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Nutritional Status of Continuous Ambulatory Peritoneal Dialysis Patients at Cipto Mangunkusumo General Hospital Jakarta Indonesia

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Objectives: The aim of this study was to assess the nutritional status of native Indonesian PD patients at Cipto Mangunkusumo General Hospital Jakarta Indonesia using Subjective Global Assessment (SGA), nutrition intake and biochemical methods, and to study the correlation between nutritional status, biochemical result and dietary.

Methods: Study of diagnostic test of screening tools was organized as cross-sectional study in 2019, by using SGA tool.. A sample 28 adults with CKD on PD were analyzed during June – December 2019 consists of 18 males and 10 females. SGA scored categorical with; A well nourished, B moderate malnutrition, C severe malnutrition. Biomarker laboratory test is albumin and dietary also calculated using 24 hours recall method.

Results: SGA test result 27 patients are well nourished (96.4%), moderate malnutrition 1 patients (3.6%) and no severe malnutrition patients, opposite from Indonesian prevalence of malnutrition that is 50 – 65%⁶. However, Albumin biomarker showed 21 patients normal (75%) and 7 patients are hypoalbuminemia (25%), hypoalbuminemia status can increase risk of peritonitis in PD. Average energy requirement is 1921±273 Kcal/day, well-nourished patients in SGA is adequate or sufficient 80% (1797±323 kcal/day) in moderate malnutrition inadequate (50%; 892±210 kcal/day). Protein average requirements is 54±9.3 grams/day, well-nourished patients using SGA protein intake is sufficient 76% (49±8.2 gram/day), however in moderate malnutrition only 45% (19±6.2 gram/day). Compared energy protein intake to albumin showed SGA score is influenced by energy intake ($p < 0.038$).

Conclusions: Malnutrition is common among CAPD patients. Studies have also shown that nutritional status and energy intake is an independent predictor of survival for reducing risk of peritonitis in PD patients. It is therefore recommended that periodic assessment of nutritional status should be part of the routine care of dialysis patients to facilitate the early recognition of malnutrition and the institution of appropriate therapy.