

복막 투석 환자에서 투석 시작시 스타틴 복용여부와 환자 예후

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Statin Therapy is Associated with Improved Survival in Incident Peritoneal Dialysis Patients

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Aim: Patients with end stage renal disease (ESRD) have a greatly increased risk of premature cardiovascular disease. This retrospective cohort study evaluated whether statin use is associated with improved mortality in incident peritoneal dialysis (PD) even after statin therapy became one of common practice in patients with ESRD.

Methods: Study population was consecutive new PD patients (>18 years old) in 7 PD centers of Korea, from January 2003 to December 2008. Clinical outcome was mortality. Deaths within 3 months after transferring to hemodialysis were accepted as PD-related mortalities.

Results: In a total 1503 incident PD patients, statin were prescribed for 36.5%. Statin prescription was associated with a 40% lower adjusted relative risk (RR) of death (RR=0.60; 95% confidence interval (CI)=0.44, 0.83; p=0.002) after multiple adjustments. A significantly lower mortality risk extended to patients with diabetic CKD (RR=0.56; 95% CI=0.38, 0.83; p=0.004). A higher risk of mortality in patients on PD was associated with increasing age, causes of ESRD, higher comorbidity scores, and higher incidence of peritonitis.

Conclusion: Statin was prescribed for 36.5% of incident PD patients. Statin prescription was associated with 40% lower all-cause mortality. This association was independent with a history of cardiovascular disease and total cholesterol levels.

Key Words: 스타틴, 심혈관계 질환, 투석
 Statin, Cardiovascular disease, Dialysis