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The discrepancy in the predictability of subjective global assessment (SGA) for mortality according to dialysis modalities

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Objectives : Although subjective global assessment (SGA) has been considered to be a representative index to evaluate nutritional status in dialysis patients, it is dependent on the inspector's opinion. Thus, the aim of this study was to investigate the usefulness of SGA as a risk factor for mortality according to dialysis modalities among Korean incident and prevalent patients.

Methods : A total of 4,592 dialysis patients was enrolled from CRC for ESRD cohort between May 2009 and December 2015 and they were divided into two groups: Good nutrition (G1) and Mild to Severe malnutrition (G2). Additionally, Kaplan-Meier (KM) and Cox proportional regression analysis were performed to evaluate whether SGA was useful to predict mortality. In addition, after these patients were stratified into four groups of incident hemodialysis (HD) or peritoneal dialysis (PD) patients and prevalent HD or PD patients, the same statistical analyses were also conducted to investigate the usefulness of SGA for mortality in each patient group.

Results : During 3.5 years of median follow-up period, 993 patients (21.6%) died. KM curve and univariate Cox analysis showed that G2 was independently associated with an increase of mortality rate compared with G1 among whole patients [HR, 1.27; 95% CI, 1.10-1.47; P = 0.002]. However, in the subgroup analysis, the predictability of SGA for mortality was different according to dialysis modalities and the vintage. Adjusted mortality risk in G2 was significantly higher than that in G1 among prevalent HD patients [HR; 1.32, 95% CI, 1.04-1.68; P = 0.03] and incident PD patients [HR, 1.86; 95% CI, 1.10-3.13; P = 0.02]. By comparison, G2 of SGA was not a significant predictor for mortality in incident HD and prevalent PD patients.

Conclusions : The evaluation of nutritional status based on SGA in dialysis patients may predict mortality. However, this study showed that SGA was not always a significant predictor for mortality, especially in incident HD and

prevalent PD patients. The reason(s) why the discrepancy in the predictability of SGA for mortality happened should be further investigated.

Keywords : subjective global assessment, mortality, dialysis modality, incidence, prevalence