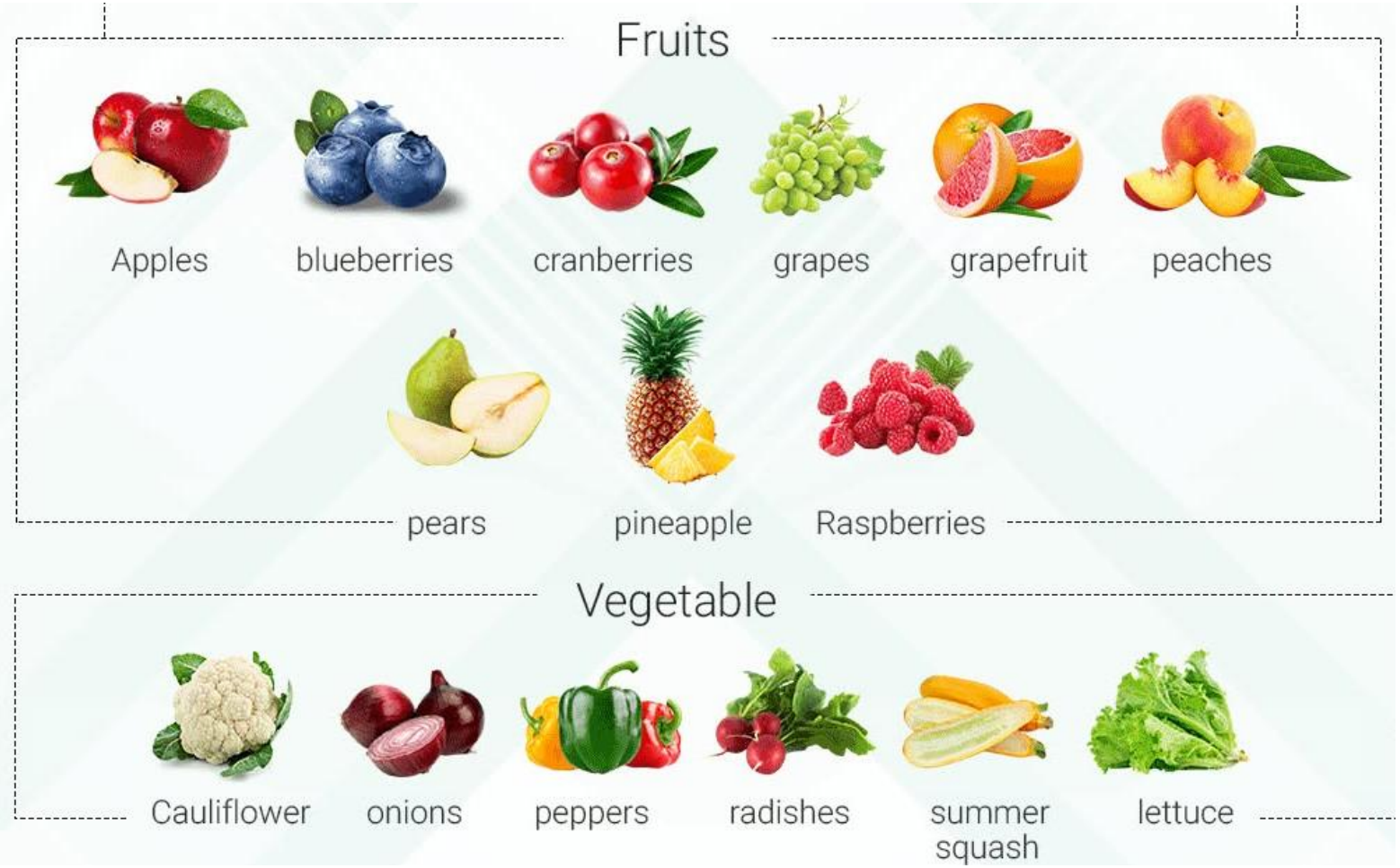
+1874 mg/day with additives

4-5

Picard et al. Semin Dial. 2021;1–10.

Αν εμφανιστεί **υπερκαλιαιμία** μπορεί να συνδυαστούν η υγιεινή διατροφή και ο διατροφικός περιορισμός καλίου σε ΧΝΝ?

Επί υπερκαλιαιμίας επιλέγω φρούτα/λαχανικά χαμηλά σε κάλιο



Μέθοδοι Μαγειρέματος για Μείωση Καλίου

1. **Διπλό Βράσιμο:** Είναι η πιο αποτελεσματική μέθοδος. Βράζετε λαχανικά με υψηλό κάλιο (π.χ. πατάτες) σε άφθονο νερό, στραγγίζετε, προσθέτετε φρέσκο νερό και ξαναβράζετε. **Μειώνει το κάλιο κατά περίπου 50%.**

2. **Απλό βράσιμο:** Λαχανικά: **59%**,Όσπρια: **78,5%**,Κρέατα: **57%**,Άλευρα: **94%**, Τυρί τσένταρ: **99%**, Φρούτα: **43%**

3. **Ξεφλούδισμα-Κοπή σε μικρότερα κομμάτια(λωρίδες, κύβους ή φέτες).** Τα μικρότερα κομμάτια αυξάνουν την επιφάνεια επαφής, επιτρέποντας την απομάκρυνση μεγαλύτερης ποσότητας καλίου όταν τοποθετούνται στο νερό.

