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CKD & associated complications

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Compared early and late treatment of *Helicobacter pylori* and risk of chronic kidney disease: A Nationwide Population-Based Study

Ya-Ling Hung^{*1}, Guei-Fen Chiu¹, Hugo Lin

¹Internal Medicine, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan

Background: *Helicobacter pylori* (H.p.) plays a central role in the development of peptic ulcers. It may not only cause gastrointestinal lesion but also cause systemic inflammation. The association between *Helicobacter pylori* infection and chronic kidney disease (CKD) events remains unknown. We assessed the relationship between different treatment timing of H. pylori infection and the subsequent risks of CKD.

Methods: We conducted a population-based study by using 1,000,000 representative data from the Taiwan National Health Insurance Research Database for the period from January 1, 2000 to December 31, 2010. We studied the incidence and risk of CKD in 3689 early eradication patients compared with 4298 people late eradication patients.

Results: The late group had an adjusted hazard ratio (hazard ratio [HR]; 95% confidence interval [CI] = 1.16–1.53) of subsequent CKD 1.34-fold higher than that of the early group. Hypertension and type 2 diabetes mellitus, and Nonsteroid Anti-inflammatory Drugs users were significantly associated with an increased risk of CKD ($P < 0.05$).

Conclusion: This nationwide population-based cohort study provides evidence that patients with peptic ulcer disease, the late eradication treatment of H.p. are at higher risk of developing CKD than early treatment patients.

Keywords: CKD, *Helicobacter pylori*, Nationwide