

**Abstract Type : Poster**

**Abstract Submission No. : PO-1253**

**Low diastolic blood pressure independently predicts major cardiovascular events in prevalent dialysis patients.**

**Eun Jin Bae**<sup>1</sup>, Jun Hyung Cho<sup>1</sup>, Jung gu Na<sup>1</sup>, Tae Won Lee<sup>1</sup>, Ha Nee Jang<sup>2</sup>, Hyun Seop Cho<sup>2</sup>, Hyun-Jung Kim<sup>2</sup>, Se-Ho Chang<sup>2</sup>, Dong Jun Park<sup>1</sup>

<sup>1</sup>Department of Internal Medicine, Gyeongsang National University Changwon Hospital, Korea, Republic of

<sup>2</sup>Department of Internal Medicine-Nephrology, Gyeongsang National University Hospital, Korea, Republic of

**Objectives:** Cardiovascular disease is an important predictor of mortality as well as high prevalence in end stage renal disease patients. We investigated the risk factors of cardiovascular disease in prevalent hemodialysis patients.

**Methods:** We retrospectively enrolled patients with incident dialysis from February 2015 to November 2018. Major adverse cardiovascular events (MACE) defined as a composite of nonfatal stroke, nonfatal myocardial infarction, unstable angina and cardiovascular death. Cox regression analysis was used to calculate the hazard ratio (HR) of primary outcome.

**Results:** Among a total of 315 patients, we excluded 213 patients due to dialysis duration or follow up duration less than 3 months. During median follow up 42.6 months, 4 patients died, and 13 patients experienced nonfatal stroke or nonfatal myocardial infarction or unstable angina. Among the primary outcome, the recurrent event was 41.7% (n=7). In the Cox proportional hazard analyses, only lower diastolic blood pressure (DBP) was independently associated with MACE.

**Conclusions:** In patients with hemodialysis, low DBP is associated with MACE. We should pay attention to the clinical significance of DBP in prevalent dialysis patients.