and tubulointerstitial injury. Ordinal regression mode was utilized to evaluate which clinical factors might be the predictors of IFTA score.

Results: In the groups divided by IFTA score, the patients whose IFTA score was 3 were younger (95% CI: 1.67 to 33.74, \( p < 0.03 \) vs group with score 0), have higher level of urinary protein excretion (95% CI: \(-11.82 \) to \(-0.27 \), \( p = 0.041 \) vs group with score 0) and greatly lower level of eGFR for patients in score 3 (95% CI: 35.09 to 73.29, \( p < 0.01 \) vs group with score 1). In the correlations, the glomerular class displayed a strong positive correlation with IFTA [correlation coefficient (\( r \)) = 0.5, \( p < 0.001 \)]. Intestinal inflammation (\( r = 0.79 \), \( p < 0.01 \)), serum creatinine (\( r = 0.50 \), \( p < 0.01 \)) and urinary protein excretion (\( r = 0.33 \), \( p = 0.024 \)) IFTA showed strong negative correlation with Egfr. In the ordinal model, EgFR (OR 0.18, 95% CI: \(-2.581 \) to \(-0.814 \), \( p < 0.001 \)) showed the statistical significance with IFTA.

Conclusion: The IFTA displayed positive correlation with glomerular class, serum creatinine and negative correlation with eGFR and age. EgFR might be a predictor of the IFTA.

http://dx.doi.org/10.1016/j.hkjn.2015.08.057

---

0294 Risk Factors of Diabetic Nephropathy and Relationship Between Diabetic Retinopathy and Diabetic Nephropathy

Y. Zhang
Department of Nephrology, Shanxi Provincial People’s Hospital, Taiyuan, Shaxi, China

Objective: The aim of this study was to analyze the risk factors of diabetic nephropathy (DN), including microalbuminuria and overt nephropathy, and to explore the relationship between diabetic retinopathy (DR) and DN in diabetes mellitus (DM) patient:

Methods: The clinical data of patients with type 2 DM, from June, 2013 to June, 2014 in our hospital, including genders, age, hypertension, the duration of DM, levels of fasting blood glucose (FBG), serum hemoglobin A1c (HbA1c), lipid profile (triglyceride, total cholesterol, low density lipoprotein cholesterol), blood urea nitrogen (BUN), serum creatinine, estimated glomerular filtration rate (eGFR), urine albumin-creatinine ratio, history of smoking, and presence of DR, proliferative DR (PDR) were retrospectively analyzed. The prevalence of DR and DN was determined. Multivariate logistic regression analysis was performed to determine risk factors, including DR, associated with DN.

Results: Among 185 DM patients, we observed a prevalence of 31.9% for any DR and 4.3% for PDR. Microalbuminuria prevalence was 25.4% and overt nephropathy prevalence was 5.4%. The risk factors of microalbuminuria were presence of hypertension, high levels of HbA1c, BUN, and the presence of PDR. The risk factors of overt nephropathy were long duration of DM, high levels of HbA1c, total cholesterol, serum creatinine, and the presence of DR.

Conclusion: DR may be a powerful predictor for the progression of renal damage in DM patients.

http://dx.doi.org/10.1016/j.hkjn.2015.08.058

---

0298 The Effect of QLT0267, an Inhibitor of P38MAPK, on HK-2 Cells TEMT

L. Jia1, X. P. Yang1, Z. F. Lin1, L. Ma1, Y. L. Tang1, R. Yang1
1Division of Nephrology, The First Affiliated Hospital, College of Medicine, Shizhezi University, Shizhezi/Xinjiang, China
2College of Medicine, Shizhezi University, Shizhezi/Xinjiang, China

Objective: The aim of this study was to observe the effect of different concentrations of QLT0267 which is inhibitor of integrin-linked kinase (ILK), in process of high glucose-induced tubularepithelial-myofibroblast transdifferentiation (TEMT).

Methods: The cultured human renal tubular epithelial cells (HK-2) were divided into 6 groups by the different concentrations of GS and QLT0267, cultured 48 hours. To observe the morphology of HK-2 cell, MTT was used to select the concentration of QLT0267 which was start work in the process of TEMT. The cultured human renal tubular epithelial cells (HK-2) were cultured 48 hours. To observe the morphology of HK-2 cell, MTT was used to select the concentration of QLT0267 by which QLT0267 was started work in the process of TEMT.

Results: (1) Proliferation rate in high glucose group, Q0.5 group was higher than control group (\( p < 0.05 \)). (2) Compared with high glucose group, the proliferation of Q0.5, Q5, Q15, Q30 were all decreased (\( p < 0.05 \)). (3) The expression of p-AKT in high glucose group, Q0.5, Q5, Q15, Q30 group was higher than control group (\( p < 0.05 \)). (4) Compared with control group, the expression of a-SMA was lower than high glucose group, Q30 group (\( p < 0.05 \)). Compared with high glucose group, 30 μmol/L S203580 significantly inhibited a-SMA expression (\( p < 0.05 \)).

Conclusion: (1) 30 mmol/L GS can lead to TEMT in HK-2 cell. (2) The more suitable inhibited concentration of SB203580 in the process of TEMT was 30 umol/L.

http://dx.doi.org/10.1016/j.hkjn.2015.08.059

---

0297 The Effect of SB203580, an Inhibitor of P38MAPK, on HK-2 Cells TEMT

L. Jia1, X. P. Yang1, Z. F. Lin1, L. Ma1, Y. L. Tang1, R. Yang1
1Division of Nephrology, The First Affiliated Hospital, College of Medicine, Shizhezi University, Shizhezi/Xinjiang, China

Objective: Among 185 DM patients, we observed a prevalence of 31.9% for any DR and 4.3% for PDR. Microalbuminuria prevalence was 25.4% and overt nephropathy prevalence was 5.4%. The risk factors of microalbuminuria were presence of hypertension, high levels of HbA1c, BUN, and the presence of PDR. The risk factors of overt nephropathy were long duration of DM, high levels of HbA1c, total cholesterol, serum creatinine, and the presence of DR.

Methods: Among 185 DM patients, we observed a prevalence of 31.9% for any DR and 4.3% for PDR. Microalbuminuria prevalence was 25.4% and overt nephropathy prevalence was 5.4%. The risk factors of microalbuminuria were presence of hypertension, high levels of HbA1c, BUN, and the presence of PDR. The risk factors of overt nephropathy were long duration of DM, high levels of HbA1c, total cholesterol, serum creatinine, and the presence of DR.

Conclusion: DR may be a powerful predictor for the progression of renal damage in DM patients.

http://dx.doi.org/10.1016/j.hkjn.2015.08.058

---

0304 Adenine Supplement Suppresses Diabetic Nephropathy Through AMPK and Sirt-1 Pathways

Guang-Hua Young1, Han-Min Chen2
1ENERGENSEIS Biomedical Co., Ltd., New Taipei City, Taiwan
2Department of Life Science, Catholic Fu-Jen University, New Taipei City, Taiwan

Adenine, once called Vitamin B4, is a purine nucleobase with multiple roles in cellular reproduction, respiration and energy storage. Our previous findings suggested that adenine supplement could ameliorate the inflammation response in LPS-induced microglial BV2 cells, TNF-α-induced HUVECs and