

# KSN 2016 Abstract Submission

## *CKD & associated complications*

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### Assessment of Quality of Life in Children with Chronic Kidney Disease

-based on First 5 years data of The Pediatric CKD Cohort-

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**Background:** Quality of life (QOL) is an essential subject in children with chronic kidney disease (CKD) and their family. In Korea, a 10-year longitudinal study on the patient and renal survival by specific causes of CKD (KNOW-CKD study) has been pursued from 2011 and pediatric cohort is one of subgroups in the groups of KNOW-CKD study.

**Methods:** We performed a cross-sectional investigation of QOL in children with CKD (Pediatric cohort) using the PedsQL 4.0 Generic Core Scale Module. During 5 years, total 381 pediatric patients with CKD aged 2-18 year old were enrolled from five Korean university hospitals.

**Results:** The male to female ratio was 259:122 and mean age was 10.1 years old. According to CKD staging, patients were distributed as follows; stage I 72, stage II 75, stage III 124, stage IV 67, stage V 43. Patients with higher CKD stage had significantly lower QOL score in all domains of the parent-proxy reports, but not child-self reports. According to gender, boys had a tendency to present better QOL than girls in the child-self reports, especially in emotional functioning, psychosocial health summary score and total score, but, in the parent-proxy reports, there was no significant difference between these two groups. Age discrepancy was not a significant factor to decide QOL in children with CKD. In addition, there was significant difference between parent-proxy reports and child-self reports and QOL scores in the child-self reports was significantly higher than in the parent-proxy reports, especially in the domains of emotional, school functioning and psychosocial health summary score.

**Conclusion:** Residual renal function and gender in children with CKD can be important factors to decide QOL, but there was a significant difference of these results between parent-proxy and child-self reports. Therefore, we need systemic, individualized supporting tools to improve QOL of children with CKD and their families.

**Keywords:** children, chronic kidney disease, Quality of life