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Comparison of QoL between Autosomal dominant polycystic kidney disease (ADPKD) and Glomerulonephritis (GN) using propensity score matching (PSM): study in KNOW-CKD

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Objectives: The QoL of ADPKD and GN are comparable because both diseases occur at a young age and thus share similar socioeconomic traits and comorbidities.

Methods: The QoL between the 2 groups, which are subcohorts of KNOW-CKD, were compared, and the major factors affecting the QoL of each group was analyzed.

Results: Among 215 ADPKD (M:F 121:94) and 471 GN (M:F 259:212) patients, the mean age was 49, the incidence of hypertension was 93%, and the mean BMI was 24. There were no differences in the mCCI, presence of LVH or metabolic syndrome, laboratory findings, and the work, marital, health insurance, and economic status through the PSM. The reliability decreased in the sexual function, but the reliability of the other items was generally stable (Cronbach's alpha: KDQoL, 0.691; SF-36, 0.839). In KDQoL score, the score of the ADPKD group in the sexual function was lower (ADPKD 49.52±45.74, GN 56.19±45.25, P=0.005). In contrast, the scores of the ADPKD group in physician encouragement and patient satisfaction were higher (P<0.05). There was no difference in MCS between the two groups, but the total PCS of the ADPKD group was inferior (ADPKD 74.26±16.78, GN 77.42±14.64, P=0.005). In the multivariate model of the ADPKD patients, the QoL score was higher when the subject was preoccupied, phosphorus level was lower, and the body mass index (BMI) was higher. As for GN, the KDQoL score was higher when they were preoccupied, married, had a high economic status, had a low phosphorus level, and the SF-36 score was higher when the subject was male and absent of LVH, or hypertension, and low mCCI, or phosphorus level.

Conclusions: In summary, the sexual function and PCS was inferior in ADPKD. The work status and phosphorus level affected the QoL in both groups.