4. **Μούλιασμα**: σε θερμοκρασίες ψυγείου για 12 ώρες, με αλλαγή νερού στις 4 ώρες, προσφέρει μόνο περίπου 15% μείωση της περιεκτικότητας σε κάλιο. Οταν τα φασολάκια **καταψυχθούν πρώτα** και μετά μουλιαστούν, παρατηρείται **μείωση του καλίου πάνω από 90%.**

5. **Στράγγισμα:** Στραγγίζετε και ξεπλένετε πάντα όλα τα κονσερβοποιημένα λαχανικά και όσπρια πριν από τη χρήση.

Martínez-Pineda M et al. Reduction of potassium content of green bean pods and chard by culinary processing. Tools for chronic kidney disease. Nefrologia. 2016 Jul-Aug;36(4):427-32.

Burrowes J. et al. Changes in Potassium Content of Different Potato Varieties After Cooking. Journal of Renal Nutrition, 18, 530-534

Μήπως λοιπόν ν’ απελευθερώσουμε τη διαιτητική πρόσληψη καλίου στη ΧΝΝ?

Should we liberalize potassium intake in CKD? No, we should not

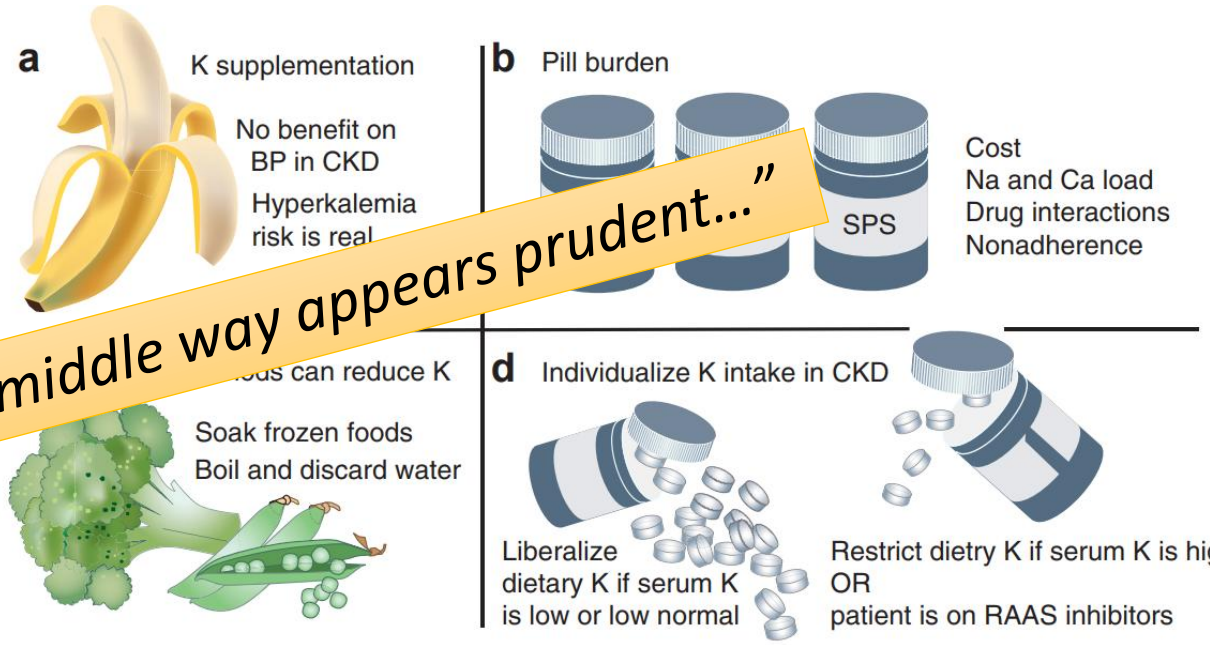
"Liberalization of potassium intake is similarly not desirable because it has unclear health benefits in CKD. "

"Use of food chemistry is a simple expedient to achi… reduction in food K levels."

"….dietary K i… …KD should be individualized."

"..In patients with hypokalemia or serum K levels at low normal, liberalization of K intake would be reasonable…"

"…Too much or too little can hurt— the middle way appears prudent…"



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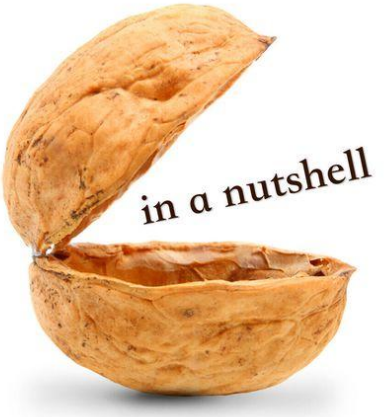
Take-home messages



- Επαναξιολόγηση και πιο εξατομικευμένη εφαρμογή των περιορισμών καλίου.
- Η πηγή και η επεξεργασία των τροφών έχουν σημασία.
- Ενθάρρυνση αυξημένης κατανάλωσης φυτικών τροφών και μείωση ζωικών και υπερ-επεξεργασμένων τροφίμων.
- Σημαντικός ο τρόπος μαγειρέματος των τροφών
- Βασικός ο ρόλος των εξειδικευμένων κλινικών διατροφολόγων- εκπαίδευση ασθενών
- Ανάγκη για περισσότερες μελέτες σχετικά με ασφαλείς και αποτελεσματικές διατροφικές παρεμβάσεις στον πληθυσμό με ΧΝΝ.

Ευχαριστώ για την προσοχή σας