of peritoneal dialysis catheter insertion were advocate complete bed rest for 1–3 days in the past years. But most patients suffered from poor dialy- sate drainage, drifting tube and avoiding difficulty after complete bed rest. The aim of this study was to explore whether early ambulation could reduce the incidence of drift tube in peritoneal dialysis patients after peritoneal dialysis catheter insertion.

**Methods:** We included 134 patients with end-stage renal disease (ESRD) who are undergoing peritoneal dialysis in peritoneal dialysis center of Guizhou Province. Patients were divided into 2 groups randomly. Patients with six hour ambulation after the operation of peritoneal dialysis catheter insertion were allocated to the study group, and patients who got the traditional post-operative care were assigned to the control group. No obvious difference was found between the two groups in age, gender, dialysis tube type, catheter way, and dialysis prescriptions. The incidence of drift tube in these patients was recorded and catheter patency rate was compared.

**Results:** The catheter patency rate in the study group was 97.01%, and 91.04% in the control group. The incidence of drift tube was 1.49% in the study group and 5.97% in the control group. Differences between the two groups were statistically significant, \( P < 0.05 \).

**Conclusion:** Six hour ambulation after the operation of peritoneal dialysis catheter insertion could induce the incidence of drifting tube.

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**0334**

**Omega-3 Fatty Acids Supplementation on Systemic Inflammatory Biomarkers and Albumin in Dialysis Patients: Meta-analysis of Randomized Clinical Trials**

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**Objective:** Chronic inflammation and malnutrition are common in dialysis patients, and negatively impact their survival prognosis. Experimental studies of omega-3 supplementation describe salutary effects on nutritional state and inflammatory markers. However, evidence from clinical trials is inconsistent. The aim of this meta-analysis was to combine evidence from randomized controlled trials (RCTs) to assess the effect of omega-3 supplementation on the change in serum C-reactive protein (CRP), Interleukin (IL)-6, tumor necrosis factor (TNF)-\( \alpha \), and albumin.

**Methods:** PubMed, CBM, EMBASE, CENTRAL and Cochrane renal group specialized register were searched to identify the relevant RCTs that tested the effects of omega-3 supplementation on dialysis patients. Standard mean differences (SMDs) for CRP and albumin, mean differences (MDs) for IL-6 and TNF-\( \alpha \), 95% confidence intervals (CIs) were calculated and heterogeneity was assessed with the I\(^2\) test.

**Results:** 12 RCTs with 564 dialysis patients were included in the meta-analysis. The dose of omega-3 ranged from 1 to 6 g/d, and the mean follow-up was 3.5 months. Pooled analysis revealed that omega-3 intake significantly reduced serum CRP levels (SMD = -0.52; 95% CI, -0.92 to -0.13; \( p = 0.01 \)). However, no statistically significant effects were observed for IL-6, TNF-\( \alpha \) and albumin levels. Subgroup meta-analysis suggested that smaller doses (<3 g/d) or shorter-term intervention duration (<3 months) could also lower CRP.

**Conclusion:** In our meta-analysis, omega-3 intake significantly lowered the serum CRP levels, but had no effect on albumin concentration. There is no conclusive evidence whether it can modulate the IL-6 and TNF-\( \alpha \) level. Large, high-quality trials with hard clinical outcomes are warranted.

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**0335**

**Evaluating and Analyzing the Nutrition of Peritoneal Dialysis Patients by NRS2002**

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**Objective:** To evaluate the malnutrition incidents of continuous ambulatory peritoneal dialysis (CAPD) inpatients by nutrition risk screening 2002 (NRS2002) and the nutrition support application status, to judge the changes of the nutritional status in patients, to predict the risk of malnutrition and to provide the basis in intervening and adjusting the method of nutritional sup- port of CAPD patients.

**Methods:** Use continuous sampling of inpatients in the Nephrology Department of Guizhou Provincial Hospital from January 2013 to December 2014 by using the NRS2002, record the general condition, height, weight to calculate body mass index (BMI), acquire the changes of the weight in recent 3 months and diet and record the nutritional/nutritional support of patients during hospitalization.

**Results:** Of all the patients, exclude those who do not conform to the standard (patients cannot get accurate BMI with large hydrothorax and ascites, severe edema), total 286 patients accept the nutrition risk screening, the applicable rate of NRS2002 is 95.3%. The total rate of nutritional risk on admission is 56.0%, the incident of undernutrition by calculating by BMI < 18.5 kg/m\(^2\) is 38.3%. The incident of nutrition support with nutritional risk and non-nutritional risk is 62.2% and 19.0%, respectively. The total nutritional risk rate on admission and after 2 weeks in hospital (or out of the hospital) was 30.0% and 35.8%, respectively. There was no statistically significant difference between them (11:193, \( P = 0.0132 \)). 102 in 168 patients with nutritional risk accepted nutritional support, that is 60.71%; parenteral to enteral nutrition was 68:3 (23:1), energy intake was 56.78 ± 8.20 kJ/kg d, nitrogen intake was 0.06 ± 0.01 g/kg d. 86 in 118 patients with non-nutritional risk accepted nutritional support (72.88%), no parenteral nutrition and all with enteral nutrition.

**Conclusion:** NRS2002 is appropriate for the nutrition screening to inpatients who accept CAPD. Clinical nutritional support is taken seriously in nephrology department, but there are unreasonable applications of parente- nal and enteral nutrition in clinical work.

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**0338**

**Related Factors of Pre-dialysis Blood Pressure Variability in Pediatric Patients Undergoing Maintenance Haemodialysis**

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**Objective:** To explore the blood pressure variability (BPV) in pediatric pa- tients undergoing maintenance hemodialysis (MHD) and to assess the factors associated with pre-dialysis BPV (pre-HD BPV).

**Methods:** The pediatric patients which regular dialysis more than twelve month from October 2005 to October 2011 in our hospital blood dialysis cen- ter were divided into the high pre-HD BPV group and low pre-HD BPV group. Baseline characteristics, biochemical indexes and cardiac function param- eters measured by echocardiography were collected in both group and multi- ple linear regression analysis were performed.

**Results:** The inter-dialytic weigh growth rate (IDWG), pre-dialysis systolic blood pressure and average amount of dehydration were significantly higher than low BPV group (\( P < 0.05 \)), as well as hemoglobin and albumin levels were significantly lower than low BPV group (\( P < 0.05 \)). BPV group weight increased during dialysis, increased significantly (\( P < 0.05 \)). Comparison among the laboratory indicators, serum phosphorus and parathyroid hor- mone were significant different between groups (\( P < 0.05 \)). For all pediatric patients, IDWG (\( \beta = 0.165 \)), pre-dialysis systolic blood pressure (\( \beta = 0.259 \)), and iPTH (\( \beta = 0.187 \)) were positively correlated with pre-dialysis BPV and hemoglobin level (\( \beta = -0.199 \)) was negatively correlated.

**Conclusion:** Increasingly IDWG, higher pre-dialysis systolic blood pressure, ane- mia and secondary hyperparathyroidism affect BPV in pediatric patients on MHD.

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**0339**

**Modified Fluid Management Technique Training in Elderly Patients with Peritoneal Dialysis**

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**Objective:** This study is dedicated to provide a more appropriate operation of fluid management in elderly patients according to the characteristics of them.

**Methods:** This research in which all elder patients aged between 60–84 years old on PD, average 68.71 ± 3.25, were studied from January 2013 to