



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Association between blood pressure and risks of clinical outcomes in older adults with chronic kidney disease

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Objectives : Blood pressure (BP) targets for older adults with hypertension vary across recommendations, and most hypertension guidelines do not provide specific recommendations that adequately reflect the unique characteristics of older adults with CKD. Therefore, we investigated the association between BP control and the risks of mortality, end-stage kidney disease (ESKD), and cardiovascular disease (CVD) among older adults with CKD.

Methods : We analyzed data from a prospective cohort established by the Korean Society of Geriatric Nephrology, which enrolled older adults with non-dialysis CKD from 17 centers in South Korea. A total of 812 patients were included and were classified into two groups according to systolic BP (SBP): <120 vs. $\geq$ 120 mmHg (Kidney Disease: Improving Global Outcomes-recommended target) and <135 vs. $\geq$ 135 mmHg (Korean Society of Geriatric Nephrology-recommended target). The primary outcome was all-cause mortality; secondary outcomes were incident ESKD and CVD.

Results : The median age was 78 years and 59.73% of participants were women. During a median follow-up of 40.06 months, there were 98 deaths (12.07%), 107 ESKD events (13.18%), and 75 CVD events (9.24%). When SBP was dichotomized at 120 mmHg, there was a trend toward increased risks of ESKD and CVD (hazard ratio [HR] 1.78, 95% confidence interval [CI] 0.94–3.36; $P = 0.077$ for ESKD; and HR 2.09, 95% CI 0.95–4.59; $P = 0.068$ for CVD). When SBP was dichotomized at 135 mmHg, the risks of ESKD and CVD increased significantly (HR 1.66, 95% CI 1.09–2.54; $P = 0.018$ for ESKD; and HR 2.12, 95% CI 1.23–3.66; $P = 0.007$ for CVD). However, SBP was not significantly associated with the risk of death.

Conclusions : An SBP $\geq$ 135 mmHg was an independent risk factor for ESKD and CVD among older adults with non-dialysis CKD. These findings suggest that an SBP target of <135 mmHg may be reasonable in older adults with CKD.