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**Characteristics of Recipients Who Discontinued Antihypertensive Medication within 1-Year after Kidney Transplantation: Results from the KoreaN Cohort Study for Outcome in Patients With Kidney Transplantation (KNOW-KT) Study**

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**Objectives:** Hypertension is a very common complication in patients with chronic kidney disease and is associated with increased cardiovascular risk and mortality. The purpose of this study was to evaluate characteristics and related factors of recipients who stopped antihypertensive medication within 1-year after kidney transplantation (KT).

**Methods:** This study included 1-year follow-up data of 1,080 recipients enrolled in The KoreaN cohort study for Outcome in patients With Kidney Transplantation (KNOW-KT) between July 2012 and August 2016.

**Results:** Among the 857 recipients treated for hypertension prior to KT, 278 (32.4%) stopped antihypertensive medication within 1-year after KT and 579 (67.6%) continued to receive medication. We compared the medication discontinuation (MD) group with the medication maintenance (MM) group. The MD group was younger than the MM group and the proportion of females was higher. The MD group had lower systolic blood pressure (SBP) and a smaller number of antihypertensive drugs before KT than the MM group. The MD group had a lower body mass index, triglyceride levels, and triglyceride/high density lipoprotein ratio before and 1-year after KT than the MM group. Echocardiography before KT showed a thinner left ventricular posterior wall thickness (LVPWT) and smaller left atrial diameter in the MD group than in the MM group. The incidence of delayed graft function (DGF), acute rejection (AR), and coronary artery disease (CAD) after KT were lower in the MD group than in the MM group. In multivariate Cox proportional hazards analysis, the probability of discontinuing antihypertensive medication after KT was significantly higher in female and patients with lower SBP and thinner LVPWT before KT.

**Conclusions:** In order to better control hypertension and stop further medication after KT, it is important not only to prevent DGF, AR, and CAD after KT, but also to control SBP before KT and prevent cardiovascular remodeling.