

KSN 2016 Abstract Submission

Dialysis

KSN2016ABS-1522

Dementia as a risk factor for mortality in elderly Korean patients on hemodialysis

Sung Min Jung*¹, Clara Tammy Kim², Kyoung Hoon Kim³, Shina Lee¹, Seung-Jung Kim¹, Duk-Hee Kang¹, Kyu Bok Choi¹, Dong-Ryeol Ryu

¹Department of Internal Medicine, Ewha Womans university, ²Graduate School of Public Health, Seoul National University, ³Department of Public Health, Graduate School, Korea University, Seoul, Korea, Republic Of

Background: In hemodialysis (HD) patients, cognitive dysfunction is associated with poorer quality of life and higher risk for mortality. This study aimed to investigate the survival rate in elderly Korean patients initiating HD with dementia.

Methods: We analyzed 9,188 patients (4,873 men) aged 65 years or older who had initiated dialysis from 2005 to 2008 and had followed up until 2014 (median, 43.2 months; range, 3-120 months). Baseline demographics, comorbidities and mortality data were obtained using the database from the Health Insurance Review & Assessment Service.

Results: Median survival was 3.60 (3.49 - 3.71) years for all elderly HD patients; it was 2.03 (1.60 - 2.45) in HD patients with dementia, while it was 3.67 (3.56 - 3.79) years in patients without dementia. Survival rate was significantly higher in HD patients without dementia than those with dementia by Log-rank test ($P < 0.001$). The multivariate Cox proportional hazard model revealed that age, sex, the type of insurance, and comorbidities such as diabetes mellitus, myocardial infarction, congestive heart failure, peripheral vascular disease, cerebrovascular disease, dementia [HR (95% CI), 1.27 (1.12 - 1.44), $P < 0.001$], hemiparesis, liver disease, and any malignancy were independent predictors for mortality

Conclusion: Dementia is an independent risk factor for mortality in elderly Korean patients initiating HD. We should pay more attention to patients with dementia to reduce the mortality risk.

Keywords: dementia, hemodialysis, mortality