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Effect of Nutritional Status Assessed Using Subjective Global Assessment related to Change of Anemia in Incident Dialysis Patients

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Objectives: Anemia is a major complication in patients with end-stage renal disease (ESRD). Subjective global assessment (SGA) is a useful tool assessing nutritional status. We investigated an association with changes of anemia after assessing nutritional status using SGA over time in incident ESRD patients.

Methods: The cohort was prospectively collected in 36 centers of the Clinical Research Center for ESRD in Republic of Korea. The incident ESRD patients started hemodialysis or peritoneal dialysis between November 2008 and Feburary 2014. We excluded patients who were younger than 18 years old, or had an underlying liver disease and malignancy. Finally, we included 849 incident ESRD patients in this study. Nutritional status was calssified to well nourished (WN, SGA A) or malnourished (MN, SGA B or C). The patients based on the change of nutritional status was divided into four groups as following: group 1, WN to WN; group 2, WN to MN; group 3, MN to WN; and group 4, MN to MN. Data between baseline and 12 months after dialysis initiation was analyzed.

Results: Mean age of the patients was a higher trend in group 3 than group 1 and group 2 ($P<0.001$ for group 1 and $P<0.05$ for group 2). Group 4 was more prevalence than the other groups in diabetes, coronary artery disease, heart failure, and cerebrovascular disease ($P<0.01$ for all). Serum hemoglobin and hematocrit levels were lower in group 4 than the group 1 and group 3 ($P<0.05$ for both and $P<0.01$ for both, respectively). In subgroup analysis based on dialysis type, only group 4 on peritoneal dialysis were consistent with the results, but it dissipated in the patients on hemodialysis.

Conclusions: A proper support of nutritional status based on SGA in incident peritoneal dialysis patients improved a status of anemia, but it was not in incident hemodialysis patients.