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Authors

Molnar, Miklos
Sumida, Keiichi
Gaipov, Abduzhappar
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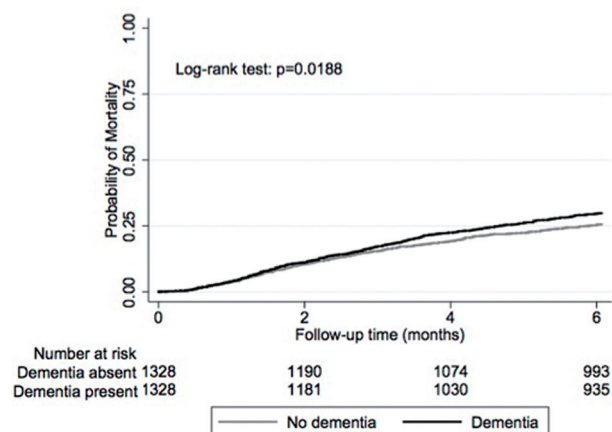
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SP627 Figure

transition to dialysis, using a propensity-matched cohort and Cox proportional hazards models.

RESULTS: The overall mean \pm SD age at baseline was 77 ± 9 years; 95% were male; 24% were African-American; and 71% were diabetic in the propensity-matched cohort. There were 340 deaths (25.6%, mortality rate 599 [538-666]/1000 patient-years) in the dementia negative group, and 396 deaths (29.8%, 714 [645-787]/1000 patient-years) in the dementia positive group in the propensity-matched cohort. Presence of dementia was associated with higher risk of all-cause mortality (hazard ratio: 1.19, 95% confidence interval: 1.03-1.37) compared to dementia free patients in the first 6 months after dialysis initiation. Similar results were found most subgroups.

CONCLUSIONS: Pre-ESRD dementia is associated with increased risk of early post-ESRD mortality in veterans transitioning to dialysis. Clinical studies are warranted to compare survival and quality of life of dialysis treatment versus conservative treatment in patients with dementia.

SP627 PRE-ESRD DEMENTIA AND POST-ESRD MORTALITY IN ADVANCED CKD PATIENTS TRANSITIONING TO DIALYSIS

Miklos Molnar^{4,2}, Keiichi Sumida⁴, Abduzhappar Gaipov¹, Praveen Potukuchi⁴, Jun Ling Lu⁴, Elani Streja³, Kamyar Kalantar-Zadeh³, Csaba Kovesdy⁴

¹Department of Extracorporeal Hemocorrection National Scientific Medical Research Center Astana Kazakhstan, ²Dept. of Transplantation and Surgery Semmelweis University Budapest Hungary, ³Division of Nephrology, Department of Medicine University of California-Irvine Orange CA United States and ⁴Division of Nephrology, Department of Medicine University of Tennessee Health Science Center Memphis TN United States

INTRODUCTION AND AIMS: Dementia is very frequently seen in elderly populations, which make up the majority of incident dialysis patients. There is increasing evidence suggesting that conservative treatment is a viable option for elderly, fragile, or demented patients compared to dialysis therapy. However, there is a paucity of evidence on the association between the presence of dementia in patients with advanced non-dialysis dependent chronic kidney disease (NDD-CKD) and post-end stage renal disease (ESRD) mortality, particularly among those in the transition period from late-stage NDD-CKD to maintenance dialysis.

METHODS: From a nation-wide cohort of 45,076 US veterans who transitioned to ESRD over 4 contemporary years (10/2007-09/2011), we identified 1,336 (3%) patients with a dementia diagnosis during the prelude (pre-dialysis) period according to inpatient and outpatient ICD-9-CM codes (290.x, 294.1x, 331.2x). We examined the association of prelude dementia with all-cause mortality within the first 6 months of