Conclusions: Advanced age, elevated ABP (correlated with severity and elevated PP), DM using Insulin, dyslipidemia, low educational level, specific occupation (maid and retired), direct relatives on dialysis and sedentary lifestyles, are important characteristics associated with sCKD. With these information we can focus our CKD screening in a better manner.

No conflict of interest

POS-309
PREDICTION OF NON-RESPONSIVENESS TO PRE-DIALYSIS CARE PROGRAM IN PATIENTS WITH CHRONIC KIDNEY DISEASE: A RETROSPECTIVE COHORT ANALYSIS
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Introduction: The responsiveness of patients with chronic kidney disease (CKD) to nephrologists’ care is unpredictable. The definition and prognostic values of responsiveness are also undetermined.

Methods: We defined the longitudinal stages (LSs) 1–5 of estimated glomerular filtration rate (eGFR) by group-based trajectory modeling for repeated eGFR measurements of 7135 patients with CKD aged 20–90 years from a 13-year pre-end-stage renal disease (ESRD) care registry. Patients were considered nonresponsive to the pre-dialysis care if they had a more advanced eGFR LS compared with the baseline. Conversely, those with improved or stable eGFR LS were considered responsive. We evaluated the association between responsiveness and progression to ESRD and all-cause mortality. We further developed Renal Care Responsiveness Prediction (RCRP) model to predict the responsiveness.

Results: The proportion of patients with CKD stage progression increased with the increase in the baseline CKD stage (stages 1–2: 29.2%; stage 4: 45.8%) (Figure 1). The adjusted times to ESRD and all-cause mortality in patients with eGFR LS-5 were 92% (95% confidence interval [CI]: 86%-96%) and 57% (95% CI: 48%-65%) shorter, respectively, than in patients with eGFR LS-3A. Among patients with baseline CKD stages 3 and 4, the adjusted times to ESRD and all-cause death in the nonresponsive patients were 39% (95% CI: 33%-44%) and 20% (95% CI: 14%-26%) shorter, respectively, than in the responsive patients. Our proposed RCRP model performed significantly better than the conventional Kidney Failure Risk Equation in discrimination, calibration, and net benefit according to decision curve analysis.

Conclusions: Non-responsiveness to nephrologists’ care is associated with rapid progression to ESRD and all-cause mortality. The RCRP model improves early identification of responsiveness based on variables collected during enrollment in a pre-ESRD program.

No conflict of interest

POS-310
DYSLIPIDEMIA IN CHRONIC KIDNEY DISEASE
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Introduction: Chronic kidney disease (CKD) is associated with a dyslipidemia comprised of elevated triglycerides and low HDL-cholesterol. Levels of LDL-cholesterol (and thus, total cholesterol) are generally not elevated; however, proteinuria correlates with cholesterol and triglycerides. CKD leads to a down regulation of lipoprotein lipase and the LDL-receptor, and increased triglycerides in CKD are due to delayed catabolism of triglyceride rich lipoproteins, with no differences in production rate. The prevalence of dyslipidemia increased from 45.5% in CKD stage 1 to 67.8% in CKD stage 4; similarly, the use of lipid lowering agents increased from 18.1% in CKD stage 1 to 44.7% in CKD stage 4. Our aim was to determine the lipid abnormalities of kidney disease patients who were admitted to our Nephrology ward in the past five years.

Methods: We studied 450 patients with chronic kidney disease and hypertension (180 women, 40% and 270 men 60%, mean age 65±25 years). Mean eGFR was 40±12 ml/min/1.73m². The parameters determined and analyzed were: total-cholesterol (<180mg/dl), LDL-cholesterol (<100mg/dl) and triglycerides (<150mg/dl). All patients were receiving treatment for regulating dyslipidemia.

Results: The percentage of patients with total cholesterol, LDL-cholesterol and triglycerides within the recommended targets were 30%, 15% and 36% respectively. Total cholesterol above the recommended targets had the 515 of patients (180 men, 60% and 120 women, 40%). 382 patients had LDL-cholesterol over the targets (48 men, 65% and 134 women, 35%). High levels of triglycerides has been found in 288 patient (167men ,58% and 121 women, 42%).

Conclusions: Our results are in accordance with current bibliographic data.There is a low percentage of our patients that non achieved the recommended targets, despite the fact that they receiving treatment and remain disregulated. Certainly in patients with chronic kidney disease and dyslipidemia the periodical monitoring of the lipid profile is required for a proper regulation.

No conflict of interest