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Modifiable factors associated with health-related quality of life in patients with diabetic kidney disease

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Objectives: Poor health-related quality of life (HRQOL) is associated with increased cardiovascular risk and mortality in patients with kidney disease. Therefore, it is critical to identify potentially modifiable factors contributing to poor HRQOL. This study examined clinical factors associated with poor HRQOL in patients with diabetic kidney disease (DKD) focusing on depression, anxiety, sleep quality, and physical activity.

Methods: Between April 2017 and March 2018, 141 adults (aged ≥ 18 years) with DKD were recruited in single tertiary hospital. HRQOL was assessed at baseline with the Short Form 36 (SF-36) Health Survey Questionnaire. Poor HRQOL was defined as baseline scores below the median value. Depression and anxiety were assessed with the Hospital Anxiety and Depression Scale (HADS). Sleep quality and physical activity were measured using Korean version of the Pittsburgh Sleep Quality Index (PSQI-K) and Short form of Global Physical Activity Questionnaire (GPAQ) respectively.

Results: The age was 65 [57-72] years old, and 73% (n=103) of participants were men. Prevalence of anxiety and depression were 17% (n=24) and 7% (n=10) respectively. Forty-eight (34%) subjects corresponded to poor sleepers and 40 (28%) subjects showed low physical activity. SF-36 scores were decreased with advanced CKD stages (stage 3, 79 [71-82]; stage 4, 71 [56-82]; stage 5, 70 [57-82]; $p = 0.029$ for trend). Anxiety, depression, and poor sleep quality were negatively correlated with SF-36 scores ($p < 0.05$). eGFR and physical activity were positively correlated with HRQOL scores ($p < 0.05$). In multivariable logistic analysis, depression was associated poor HRQOL (odds ratio, 1.51; 95% confidence interval, 1.27-1.80, $p < 0.001$) independently of age, sex, comorbidity, eGFR, anemia, sleep quality, anxiety and physical activity.

Conclusions: Depression was a major determinant of poor HRQOL in patients with DKD. Active surveillance of depression and psychosocial intervention can improve well-being of patients with DKD.