POS-340
PREVALENCE OF HYPERTENSION, DIABETES MELLITUS, PROTEINURIA AND ASSOCIATION OF THESE RISK FACTORS WITH ESTIMATED GLOMERULAR FILTRATION RATE IN ADULT IN A RURAL AREA OF BANGLADESH
NOBI, P1, Begum, NAS2, Kashem, TS1, Arefin, SUZ2, Rashid, HU1 1Kidney Foundation Hospital and Research Institute, Nephrology and Transplantation, Dhaka, Bangladesh; 2Kidney Foundation Hospital and Research Institute, Nephrology, Dhaka, Bangladesh; 3Kidney Foundation Hospital and Research Institute- Bangladesh, Nephrology, Dhaka, Bangladesh

Introduction: Diabetes mellitus, hypertension, glomerulonephritis are the major causes of chronic kidney disease in Bangladesh and their prevalence is also increasing. This study was undertaken to detect the prevalence of diabetes, hypertension and proteinuria and their association with estimated glomerular filtration rate (eGFR) in a rural area of Bangladesh.

Methods: A cross sectional study was undertaken in Bonogram, a rural area of Bangladesh during the year of 2019 from July to December. A total of 989 adults both male and female, age between 18 to 90 years were included in this study. Height, weight, systolic and diastolic blood pressure were measured. Blood sample was taken on the spot for random blood glucose and serum creatinine which were estimated in laboratory. Urinary protein was detected using dip sticks on the spot urine sample. Participants were categorized for hypertension according to JNC VII. Study subject was considered as diabetic if random blood plasma glucose ≥ 11.1 mmol/l with classical symptoms according to ADA criteria. Presence of proteinuria was labeled as + (30mg/dl), ++ (100 mg/dl), +++ (300 mg/dl).

Results: In this study total 989 adult subjects were included. The mean age was 45.60 ± 13.36 years ranging from 19 to 90 years. Out of 989 study subjects, 61.1% (n=604) subjects were female, 38.9% (n=385) were male. Among these population mean systolic and diastolic BP was 121.48 ± 17.89 and 73.50 ± 9.2 respectively. 21.8% (n=216) subject was hypertensive. Pre-hypertension was found in 44.6% (n=441) population. Mean eGFR were 106.69 ml/min/1.73 m2 calculating MDRD equation. Among 859 population 10.7% (n=106) was diabetic. Proteinuria was present in 7.1% (n=70%) population. Family history of diabetes mellitus, and hypertension was 2.5%, 14.3%, 18.5% respectively.

In this study 3.3 % (n=33) population was in CKD Stage 3 and above (e GFR < 60 ml/min/1.73 m3). Among them 33.3% (n=11) was hypertensive, 33.3% (n=11) was proteinuric (causes not determined) and 16.6% (n=5) was diabetic, 63% (n=21) was ≤ 60 years old.

No conflict of interest

POS-341
THE IMPORTANCE OF ROMANIAN REGISTRY OF PREDIALYSIS PATIENTS FOR AN ADEQUATE SCREENING AND PROGNOSIS
Peride, I1, Niculae, A1, Checherita, IA1
1"Carol Davila" University of Medicine and Pharmacy Bucharest, Department of Nephrology, Bucharest, Romania

Introduction: Recent data showed that registries can provide useful information, systematically and observational collected regarding a specific group of patients managed in routine clinical practice. In the natural history, epidemiology of the disease, the type of treatment depending on site and region, and to evaluate the prognosis, safety, quality, and value of patients’ care. Furthermore, registries may contribute to develop hypotheses about disease mechanisms or treatment approaches, improving in this manner the patients’ quality of life. Nevertheless, establishing a registry requires a significant resource investment from payers, health care providers, and technical/administrative staff.

