0150
Clinical Characteristics and Risk Factors Associated with Early-onset Peritonitis Among Patients On Peritoneal Dialysis
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Objective: To analyze characteristics and associated risk factors of early-onset peritonitis in patients undergoing continuous ambulatory peritoneal dialysis (CAPD).

Methods: In this retrospective observational cohort study, all incident PD patients in our PD center from Jan 1, 2006 to Dec 31, 2013 were recruited and followed up until Dec 31, 2014. Risk factors associated with the early-onset peritonitis were evaluated using Cox proportional model.

Results: Of 1744 patients on CAPD, 495(28.4%) developed at least one episode of peritonitis during a median follow-up of 32.1 months, of whom 101 patients developed peritonitis within the first three months. According to the occurrence time of the first episode of peritonitis, patients were divided into early-onset (<3 months) peritonitis (n=101), and late-onset (>3 months) peritonitis (n=394). Compared with patients with late-onset peritonitis, early-onset patients were younger (45.9±13.9 yr vs. 51.0±14.7 yr, p = 0.002), had higher body mass index (BMI) (22.3±3.3 vs. 21.4±3.0, p = 0.010), neutrophil to lymphocyte (N/L) ratio (4.93±1.98 vs. 3.23±1.92, p = 0.008) and serum creatinine level (771±253 vs. 704±240, p = 0.017), but lower comorbidities index score (3.48±1.72 vs. 4.02±1.93, p = 0.007), proportion of temporary hemodialysis (17.8% vs. 39.9%, p < 0.001) and total cholesterol level (4.82±1.28 vs. 5.22±1.29, p = 0.003). In multivariate model after adjusting for gender, presence of DM, serum potassium, serum albumin as well as residual renal/glomerular filtration rate, obesity on PD initiation and BMI decline >0.80% during the first year of PD therapy were associated with poor outcomes in incident CAPD patients. Further research is needed to determine whether this BMI range and fluctuation may attenuate the risk of these outcomes.

Conclusion: Obesity on PD initiation and BMI decline >0.80% during the first year of PD therapy were associated with poor outcomes in incident CAPD patients. Further research is needed to determine whether this BMI range and fluctuation may attenuate the risk of these outcomes.

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0154
Association of Body Mass Index and Body Mass Index Change with Mortality In Incident Peritoneal Dialysis Patients
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Objectives: To investigate the prognostic effects of baseline body mass index (BMI) and BMI change within the first year of therapy in continuous ambulatory peritoneal dialysis (CAPD) patients.

Methods: We conducted a cohort study of incident patients who started CAPD therapy from January 2006 to December 2011. BMI was categorized according to World Health Organization classification for Asian population. BMI at baseline and one year after the initiation of peritoneal dialysis (PD) treatment was assessed to calculate the BMI change (ΔBMI). Patients were split into four categories according quartiles (Q) of ΔBMI: Q1: BMI < −0.80%; Q2: −0.80 to 2.69%; Q3: 2.70 to 7.40%; Q4: > 7.40%. Kaplan-Meier method and Cox regression proportional hazard analysis were performed to assess the association of BMI on outcomes.

Results: A total of 1263 CAPD patients were enrolled, with an mean age of 47.8±15.0 years, a mean BMI of 21.58±3.13 kg/m². During a median follow-up of 25.3 months, obesity was associated with increased risk for cardiovascular diseases (CVD) death [adjusted hazard ratio (AHR) 2.01; 95% CI 1.14, 3.54; P = 0.016], but not all-cause mortality. Additionally, patients with more BMI decline (>0.80%) during the first year after CAPD initiation had an elevated risk for all-cause (AHR: 2.21, 95% CI 1.23–3.95, P = 0.008) and CVD mortality (AHR 2.31, 95% CI 1.11–4.84; P = 0.026), which was independent of baseline BMI values.

Conclusion: Obesity on PD initiation and BMI decline >0.80% during the first year of PD therapy were associated with poor outcomes in incident CAPD patients. Further research is needed to determine whether this BMI range and fluctuation may attenuate the risk of these outcomes.

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0166
Timing of Peritoneal Dialysis Initiation and Mortality in Southern China
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Objectives: To investigate the prognostic effects of baseline body mass index (BMI) and BMI change within the first year of therapy in continuous ambulatory peritoneal dialysis (CAPD) patients.

Methods: We conducted a cohort study of incident patients who started CAPD therapy from January 2006 to December 2011. BMI was categorized according to World Health Organization classification for Asian population. BMI at baseline and one year after the initiation of peritoneal dialysis (PD) treatment was assessed to calculate the BMI change (ΔBMI). Patients were split into four categories according quartiles (Q) of ΔBMI: Q1: BMI < −0.80%; Q2: −0.80 to 2.69%; Q3: 2.70 to 7.40%; Q4: > 7.40%. Kaplan-Meier method and Cox regression proportional hazard analysis were performed to assess the association of BMI on outcomes.

Results: A total of 1263 CAPD patients were enrolled, with a mean age of 47.8±15.0 years, a mean BMI of 21.58±3.13 kg/m². During a median follow-up of 25.3 months, obesity was associated with increased risk for cardiovascular diseases (CVD) death [adjusted hazard ratio (AHR) 2.01; 95% CI 1.14, 3.54; P = 0.016], but not all-cause mortality. Additionally, patients with more BMI decline (>0.80%) during the first year after CAPD initiation had an elevated risk for all-cause (AHR: 2.21, 95% CI 1.23–3.95, P = 0.008) and CVD mortality (AHR 2.31, 95% CI 1.11–4.84; P = 0.026), which was independent of baseline BMI values.

Conclusion: Obesity on PD initiation and BMI decline >0.80% during the first year of PD therapy were associated with poor outcomes in incident CAPD patients. Further research is needed to determine whether this BMI range and fluctuation may attenuate the risk of these outcomes.

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