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**The impact of quality of life on the survival in the elderly end-stage renal disease patients : a prospective multicenter cohort study in Korea.**

**Yu Kyung Chung**, Jang Hee Cho, Yong Lim Kim, Chan Duck Kim, Sun Hee Park, Ji Young Choi, Hee Yeon Jung, Jeong Hoon Lim, You Hyun Jeon  
Department of Internal Medicine-Nephrology, Kyungpook National University School of Medicine, Korea, Republic of

**Objectives:** Quality of life (QOL) are associated with mortality in dialysis patients. However, the impact of QOL index or score on elderly patients with end-stage renal disease (ESRD) is controversial. We analyzed the relationship between QOL items and survival in elderly ESRD patients.

**Methods:** A total of 492 patients with ESRD aged > 65 who assessed for QOL items were included from a Korean nationwide prospective cohort study. QOL was evaluated using the Kidney Disease Quality of Life (KDQOL) instrument, and the effect of each QOL item on mortality was analyzed. Multivariable cox regression analysis was performed to identify independent risk factors for death after adjusting for compounding factors.

**Results:** The low physical component scale (PCS) and short form-36 score were significantly associated with low survival rate (PCS:  $p < 0.001$  and short form-36:  $p = 0.017$ , respectively), while the mental component scale (MCS) and ESRD-targeted item score had no correlation with survival rate. Multivariable cox regression analysis confirmed that only a high PCS score is associated with better survival (hazard ratio 0.71, 95% confidence intervals 0.52-0.97,  $P = 0.031$ ). Linear regression analysis identified that age, sex, modified Charlson Comorbidity Index, albumin, and intact parathyroid hormone were factors to PCS. Among the four PCS components, only physical function score was significantly associated with mortality ( $p < 0.001$ ).

**Conclusions:** Among the KDQOL items, PCS was an independent risk factor for death in elderly ESRD patients. The higher physical function score of PCS components was associated with a better outcome, suggesting the importance of physical conditions in elderly dialysis patients.

Figure2. Kaplan-Meier curve mortality analysis according to QOL items.