amino acids in both serum and daily volume of peritoneal dialysis solution were determined using liquid chromatography.

Dietary protein consumption in PD patients was 1.06 ± 0.09 g/kg/day (p < 0.05) in the control group. Decreased serum levels of 6 essential amino acids were registered (valine, lysine, threonine, and tyrosine – almost 2 fold (p < 0.05), leucine and isoleucine – by 28 and 34% (p < 0.05), accordingly, as well as normal concentration of phenylalanine and methionine – 0.6 ± 2.3 and 9.4 ± 2.1 mg/L correspondingly, vs. 11.1 ± 0.8 and 11.3 ± 0.8 mg/L in the control (p < 0.05), and increased level of histidine – 32.7 ± 0.6 vs. 14.6 ± 0.5 mg/L in the control. The ratios essential/nonessential amino acids and branched/replaceable amino acids as well as Fisher’s index were 0.54 ± 0.05, 0.25 ± 0.05 and 2.0 ± 0.5, correspondingly, vs. 1.3 ± 0.15, 0.55 ± 0.05 and 3.2 ± 0.2 in the control (p < 0.05). Daily excretion of essential amino acids with dialysis solution fluctuated between 314 and 522 mg, and that of conditionally essential amino acids – between 156 and 337 mg. Direct correlation was revealed between daily excretion of essential amino acids, on the one hand, and both peritoneal transport (p = 0.001) and daily excretion of isoleucine, threonine, histidine, and their serum levels, on the other (p = 0.04, p = 0.001, and p = 0.01, accordingly). Direct correlation between daily excretion of essential amino acids and that of tyrosine and its serum level was only near reliable value (p = 0.055). PD patients are characterized by the markedly unbalanced level of essential amino acids. The deficiency of the majority of essential amino acids in PD patients is due to their high loss through dialysis solution and insufficient protein consumption.

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199 GERIATRIC NUTRITIONAL RISK INDEX IN DIAGNOSTICS OF MALNUTRITION IN PATIENTS ON PERITONEAL DIALYSIS
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Malnutrition is a prevalent concomitant disease in patients with chronic renal failure (CRF) on peritoneal dialysis (PD). Assessment of nutritional status is a necessary component of the complex treatment of these patients. Studying informativeness of the geriatric nutritional risk index (GNRI) while assessing nutritional status in CRF patients on PD. Investigation was carried out in 112 patients with CRF on PD (50 men and 63 women aged 44 ± 14 years) during 19 ± 17 months. To assess nutritional status, a complex technique in modification by Bilbrey G.L.-Cohen T.L. was used as well as the malnutrition-inflammation score (MIS) and subjective global assessment (SGA). GNRI was calculated by the formula: GNRI = [1,489 × albumin (g/dl)] + [41.7 × (body wt/ideal body wt)]. Disturbances of nutritional status were revealed based on the results of the complex technique in 57.1% of patients (mild disturbances – 35.7% and medium-severe – 21.4%), on the results of MIS – in 53.6% (moderate – 47.3%, expressed – 6.3%), on the results of SGA – in 52.7% (mild – 25.8%, moderate – 23.2%, expressed – 3.6%), and on the results of GNRI – in 51.8% (low degree – 27.7%, medium-high one – 24.1%). GNRI inversely correlates with both the complex technique (r = 0.665, p < 0.0001) and MIS (r = 0.702, p < 0.0001), and directly correlates with SGA (r = 0.634, p < 0.001). Comparative analysis of three patient groups – without risk of nutritional disturbances (GNRI > 98), with a mild risk degree (GNRI 92-98), and with a medium-severe risk degree (GNRI < 92) – revealed reliable differences in the majority of nutritional parameters: anthropometric ones (body mass index, triceps skinfold thickness, arm circumference, and arm muscle circumference), biochemical (hemoglobin, albumin, C-reactive protein, and triglycerides), and bioelectrical impedance analysis (body fat mass).

GNRI is a simple technique available for the attending medical doctor as well as a highly informative test for assessment of patient’s nutritional status and diagnostics of malnutrition in CRF patients on PD.

