

PS3-075

A STUDY TO COMPARE THE SURROGATE MARKERS FOR ADEQUACY BETWEEN PATIENTS UNDERGOING HEMODIALYSIS IN NOVEL GOVERNMENT SPONSORED FREE KARUNYA DIALYSIS SCHEME AND IN PRIVATE SECTOR IN A THIRD WORLD COUNTRY.

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Introduction: Karunya Benevolent Fund in Kerala, India provides financial assistance to under-privileged people suffering from acute ailments like Cancer, Haemophilia, Kidney and Heart diseases and for Palliative Care. The income is generated through the sale of Karunya Lottery which is exclusively devoted for extending financial assistance to this purpose. Hence this finance is fully contributed by the public. Kerala government started free karunya dialysis scheme 6 months ago which provide 2 hemodialysis per week irrespective of the residual renal function. We conducted a study to compare the surrogate markers of dialysis adequacy between patients undergoing hemodialysis in karunya dialysis scheme and in private sector.

Methods: This was a cross-sectional observational study. All the 83 patients who were undergoing Hemodialysis under karunya scheme in our institution (Government medical college kerala, India) and 100 patients undergoing hemodialysis in 3 randomly selected dialysis centers under private sector in our city were enrolled into our study. Patients informations were retrieved from dialysis unit using a data entry form. The information retrieved included patients demographic data, etiology of ESRD, frequency of hemodialysis, types of vascular access used for hemodialysis, frequency of intravenous iron therapy and ESA and the frequency of blood transfusion. The surrogate markers for adequacy like Hemoglobin, ferritin, Albumin, Calcium, phosphorous PTH, lipid profile, signs of fluid overload, uraemic symptoms and biometrics like midarm circumference, BMI and triceps skin fold thickness were compared between the 2 groups. We also looked at the quality of life based on WHO-QOL BREF questionnaires in both the groups. Statistical analysis was done using SPSS version 21.0.

Results: There were no statistical difference between the two groups in all the parameters compared.

Conclusion: Karunya free Dialysis Scheme is an effective way for improving the access to maintenance hemodialysis and renal care without compromising on the outcome and quality of life. Hence we suggest karunya model of dialysis to all End Stage Renal Disease (ESRD) patients in resource poor countries.

PS3-076

HIGHER HEMODIALYSIS DOSE IS ASSOCIATED WITH SUPERIOR SURVIVAL AMONG INCIDENT HEMODIALYSIS PATIENTS ESPECIALLY IN THOSE WITH INCREASED BODY WEIGHT

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Introduction: Higher hemodialysis (HD) adequacy presented as Kt/V is associated with lower all-cause mortality in observational studies, though randomized HEMO study showed no superior survival of higher target Kt/V group patients (Kt/V 1.65 vs Kt/V 1.25). Some subgroups of HD patients such as Asian people or female may have benefits under higher Kt/V. Thus, we would ask whether higher Kt/V with the dose more than that in HEMO study would be associated better survival after long term follow-up.

Methods: We studied 2615 incident hemodialysis patients from 1995.1.1 to 2009.12.31. Laboratory data were collected after stable dialysis for 3 months. Patients were divided by their averaged single pool Kt/V (Daugirdas) in 6th-12th month as Kt/V < 1.2, 1.2-1.4, 1.4-1.7 and >1.7.

Results: The average age at dialysis was 59 ± 14.2 years old, 50.7% were female and the average dialysis dose was Kt/V 1.6 ± 0.3. The mortality rate was 40.2% in 15 years and highest in Kt/V < 1.2, 51.2%. In multivariate cox regression model for all-cause mortality, it showed that hazard ratio (HR) of Kt/V < 1.2 compared to Kt/V > 1.7 was 1.23 (1.00-1.51). Body weight (BW) further modified this

effect: the HR was 1.17 (0.83-1.64) in those with below-average BW and 2.73 (1.87-3.98) in those with above-average BW, respectively. For cardiovascular (CV) mortality, Kt/V < 1.2 showed significant HR 1.78 (1.27-2.51). The HR was 0.88 (0.52-1.55) in those with below-average BW and 5.16 (2.81-9.46) in those with above-average BW, respectively. The HR of Kt/V 1.2-1.4 compared to Kt/V > 1.7 for all-cause mortality and CV mortality were also significantly higher: 1.47 (1.04-2.06) and 2.31 (1.33-4.02), respectively, in those with above-average BW.

Conclusion: Higher hemodialysis dose (Kt/V > 1.7) was associated with lower risk for all-cause and CV mortality among incident hemodialysis patients especially in those with increased BW after long term follow-up.

PS3-077

A STUDY ON IPTH NORMALITY IN DM NON-DM STATUS AMONG HEMODIALYSIS POPULATION IN SURABAYA, INDONESIA

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Introduction: One could speculate that dialysis patients in the developing countries differ in their biological character normal values from those in the developed countries, including the iPTH profile. Various studies reveal that iPTH level variety in dialysis patients may change according to the patients' characteristics, such as Asian race, and the presence or absence non-diabetes mellitus (DM) and DM status. The objective of this research was to study various iPTH normality in DM-non DM status among hemodialysis patients in Surabaya.

Methods: A total of 150 hemodialysis patients were included in this study, consisting of 101 males (67%) and 49 females (33%). A number of 114 (76%) received HD < 2x a week and 36 (24%) received HD 2x a week. Fourty-eight patients (32%) had DM, while as many as 102 (68%) were non-DM. Serum iPTH was measured using immunoradiometric assay.

Results: This study showed there was no significance in patients with DM compared to those without DM (P = 0.032) using normal iPTH level of 200-300 pg/ml (OR: 1.302, p: 0.403), or 150-300 pg/ml (OR: 1.402, p: 0.265), or 150-250 pg/ml (OR: 0.007, p: 0.536). However, when normal iPTH level of >150 pg/ml was used, the result was significant (OR: 347, p: 0.005), which means the status of DM had the risk of 0.347 times lower than non-DM for the incidence of iPTH abnormality (>150 pg/ml). The use of normal iPTH level (<50 pg/ml, >150 pg/ml) also provided significant results (OR: 0.440, p: 0.016), which means that DM status had a risk of 0.440 times lower than non-DM for the incidence of iPTH abnormality (<50 pg/ml, >150 pg/ml).

Conclusion: DM-non DM status correlates with iPTH normal level in different normalities. DM-nonDM status only prevails in normal iPTH level of 50 pg/ml-150 pg/ml. DM-nonDM status correlates with abnormalities of <50 pg/ml and >150 pg/ml and iPTH abnormality of >150 pg/ml only. Whereas, no correlation is present with iPTH abnormality of <50 pg/ml.

PS3-078

ESTIMATION OF FLUID STATUS IN PATIENTS ON MAINTENANCE HAEMODIALYSIS USING INFERIOR VENA CAVA DIAMETER - A SOUTH INDIAN EXPERIENCE

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Introduction: Among non-invasive methods for estimating the hydration status of haemodialysis patients IVC diameter using Echocardiogram is the most simple, rapid and reliable non-invasive method. We evaluated the usefulness of inferior vena cava diameter (IVCD), Collapsibility index in assessing hydration status in patients on haemodialysis.

Methods: 45 patients on haemodialysis with mean age- 50.47 ± 16.07 years and Male to Female ratio of 1.25:1 were evaluated using echocardiography. Parameters like blood pressure pre and post dialysis, target ultrafiltrate, weight loss post