

새로 복막투석을 시작하는 환자들에게서 비만은 나쁜 예후인자인가?

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Is Obesity a Poor Prognostic Factor in Incident Peritoneal Dialysis Patients?

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Objectives: Obesity is associated with an increased risk of death in the general population. Previous studies have demonstrated a discrepancy in the impact of body mass index (BMI) on mortality among peritoneal dialysis (PD) patients. We examined the effect of BMI on patient and technique survival in a prospective, incident PD cohort at a single center.

Method: Subjects who started PD between 2000 and 2012 were enrolled in the study. Demographic and laboratory data were prospectively collected. Patients were categorized into four BMI groups: obese, ≥ 25 kg/m²; overweight, 23-24.9 kg/m²; normal, 18.5-22.9 kg/m² (reference category); and underweight, < 18.5 kg/m². Patient and technique survival were compared using Cox proportional hazards model.

Result: A total of 632 incident PD patients were included in final analysis. The median follow-up period was 40 months (interquartile range, 19-64 months). Kaplan-Meier survival curve revealed that patient survival was not statistically different among all BMI categories ($p=0.641$, by log-rank test). The hazard ratio (HR) adjusted for age, sex, diabetes, comorbidities, albumin, hemoglobin for patient survival was not significant among BMI groups ($p=0.837$). In contrast, technique survival was significantly poorer in obese patients than in patients having a normal BMI ($p=0.029$, by log-rank test). The HR for technique failure was significantly greater for obese PD patients in comparison with the reference category [1.8; 95% confidence interval (CI): 1.2 to 2.8; $p=0.008$]. The reasons for technique failure included recurrent peritonitis (34%), inadequate dialysis (17%), mechanical problem (17%) and refractory exit-site/tunnel infection (11%) in obese patients. Inadequate dialysis and refractory exit-site/tunnel infection were relatively more common causes of technique failure, compared to other BMI categories.

Conclusion: In our PD patients, patient survival was similar in all BMI categories. Therefore, obese patients should not be discouraged from receiving PD purely on the basis of BMI. However, technique survival was significantly poorer for obese PD patients. Further study is warranted to improve technique survival in obese patients.

Key Words: 비만, 환자 생존율

Body mass index, Obesity, Patient survival, Technique survival