KSN SEOUL, KOREA 2023
April 27(Thu) - 30(Sun), 2023
Coex, Seoul, Korea

Abstract Type : Poster
Abstract Submission No. : 1216

ASSOCIATION OF A LOW PROTEIN DIET WITH DEPRESSIVE SYMPTOMS AND POOR HEALTH-RELATED QUALITY OF LIFE IN CKD

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Objectives: A low protein diet (LPD) for chronic kidney disease (CKD) is a core dietary therapy as it has been demonstrated to slow CKD progression. Herein, we sought to evaluate the effect of LPD on depressive symptoms and health-related quality of life (HRQOL) in persons with CKD.

Methods: We included 571 pre-dialysis CKD patients in our analyses. The subjects were dichotomized into a LPD group if the subjects' dietary protein intake was less than or equal to 0.8 g/Kg/day, otherwise they were in the conventional protein diet (CPD) group. Multivariate odds ratio (OR) and 95% confidence interval (95% CI) for depressive symptoms and poor HRQOL were evaluated to clarify the association between a LPD and depressive symptoms or poor HRQOL. The subgroups were classified by the diabetic kidney disease (DKD, DKD versus non-DKD) and CKD stages (non-advanced CKD (CKD stage 1, 2, and 3) versus advanced CKD (CKD stage 4, and 5)) and we also assessed the relationship of a LPD with depressive symptoms or poor HRQOL of each group.

Results: The LPD group showed an increased Korean-Beck Depression Inventory-II (K-BDIII) score indicating depressive symptoms and a decreased EQ-5D-5L index compared to the CPD group. The LPD group had a 1.8 OR (95% CI, 1.15-2.81) for depressive symptoms and 1.99 OR (95% CI, 1.41-3.12) for lower HRQOL scores. The LPD group was associated with an increased OR of 1.99 [1.09-3.65] in the DKD subgroup and 2.05 [1.12-3.75] in the advanced CKD subgroup for depressive symptoms.

Conclusions: LPD was associated with an increased probability of depressive symptoms and poor HRQOL. This suggests that close monitoring of depression and QOL during LPD in CKD.

Association of low protein diet with depressive symptoms and HRQOL in all participants and subgroups (DKD or non-DKD, and mild CKD or advanced CKD subjects) by using logistic regression analysis