antibiotics along with oxygen therapy in 12 (50%) and 2 (8.3 %) received Plasma therapy along with oxygen therapy and antibiotics. 7 (29.2%) patients died (4 from acute respiratory distress syndrome secondary to Covid-19 pneumonia, 1 had loss of hemodialysis access after fistula failure, 1 had myocardial infarction one month after recovery, 1 had fistula rupture and haemorrhagic shock one month after recovery from Covid-19). 17 (70.33) patients are alive of them 14 have fully recovered with mild generalized weakness, 1 had fistula failure, 1 had severe weakness, 1 developed massive intracranial bleed, massive ascites and severe reduction in mobility since Covid-19.

Conclusions: Haemodialysis patients are at high risk of developing COVID-19 24(7.7%) compared to general population of Bangladesh with total 450000 cases (0.27%). There are also severe consequences of COVID-19 in this population with a mortality rate of 29.2%(7) as compared to the general population of Bangladesh which is 1.4% (648). No conflict of interest

POS-530
ANXIETY AND DEPRESSION IN HEMODIALYSIS PATIENTS DURING COVID-19
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Introduction: The current Coronavirus pandemic (COVID-19) presents a peculiar and unusual reality. It affects people certainly physically but also psychologically. Hemodialysis patients move to their center three times a week even during the confinement period. Indeed, in such context, they may experience reactions and phases of stress, anxiety and depression. Hence, it is important to study the psychological impact on them.

Methods: A sample of hemodialysis patients in our unit completed a self-report survey while being treated. It included questions about current mental health and experiences with COVID-19, referring to the Hospital Anxiety And Depression Scale HADS.

Results: We have twenty hemodialysis beds. We were able to isolate two beds for patients with covid-19. During the second wave, we dialyzed 43 patients tested positive for covid-19 in the circuit reserved. Forty patients participated in the study. They were equally divided by gender, with an average age of 49.45 [25-77]. The analysis revealed that only one patient had definite anxiety symptoms, which is an unemployed married female hemodialysed since two years. Two others had questionable anxiety or depressive symptoms; A married woman and a single smoker man, also unemployed and have been on hemodialysis for less than 5 years. Meanwhile, 10% of the studied patients holding history of psychiatric illness had no psychological symptoms.

To adapt to the psychological impact, 50% tend to reduce the number and duration of their hemodialysis sessions. Otherwise, all patients wear their surgical masks. Temperature measurement was systematic at the entrance as well as the washing of hands.

Conclusions: In the long term, this health crisis is expected to significantly improve our understanding of mental health risk factors in chronic hemodialysis patients facing the COVID-19 pandemic. Therefore, we would be able to implement effective prevention strategies to promote mental well-being. No need to stress if we respect the rules of hygiene and the wearing of masks for both patients and health care professionals.

No conflict of interest

POS-531
LIPID PROFILE AND CARDIOVASCULAR RISK IN CHRONIC HEMODIALYSIS PATIENTS
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Introduction: Dyslipidemia is a major risk factor for the occurrence of atherosclerosis and cardiovascular diseases. Associated with chronic renal failure, the cardiovascular risk becomes very high. Hence the interest of screening lipid disorders in patients with end-stage renal failure at the hemodialysis stage.

Methods: We conducted an observational study of the prevalence of lipid disorders in hemodialysis patients in our unit with assessment of their cardiovascular risk in correlation with the Framingham score.

Results: The survey involved 40 patients with an average age of 48.77 years [25-78]. The sex ratio was 0.84. Initial nephropathy was dominated by vascular nephropathy in 15 hemodialysis patients, followed by glomerular nephropathy in 13 patients, and tubule-interstitial nephropathy in the remaining 12.

The prevalence of dyslipidemia was 52.5%. Lipid disorders were, in decreasing order of frequency; an isolated hypertriglyceridemia at 52.58%, mixed dyslipidemia associating hypercholesterolemia and hypertriglyceridemia at 47.61%. However, 47.5% did not have lipid disorders.

Cardiovascular risk assessment according to the Framingham score revealed a high risk in 12.5% of patients who were predominantly male smokers with physical inactivity, a moderate risk in 20% and a low risk in the majority with a frequency of 67.5%.

Conclusions: This survey found a high prevalence of dyslipidemia with an important cardiovascular risk. This should lead to develop a better strategy to prevent cardiovascular diseases. Dyslipidemia should be detected and treated in patients with predisposing factors because they are at high cardiovascular risk. The lipid profile should not be interpreted according to laboratory standard but according to target values.

No conflict of interest

POS-532
LIVING ORGAN DONOR WAGE REPLACEMENT POLICY: ONE HEALTH CARE ORGANIZATION'S EXPERIENCE
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Introduction: Research findings list financial barriers to living organ donation as a potentially significant reason why individuals choose not to act as living organ donors. Past Alberta Health Services (AHS) salary replacement and benefit programs only partially addressed salary loss for living organ donors. The purpose of the wage replacement policy was (i) To lower known financial barriers to Living Donor Kidney Transplants (LDKTs) among eligible Alberta Health Services employees; and (ii) To increase the number of LDKTs through full wage replacement for eligible AHS employees during post-donation recovery.

Methods: The Kidney Health Strategic Clinical Network and AHS Human Resources explored the feasibility of a policy intended to shield AHS employees from income loss during post-operative recovery from living organ and surgical bone marrow donation. In March 2018, AHS