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Association between Uric Acid Level and Adverse Cardiovascular-Kidney Outcomes in Patients with Chronic Kidney Disease: Findings from KNOW-CKD Study

Injae Hwang[1], Cheol Ho Park[1], Hee Byung Koh[1], Hyung Woo Kim[1], Jung Tak Park[1], Seung Hyeok Han[1], Shin Wook Kang[1], Tae Hyun Yoo[1], Nguyen Hoang Tuyet Minh[2]
[1]Department of Internal Medicine, Severance Hospital, Korea, Republic of
[2]Department of Medical Laboratory, School of Nursing and Medical Technology, Ho Chi Minh City University of Medicine and Pharmacy, Vietnam

Objectives : Hyperuricemia is highly prevalent in patients with chronic kidney disease (CKD). However, the relationship between uric acid (UA) levels and the risk of adverse cardiovascular-kidney outcomes is not well understood. We aimed to explore the association between serum UA levels and adverse cardiovascular-kidney events in patients with CKD.
Methods : We examined the relationship between serum UA concentrations and major adverse cardiovascular-kidney events (MACKEs) in participants from the Korean Cohort Study for Outcome in Patients With CKD (KNOW-CKD). The primary exposure was baseline serum UA levels. The primary outcome was a composite of cardiovascular (non-fatal myocardial infarction, unstable angina, coronary revascularization [percutaneous coronary intervention or coronary artery bypass graft], non-fatal stroke, hospitalization for heart failure, or cardiovascular death) and kidney (≥50% decline in eGFR from baseline measurement or the initiation of kidney replacement therapy) outcomes.
Results : During 16,537 person-years of follow-up (median, 3.4 year), the MACKEs occurred in 1,287 participants. Compared with the lowest quartile of serum UA levels, the hazard ratios (HRs) (95% CIs) for the second, third, and highest quartiles were 1.00 (0.83–1.21), 1.20 (1.00–1.43), and 1.35 (1.12–1.62), respectively, in multivariable cause-specific hazard model. In a continuous modeling, a 1 mg/dL increase in UA was associated with a 1.08-fold (1.04–1.11) higher risk of MACKEs.
Conclusions : A higher concentration of serum UA was associated with an increased risk of adverse cardiovascular-kidney events in patients with CKD.