Methods: The Romanian Registry of Predialysis was national wide introduced based on Health Ministry Order no. 1562/2018 that stated the requirement of all nephrologists from our country (who provide medical services for patients diagnosed with chronic kidney disease stages 1-5) to report the data in the National Register of Predialysis, under the conditions of this order and in accordance with the legal provisions in force. Starting from January 2019, all Romanian nephrologist have been collecting demographic and medical data CKD-related from patients diagnosed with CKD stages 1-5, information that are in a special designed software program – ReNal. The assessed data include: ID, gender, age, region, body mass index, CKD aetiology, comorbidities, chronic treatment, CKD stage, laboratory test, such as serum creatinine, urea, uric acid, calcium, phosphates, iPTH, albuminuria, proteinuria, glomerular filtration rate, haemoglobin etc.

Results: Starting from January 2019, almost over 13000 patients with CKD stages 1-5 were introduced in the Romanian Registry of Predialysis, with a mean age of 69, and preponderantly female gender patients. The preliminary results showed that hypertension and diabetes mellitus represented the main cause of chronic kidney disease in our country, findings that are in accordance with the international data. Most of the assessed patients were diagnosed with CKD stages 3b and 4.

Conclusions: In our opinion the collected data in the Romanian Registry of Predialysis Patients could provide useful information regarding the importance of a national financial appraisal sustained by health system, adequate and a complete assessment of CKD patients, disease progression rate depending on the recommended treatment, and even creating an efficient screening program for a better prevention of this disease in our country.

No conflict of interest

POS-342
HIGH PREVALENCE OF THYROID ABNORMALITIES AND LOW T3 SYNDROME IN MEXICAN SUBJECTS WITH CKD
Sabeth, E1, Cárdenas-Rodriguez, L2, Robles-Osorio, ML3
1Centro Estatal de Hemodiálisis, Nephrology, Queretaro, Mexico; 2Hospital General de Querétaro, Core Laboratory, Queretaro, Mexico, 3Universidad Autónoma de Queretaro, Nutrition School, Querétaro, Mexico

Introduction: Chronic kidney disease (CKD) is recognized as a global public health problem due to its high cost, and the high morbidity and mortality associated with it. In addition, patients with CKD present an alteration in the regulation and synthesis of various hormonal systems such as the thyroid. Patients with CKD have an increased risk of hypothyroidism and to present sick euthyroid syndrome. There are few studies on the prevalence of abnormalities in thyroid function tests according to the stage of renal function.

Methods: Retrospective, cross-sectional and descriptive study; 27,346 results of thyroid function tests taken from January 2017 to September 2019 were analyzed from the Core Laboratory of the State Health Services, which is the referral center for all the hospitals of the State and serving a total population of 1,176,000 inhabitants.

Subjects 18-75 yrs/old with a serum creatinine test from the same automated platform and were operated by the same laboratory technicians. All blood samples were taken by venipuncture between 7:30-8:30 AM and processed the same day. The tests were analyzed with the Abbott ABBEY ICON equipment for evaluation of thyroid-stimulating hormone (TSH), total triiodothyronine (TT3), and free (FT3), total thyroxine (TT4), and free (FT4). All tests were performed using the same automated platform and were operated by the same laboratory technicians. GFR was calculated using the MDRD formula. Continuous variables were calculated as mean±SD, nominal variables as percentage. For analysis and significance, the t-student test was used for continuous variables and chi-square and Fisher’s for categorical variables, p≤ 0.05 was considered statistically significant. The SPSS-23 statistical program was used.

Results: 4,778 patient samples were studied; females represented 75.6% of the total samples and the median age was 46.7 ± 14.7 years, 54.9% of the women were ≤50 years old vs 50.6% of the men (p = 0.001).

When comparing by TSH value, the prevalence of abnormalities was higher in women than in men; there was a significant difference for TSH values ≤0.45 mU/l (9.7 vs 7.6% p = 0.001) and TSH 4.5-19.9 mU/l (19.7 vs 14.7 years, 54.9% of the women were ≤50 years old vs 50.6% of the men (p = 0.001).