severe). We also suggest that use of the CJS-R algorithms for optimal case identification requires further exploration in this setting. Taken together our findings raise important questions for how we collect and interpret patient reported outcomes from different patient communities within renal services. The study will be of interest to those working in the area to patient reported experience/outcome measures, quality improvement, and addressing under-representation of non-indigenous kidney patients in research.

No conflict of interest

POS-546

ONE-YEAR SURVIVAL AMONG END-STAGE RENAL DISEASE PATIENTS ON HEMODIALYSIS IN A SUB-SAHARIAN AFRICAN COUNTRY, TANZANIA: A TERTIARY-HOSPITAL RETROSPECTIVE STUDY

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Introduction: The prevalence of end-stage renal disease (ESRD) is increasing, mimicking the epidemiology of diabetes and hypertension, exposure to agrochemicals, and low socioeconomic status. Despite the global increase in renal replacement therapies (RRT), 23% of patients in need of the services die before receiving RRT, the majority of whom located in Asia and Sub-Saharan Africa (SSA). From 2005 through 2019, Tanzania, an SSA country, observed improved in RRT infrastructure and services, encompassing an increase in the number of nephrologists (i.e., 14-fold), hemodialysis (HD) units (i.e., 28-fold), the establishment of two local kidney transplant facilities, and a reduction in referral times. However, challenges, including patients’ residence remoteness, restricted health insurance coverage, high costs, lack of renal registry, and shortage of published literature regarding service output evaluation, are still evident. Our study aimed to explore one-year survival and predictors of mortality among ESRD patients on HD attending a tertiary healthcare facility, the Benjamin Mkapa Hospital (BMH), in Tanzania.

Methods: This retrospective study was approved by the National Health Research Ethics Review Committee (NIMR/HQ/R.8a/Vol.IX/3545). Eligible patients were all-etiology-ESRD patients starting maintenance HD at BMH between October 2015 and June 2019. We required at least 210 patients. We excluded patients with acute kidney injury, missing data, and patients switching RRT modality before the study-completion. From eligible patients, we recorded demographic characteristics, physical examination findings, baseline laboratory results, comorbidities, and dialysis adequacy, and conducted a one-year follow-up. Outcome variables were deaths, if any, and the time-taken to deaths. We explored the one-year survival by the Kaplan-Maier survival analysis. We then performed univariate, followed by multivariate Cox-regression analysis to identify significant predictors of one-year mortality.

Results: 311 patients (Mean age=50.4 years; Males=44.1%) were eligible, 93.9% patients had died by the study’s end, 50.55% of deaths occurred within the first 3 months, and 62(68.8%) by the sixth month. Therefore, overall survival at 3 months, 6 months, and 1 year were 83.9%, 80.0%, and 71.1%, respectively. Patients with no formal education were more likely to die. ESRD due to hypertension had the worst mortality outcome. Patients with a high waist-hip circumference ratio had a higher risk of death, the Hazard ratio (HR) 2.83 (Confidence interval: 1.31, 6.12). Patients with normal or higher platelet levels had a lesser risk of deaths as compared to low levels. Increasing serum phosphorus levels from low to normal doubled the risk of deaths, HR 2.30 (CI: 1.20, 4.40).

Conclusions: One-year survival for ESRD patients on HD in Tanzania is 71.1%. The first 3 months of HD are associated with the highest risk of mortality. Education level, BMI, waist-hip circumference ratio, phosphorus, and platelet levels predict one-year mortality.

No conflict of interest

POS-547

HOW READY ARE WE FOR SERIOUS ILLNESS CONVERSATIONS WITH ELDERLY PATIENTS ON MAINTENANCE DIALYSIS?

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Introduction: Studies have shown that end stage kidney disease patients have less advance care planning discussion compared to other advanced cancer or end organ disease patients. Moreover, when they turn acutely ill, they often go through intensive care and aggressive intervention that may not alter the trajectory of disease. Our objective was to identify the chronic dialysis patients with adverse prognostic factors in relation to the escalation of care, extent of care discussion and our outcome.

Methods: We conducted a retrospective cohort study of all maintenance dialysis patients admitted to Sengkang General Hospital from 1-30 June 2019. The inclusion criteria were age >75 years, Modified Charlson Comorbidity Index (CCI) ≥ 6 or ≥ 2 hospitalization stays in the preceding 6 months. Institutionalized or nursing home patients were excluded. The patients’ baseline demographics and comorbidities, their Resuscitation and Extent of Care Plan (RESCP) status, admission to high dependency or the intensive care unit (ICU), and advance care planning completion (ACP) were collected. These patients were then followed up till 1st March 2020 for their survival outcome. Institutional review board approved the study.

Results: Of the 68 chronic dialysis patients fulfilling the criteria, their mean age was 65.3 years, 51% were male, 60% were Chinese and mean length of stay was 13 days. The comorbidities were diabetes mellitus 87%, cardiovascular disease 43% and malignancy 9%; 16% were admitted to ICU and or high dependency unit. The primary admitting diagnosis consisted of infection 22%, access related complications 22%, fluid overload 12% and others 44%. Amongst the 8 patients with RESCP established, 3 were admitted to ICU or high dependency prior to RESCP. ACP documentation prior to hospitalization was available for 4 patients (5.9%). Interestingly, none of the patients with ACP had RESCP established during the hospitalization.

The overall mortality rate till last follow up was 14.7%. In those patients who demised, their mean age was 70 years, mean CCI was 8. Only 3 patients had RESCP established and none had ACP. Two patients who required ICU and succumbed to death spent 80-101 days in the hospital.

Conclusions: The maintenance dialysis patients who are >75 years, had CCI ≥ 6 or ≥ 2 hospitalizations in the preceding 6 months appeared to have significant morbidity and mortality in their subsequent acute hospitalization. Identifying these vulnerable and likely frail patients in order to initiate the serious illness conversation with patients and families allows shared decision making as well as preparedness. Further studies would be helpful to elucidate the suitable timing, context and the readiness for advance care planning discussion in chronic dialysis patients who have these adverse factors.

No conflict of interest

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THE INCIDENTS OF BASELINE OBESITY AND ACQUIRED GLUCOSE INTOLERANCE IN NEW CHINESE PERITONEAL DIALYSIS PATIENTS

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Introduction: Acquired glucose intolerance is common and adversely affects the prognosis of new peritoneal dialysis (PD) patients. Since the prevalence of obesity increased in the general population worldwide over the past decades, we examined the change in the incidence of obesity and new-onset glucose intolerance in incident Chinese PD patients over the past 25 years.

Methods: We reviewed the body built and fasting plasma glucose of incident PD patients in a single Hong Kong center from 1995 to 2019. The results are reported in five 5-year periods.

Results: We reviewed 1681 incident PD patients. Their mean age was 58.7 ± 12.5 years; 931 patients (53.4%) had pre-existing diabetes. From 1995-1999 to 2015-2019, the prevalence of obesity or overweight at the initiation of PD increased progressively for every 5-year period (from 21.9%, 26.2%, 37.9%, 42.7%, to 47.3%, p <0.001 for linearity). The increase in the prevalence of obesity or overweight was more pronounced in diabetic patients (33.7% to 59.6%) than non-diabetic ones (11% to 23.2%). Among the diabetes-dialysis patients, the prevalence of impaired fasting glucose after initiation of PD gradually increased from 1995 to 2019 (from 29.2%, 35.2%, 32.2%, 33.6%, to 34.4% for every 5-