

## 복막투석 환자에서 심한 단백뇨의 임상적 효과

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정요한, 박정민, 김산옥, 황문주, 강석휘, 조규향, 박종원, 윤경우, 도준영

### Impact of Heavy Proteinuria on Clinical Outcomes in the Incident Peritoneal Dialysis Patients

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**Background:** There are few reports on the nutritional status changes and RRF according to amounts of proteinuria in PD patients.

**Patients and Methods:** We enrolled 187 patients who maintained PD for more than 2 years. Patients were divided into two groups with respect to initial proteinuria: Low group (n=160, <3,500 mg/day) and High group (n=27, ≥3,500 mg/day).

**Results:** With regards to changes in urine volume, there was a significant decrease 2 years post-PD initiation in both groups. However, the decreasing trend was higher in the High (baseline, 1056±609 for Low, 1014±410 for High; 2 year, 770±567 for Low, 254±426 for High; p=0.000 for trend). There was a significant difference in the baseline proteinuria, serum albumin, and geriatric nutritional risk index (GNRI) between the two groups, but not those at 2 years of follow-up (baseline GNRI, 94.5±8.1 for Low, 85.8±9.0 for High; p<0.001; 2 year, 97.1±7.7 for Low, 99.0±7.1 for High; p=0.232). Multivariate analysis revealed that the presence of DM, baseline peritoneal protein loss, and proteinuria were significantly relevant with baseline GNRI. However, only peritoneal protein loss was associated with GNRI at 2 years of follow-up. For the RRF decline during the 2 years, multivariate analysis revealed that baseline RRF and proteinuria were significantly relevant with the decline of RRF. Initial proteinuria was not associated with mortality in PD patients (p=0.206).

**Conclusion:** Heavy proteinuria at PD initiation is associated with baseline malnutrition and rapid decline of RRF. Attenuation of nephrotic proteinuria along with decline of RRF is associated with paradoxical improvement of nutritional status but no significant impact on survival in PD patients.

**Key Words:** 복막투석, 단백뇨, 잔여신기능  
Peritoneal dialysis, Proteinuria, Residual renal function