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200 CINACALCET IN TREATMENT OF THE SECONDARY HYPERPARATHYROIDISM RELAPSE IN PATIENTS ON DIALYSIS
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The incidence of the secondary hyperparathyroidism (HPT) after parathyroidectomy (PTE) in dialysis patients accounts for 10-80%. We present a case of the successful cinacalcet treatment of a female hemodialysis (HD) patient with HPT relapse. A female patient (aged 40 years) with the diabetes mellitus I (since 11 years of age) has been undergoing substitution therapy on continuous ambulatory peritoneal dialysis (CAPD) since October 2004. Insulin and erythropoietin treatment has been continued as well as taking phosphate binders with calcium and calcitriol analogs (with intervals due to hyperphosphatemia). Hb – 117 g/L, Ca – 2.2, P – 1.8 mmole/L, PTH – 272 pg/ml, total alkaline phosphate (AIP) – 69 U/L (normal level 31-115), and Hb1C – 9.2%. Since December 2007, the patient has been treated with HD (due to inadequacy of the CAPD ultrafiltration); in 2009, her left leg was amputated (gangrene). Taking into account uncontrolled HPT developed in the patient (PTH – 2058 pg/ml, Ca – 2.4, P – 2.7 mmole/L, and AIP – 290 U/L), PTE was carried out in October 2007: enlarged (0.12 mm) right inferior parathyroid gland was removed, other glands weren’t revealed. Patient’s condition in postoperative period was satisfactory (PTH 70–120 pg/ml, Ca – 1.5–1.9, P – 1.3–1.5 mmole/L, and AIP – 145–68 U/L). Since 2008, the signs of the secondary HPT recurrence: PTH 1436 pg/ml, Ca – 2.4, P – 2.3 mmole/L, and AIP – 184 U/L. Increasing the dose of calcitriol analogs caused hypercalcemia and hyperphosphatemia. Ultrasound investigation and scintigraphy with 99mTc-technetil also have not revealed parathyroid glands. The negative dynamics was detected by the DEXA scanning shown by the T-scores at the hip, spine and left forearm. Cinacalcet treatment was started: the initial dose 30 mg/day, in a month – 60 mg/day, and in 6 months and till now – 45 mg/day. The sought-for values of the mineral-ossous metabolism have been achieved. Bone mineral density stabilized in the left forearm (1/3 radius T-score -3.7 vs. -3.8) and increased in the hip and spine (neck T-score Cinacalcet is an efficient preparation and may be one of choice for some patients to treat HPT relapses.

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201 THE STUDY OF MALNUTRITION IN ELDERLY PEOPLE OF KURDISTAN IN 2011
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Population aging is increasing in nutritional status plays an important role in health and disease, older people and is considered the most important factor. Elderly disability due to the inability to chew disease, drugs and social isolation and loss of income and physical activity in are receiving inadequate dietary exposure study to evaluate the status of malnutrition in elderly Province cholera research priorities according to the Ministry of Health Food, which was announced to all universities were 1010 elderly in this study based on random cluster sampling in the province (Urban and rural) were selected and their nutritional status questionnaire for the elderly Iranian DNA standardized assessment was to assess the relationship between nutritional status and demographic factors parametric Kolmogorov Smirnov tests were used. Results: 57 / 7% of the subjects in the city and 42 / % lived in rural areas in terms of gender and 45 / 4% male and 54 / 6% female. BMI equal to 21% of the people and less than 22 and 79% have a BMI over 22 have. between gender and BMI, there was a significant relationship so that73 / 3% of women and 65/3% of men in the group were overweight .28/6% of older people with malnutrition and 51/9% were at risk of malnutrition among places of life, psychological problems, malnutrition, drugs exact a significant relationship existed. Conclusion: This study seems to take care intervention programs extensively by the health authorities and policymakers to prevent malnutrition in all age groups, especially the elderly appears necessary. Keywords: Elderly - Malnutrition - BMI

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