factor for renal disease progression. However, whether uric acid-lowering therapy can retard the progression of CKD is unclear. The aim of our study is to assess the effect of treatment in the progression of chronic renal disease as well as the transition to chronic renal failure.

**Methods:** We performed a retrospective study involving 162 patients with HU followed at our consultation from June 2012 to January 2017. The inclusion criteria consisted of: age >20 years with CKD stage 3 according to KDIGO 2012 complicated with HU, regularly followed for at least 36 months. Patients were divided into two groups, hygienic rules group (group A, n=66) and uric acid-lowering therapy group (group B, n=96).

**Results:** The mean age of patients in hygienic rules group and allopurinol group was 74± 10 years and 73±7 years, respectively. There were 61.5% females in group A and 56% in group B. No difference in age, gender, history of diabetes, hypertension and cardiovascular complications, nephropathy, uric acid level, eGFR, CKD stage, was observed between the two groups (P > 0.05). Allopurinol group had a lower uric acid level at month 6 (M6) and year 1 (Y1) compared with hygienic rules group (p=0.01; p=0.03, respectively).

There was no difference of GFR between group A and B at M6 (P = 0.882) and Y3 (P = 0.926).

There was no difference in the initiation of dialysis between the two groups (P = 0.689).

**Conclusions:** Lowering uric acid therapy may play an important role in delaying the progression of CKD. Although at present there is no guideline to recommend the routine use of uric acid-lowering drugs to slow the progression of CKD, but more trials have justified the necessity and benefits of lowering serum uric acid level. Although additional studies are needed to identify threshold values of serum urate for treatment initiation and to confirm optimal target levels.

No conflict of interest

**POST-306**

**PREVALENCE OF RENAL DYSFUNCTION IN PRIMITIVE TRIBAL GROUPS IN UTNOR (TELANGANA)**

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**Introduction:** India has the largest concentration of tribal populations globally. According to the Census of India 2011, the tribal population of India is 8.6 per cent of the total population which is about 67.8 million people. Particularly vulnerable tribal group (PVTG) (earlier: Primitive tribal group) is a government of India classification created with the purpose of enabling improvement in the conditions of certain communities with particularly low development indices. During the fourth Five Year Plan a sub-category was created within Scheduled Tribes to identify groups that considered to be at a lower level of development. This sub-category was named “Primitive tribal group” (PTG). The features of such a group include a pre-agricultural system of existence, that is practice of hunting and gathering, zero or negative population growth, extremely low level of literacy in comparison with other tribal groups. Groups that satisfied any one of the criteria were considered as PTG and by the conclusion of the eighth five-year plan, a total of 75 tribal groups were identified as PTG.

The Global Burden of Disease, Injuries and Risk Factors (GBD) study has provided a state-of-the-art understanding of the global burden for many conditions, including chronic kidney disease (CKD). CKD has resulted in almost one million deaths worldwide, and is the direct cause of one out of 57 fatal outcomes. It remains among the few growing causes of mortality which made CKD the 13th leading cause of death in 2013; this compared to ranking 27th in 1990, signifying a rise of 134% over this period. There is a dearth for prevalence studies on CKD in India. This necessitates population targeted research in this avenue. The aimed the present study was to estimate the prevalence of renal dysfunction in primitive tribal groups, residing in areas that come under ITDA Utnoor in Telangana. Our other Objective was to study the data generated for possible etiologies of CKD in the given population.

**Methods:** Inclusion Criteria: The primitive tribes residing in areas that come under ITDA Utnoor in Telangana.

Exclusion Criteria: Non tribal population residing in the area.

Methodology:
- Basic demographic data and clinical examination
- Following Blood tests were performed:
  - CBC
  - Creatinine
  - Lipid profile
  - LFT
  - Blood sugars
  - N'estrof and Solubility.

**Results:** Total population of PVTG’s screened: 14041 Volunteers with renal dysfunction: 1108

Number of subjects with Renal Dysfunction with age < 10 years: 562

Number of subjects with Renal Dysfunction between 11-18 years: 89

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