

## Abstract Submission No.: A-0463

### **Risk factors for mortality within 6 mo in patients with diabetes undergoing urgent-start peritoneal dialysis: A multicenter retrospective cohort study**

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**Objectives :** To identify risk factors for mortality during high-risk periods in patients with diabetes undergoing USPD.

**Methods :** This retrospective cohort study enrolled 568 patients with diabetes, aged  $\geq 18$  years, who underwent USPD at one of five Chinese centers between 2013 and 2019. We divided the follow-up period into two survival phases: The first 6 mo of USPD therapy and the months thereafter. We compared demographic and baseline clinical data of living and deceased patients during each period. Kaplan-Meier survival curves were generated for all-cause mortality according to the New York Heart Association (NYHA) classification. A multivariate Cox proportional hazard regression model was used to identify risk factors for mortality within the first 6 mo and after 6 mo of USPD.

**Results :** Forty-one patients died within the first 6 mo, accounting for the highest proportion of mortalities (26.62%) during the entire follow-up period. The risk of mortality not only within the first 6 mo but also after the first 6 mo was higher for patients with obvious baseline heart failure symptoms than for those with mild or no heart failure symptoms. Independent risk factors for mortality within the first 6 mo were advanced age [hazard ratio (HR): 1.908; 95%CI: 1.400-2.600;  $P < 0.001$ ], lower baseline serum creatinine level (HR: 0.727; 95%CI: 0.614-0.860;  $P < 0.001$ ), higher baseline serum phosphorus level (HR: 3.162; 95%CI: 1.848-5.409;  $P < 0.001$ ), and baseline NYHA class III-IV (HR: 2.148; 95%CI: 1.063-4.340;  $P = 0.033$ ). Independent risk factors for mortality after 6 mo were advanced age (HR: 1.246; 95%CI: 1.033-1.504;  $P = 0.022$ ) and baseline NYHA class III-IV (HR: 2.015; 95%CI: 1.298-3.130;  $P = 0.002$ ).

**Conclusions :** To reduce the risk of mortality within the first 6 mo of USPD in patients with diabetes, controlling the serum phosphorus level and improving cardiac function are recommended.