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비당뇨병 복막투석 환자에서 잔여신기능 감소의 위험인자로써의 단백뇨

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Proteinuria as a Risk Factor for Decline in Residual Renal Function in Non-diabetic Peritoneal Dialysis Patients

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Background: Preservation of residual renal function (RRF) is a major issue for patients on peritoneal dialysis (PD). Whether proteinuria is associated with a decline in RRF in patients on PD remains unclear.

Patients and Methods: We reviewed the medical records at the Yeungnam University Hospital in Korea and identified patients who started PD between June 1995 and August 2011. A total of 147 non-diabetic patients were enrolled in the study. The patients were divided into 3 groups with respect to the tertile of initial proteinuria level: Low (n=49; <320 mg/day), Middle (n=49; 320-822 mg/day), and High groups (n=49; >822 mg/day).

Results: The mean patient age was 50.2±15.0 years in the Low tertile, 50.2±15.4 years in the Middle tertile, and 49.0±15.1 years in the High tertile. Decline in RRF during follow-up period was greater in the High tertile than that in the other tertiles (p=0.001). The proportion of patients with RRF >50% baseline at 24-month was 83% in the Low tertile, 66% in the Middle tertile, and 40% in the High tertile (p<0.001). The multivariate analysis after adjusting for initial RRF, age, gender, underlying disease of end-stage renal disease except diabetes mellitus, PD modality, use of icodextrin, PD-associated peritonitis, and tertile of the initial proteinuria level revealed that High tertile of the initial proteinuria level was associated with a decline in RRF (hazard ratios: 2.442 for the Middle tertile, p=0.007; 3.713 for the Low tertile, p<0.001).

Conclusion: The present study demonstrates that proteinuria may be is associated with a rapid decline in RRF in patients on non-diabetic PD, although the potential role of additional factor should be further investigated in prospective studies.

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