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Association of Metabolic Syndrome and Late Kidney Allograft Dysfunction

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Background: Metabolic syndrome (MS) is characterized by a constellation of abdominal obesity, high blood pressure (BP), high fasting plasma glucose (FPG), high triglyceride, and low high-density lipoprotein (HDL) cholesterol. MS increases the risk for development of cardiovascular and chronic kidney disease (CKD). In addition, the prevalence of MS is quite common after renal transplantation (RT) both in Asian and the western countries. We identified a strong, positive, and significant relationship between the metabolic syndrome and risk for chronic kidney disease and microalbuminuria. In the multivariate models, elevated blood pressure level, low HDL cholesterol level and high triglyceride level were all significantly associated with an increased odds ratio of chronic kidney disease ($P<0.05$). We also demonstrated the high prevalence of obesity in Thai renal transplant recipients (RTRs) especially after 3 years post-transplantation. Obese RTRs had significantly higher blood pressure and required more antihypertensive medication when compared with RTRs with normal body mass index (BMI). Physicians and transplant coordinators should emphasize on the BMI control on every clinic visit.

Methods: Reference

Results: Ruangkanchanasetr P, Bunnag S, Vongwiwatana A, et al.

Metabolic syndrome in Thai renal transplant recipients: a multicenter study.

Ann Transplant 2015; 20: 500-5

Ruangkanchanasetr P, Satirapoj B, Bunnag S, et al. High prevalence of obesity in Thai renal

transplant recipients: a multicenter study. Transplant Proc 2014; 46: 546-51

Conclusion: I was invited to be a speaker on June 3, during the session of 1600-1800 pm period.

Keywords: Chronic allograft nephropathy, chronic kidney disease, Metabolic syndrome, Renal transplantation