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## **Poor health-related quality of life in the postmenopausal women receiving kidney transplantation during long-term followup**

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**Objectives:** The women with chronic kidney disease (CKD) at gestation at age experience early menopause. Kidney transplantation (KT) can resume menstruation at this age. However, there are lack of concerns for the post-menopausal women received KT. We aimed to study health-related quality of life (HRQOL) and clinical outcome in the post-menopausal women at the time of KT.

**Methods:** The KoreaN cohort study for Outcome in patients With Kidney Transplantation (KNOW-KT) is a multicenter, observational cohort study. Total 972 subjects who performed questionnaire of Disease Quality of Life instrument (KDQOL-SF) were enrolled in this study. The KDQOL-SF and clinical parameters were assessed at the point of 0, 2, 4, and 6 years after registration. HRQOL was analyzed according to sex or menopause parameters.

**Results:** The total 168 KT patients were in post-menopause status and mean age was  $54 \pm 5.9$  years. Both CKD-targeted score and SF36 score were improved 2 years after KT and their improvement persisted until 6 years. The post-menopausal females had poorer CKD-targeted score and SF36 ; both physical and mental component score, compared to both non-menopausal females and similar aged males during 6-year followup. Lower GFR, low baseline QOL, diabetes, low incomes, and low hemoglobin level were independent risk factors for lower SF36 score at 6-year followup in post-menopausal KT patients. At the same renal function, post-menopausal patients had significantly lower SF36 score than same aged male patients ( $68.2 \pm 12.8$  vs.  $77.8 \pm 13.9$ ,  $P=0.000$ ), which were similar in both physical QOL and mental QOL score. Regarding the CKD-targeted score, pre-menopausal patients had lower scores as same-aged male patients. In multivariable analysis, menopause was an independent determining factor for lower HRQOL ( $P=0.01$ ).

**Conclusions:** Post-menopausal KT women have the poorest HRQOL compared to other KT population. Tailored health care in both physical and mental fields should be planned for these population to improve QOL after KT.