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**Lower quality of life in subjects with diabetic nephropathy than in subjects with other types of CKD: finding from the KNOW-CKD cohort**

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**Objectives:** Diabetic nephropathy (DN) is a major cause of end-stage renal disease. DN can affect the quality of Life (QoL) because it requires arduous lifelong management. This study analyzed QoL differences at baseline and after 5-years between DN and non-DN subjects with other CKD (chronic kidney disease).

**Methods:** The analysis was performed with subjects (n=1766) who completed the Kidney Disease Quality of Life Short Form (KDQOL-SF) among KNOW-CKD subjects. To maintain homogeneity, age, sex, number of family members, insurance, work, marital, and economic status, body mass index, hemoglobin, blood pressure, coronary artery calcium score, uric acid, calcium, albumin, and CKD stage were controlled by propensity score-matched (PSM) pair sampling using the greedy matching technique. After PSM, 250 DN and 250 non-DN subjects were finally selected. Differences in the mean scores of KDQOL-SF according to the 2 groups were then analyzed.

**Results:** The mean age of both DN and non-DN was controlled for 58 years, and the number of men, 330 (66%). For kidney disease-targeted scales, the scores for cognitive function (83.6 vs. 86.9, P=0.005), social support (85.9 vs. 89.0 P=0.022) and social interaction (61.8 vs. 64.9, P=0.005) domain were lower in the DN subjects. For health survey scales, the DN subjects had lower scores for physical function (80.8 vs. 84.1, P=0.047) and general health domain (37.1 vs. 42.8, P=0.009). After 5-years, overall QoL scores decreased in both groups (P=0.001). Especially, in the DN group, the scores of effects of kidney disease, burden of kidney disease, work status, social support, role-physical, and social function domain were significantly decreased.

**Conclusions:** The DN subjects showed lower scores in cognitive function, and social support, social interaction, physical function, and general health domain than non-DN subjects. After 5-year follow up, the QoL scores decreased. In conclusion, we confirmed that DN itself affected QoL more than other CKD.