KSN 2016 Abstract Submission

Glomerular disease

KSN2016ABS-1246

Immunosuppressive Treatment for Elderly Membranous Nephropahty Patients

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Background: Primary membranous nephropathy (MN) is one of the most common nephrotic syndrome (NS) in elderly (age≥65years) patients. The number of people aged 65 or older is increasing annually. The aim of this study is to evaluate the use of immunosuppressant in elderly primary MN patients.

Methods: We retrospectively recruited 311 biopsy proven primary membranous nephropathy patients from 6 centers between 1990 and 2015. Among them, we included 231 patients who had nephrotic-range proteinuria (≥3.5g/g·cr). The endpoints were all-cause mortality, infection, doubling of the baseline serum creatinine or renal replacement treatment (RRT) and remission.

Results: To compare the baseline characteristics according to age, we divided into two groups of age ≥65 years (elderly, n=130) and <65 years (young, n=181). Of the 130 elderly patients, 104 (79.4%) presented with NS and of these, 25 (24%) had conservative treatment, 17 (16.3%) had steroid only therapy and 62 (59.6%) had steroid combination with other immunosuppressant treatment. Yong group received higher rate (n=85, 66.9%) of steroid combination with other immunosuppressant treatment than elderly group. The infection, death and renal outcome rate was higher with elderly group than young group, while remission rate was lower in elderly group.

In elderly group, 73 (70.2%) patients achieved remission, 11 (10.3%) patients had RRT or doubling of serum creatinine, 9 (8.7%) patients were death and 17 (16.3%) patients were hospitalized because of infection. Treatment options of NS were not significantly associated with outcomes except infection. In elderly group, multivariate cox hazard models identified steroid only (HR 16.4, 95% CI 1.94-138.90, P=0.010), steroid combination with other immunosuppressant treatment (HR 5.17, 95% CI 0.65-40.94) were significantly associated with infection. However, treatment options of NS in <65 years group were not significantly associated with composite outcomes.

Conclusion: Conservative therapy or steroid combination with other immunosuppressant therapy are preferred than steroid only therapy in elderly patients at risk of infection. Prospective study is warranted to compare the efficacy and complications of treatment in elderly MN patients.

Keywords: elderly patient, Immunosuppressive therapy, membranous nephropathy