

## KSN 2017 Abstract

KSN-17-P127

### Clinical Outcomes and Effects of Treatment in Older Patients with Idiopathic Membranous Nephropathy

Yaeni KIM, Hye eun YOON, Bum soon CHOI, Cheol whee PARK, Chul woo YANG, Yong-soo KIM, Suk YOUNG, Yoon-kyung CHANG, \*Hyeon seok HWANG, Byung ha CHUNG, Yu ah HONG

Division of Nephrology, Department of Internal Medicine, College of Medicine, The Catholic University of Korea, Seoul, Republic of Korea, Korea, South

**Objectives** : Membranous nephropathy (MN) is the most common primary glomerular disease diagnosed in older patients. However, few reports describe the clinical outcomes and effect of treatment in older patients with idiopathic MN.

**Methods** : The clinical course of 135 patients with histologically proven idiopathic MN was analyzed. 'Older' was defined as 60 years of age or older at the time of the renal biopsy. The rates of complete remission (CR), progression to end-stage renal disease (ESRD) and infection were compared between older and younger patients.

**Results** : The cumulative event rate for achieving CR was inferior ( $P = 0.012$ ) and that for requiring renal replacement therapy was higher ( $P = 0.015$ ) in older patients, and they had a greater risk of infection ( $P = 0.005$ ). In a multivariate Cox hazard analysis, older age was a significant predictor of a lower rate of CR from proteinuria (adjusted odds ratio [OR] = 0.51, 95% confidence interval [CI] 0.26–0.98), and was a robust predictor of the development of infection (adjusted OR = 5.27, 95% CI 1.31–21.20). Conservative treatment was associated with a lower remission rate in older patients compared with younger patients ( $P = 0.036$ ). Corticosteroid treatment was less effective in achieving CR ( $P = 0.014$ ), in preventing progression to ESRD ( $P = 0.013$ ) and in reducing infectious events ( $P = 0.033$ ) in older patients. Cyclosporine treatment in the two groups had comparable clinical outcomes with regard to CR, ESRD progression, and infectious complications.

**Conclusions** : Older age in patients with idiopathic MN was independently associated with inferior rates of CR and greater risk of infection compared with younger patients. Treatment modalities affected the clinical outcomes of older patients differently to those of younger patients. Cyclosporine treatment is predicted to be more useful than corticosteroids in this population.

**Keywords** : Older age, Membranous nephropathy, Clinical outcomes