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Bioelectrical impedance analysis-derived phase angle as a marker of nutritional status in hemodialysis patients

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Objectives: The aim of this study was to assess the association between different nutritional markers and bioelectrical impedance analysis (BIA)-derived phase angle (PhA) in patients with end-stage renal disease (ESRD) and to evaluate the predictive value of the PhA for malnutrition risk in these patients.

Methods: We performed a cross-sectional study with 126 adult ESRD patients undergoing hemodialysis (HD) for ≥ 6 months, 44% females, 56% diabetics, with mean age of 62.02 ± 13.1 years and the mean HD duration of 45.6 ± 36.2 months. Based on the geriatric nutritional risk index (GNRI), the patients were categorized into either malnourished (GNRI ≤ 98) (Group 1, n=54) or normal groups (GNRI > 98) (Group 2, n=72). We measured complete blood count, biochemical parameters, dialysis adequacy, BIA, and relative hand grip strength (HGS) in both groups.

Results: Group 1 exhibited significantly higher average age ($p < 0.001$) and lower PhA ($p < 0.001$). All of the following parameters were lower in Group 1: serum creatinine ($p < 0.001$), cholesterol ($p = 0.005$), total lymphocyte count (TLC) ($p = 0.007$), albumin ($p < 0.001$), prealbumin ($p < 0.001$), transferrin ($p < 0.001$), and insulin-like growth factor-1 (IGF-1) ($p = 0.001$). Although extracellular water/total body water (ECW/TBW) ratio ($p < 0.001$) was higher in Group 1, body fat mass ($p < 0.001$), body mass index ($p < 0.001$), normalized protein nitrogen appearance (nPNA) ($p = 0.041$), and relative HGS ($p = 0.044$) were higher in Group 2. The PhA was positively correlated with TLC ($r = 0.381$, $p < 0.001$), creatinine ($r = 0.626$, $p < 0.001$), albumin ($r = 0.459$, $p < 0.001$), prealbumin ($r = 0.714$, $p < 0.001$), transferrin ($r = 0.413$, $p < 0.001$), IGF-1 ($r = 0.542$, $p < 0.001$), nPNA ($r = 0.356$, $p < 0.001$), and GNRI ($r = 0.550$, $p < 0.001$). On multiple regression analysis, prealbumin ($p = 0.003$) and ECW/TBW ratio ($p < 0.001$) were significant independent factors associated with PhA. Receiver operator characteristics (ROC) curve analysis suggested that proper PhA cut-off point for malnutrition risk was 4.2° with 71.8% sensitivity, 63.6% specificity.

Conclusions: The results of this study suggest that BIA-derived PhA can be considered as a useful marker of nutritional status in maintenance hemodialysis patients.