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## Prevalence of Malnutrition and Its Effect on Health-Related Quality of Life Among Maintenance Hemodialysis Patients at East Avenue Medical Center

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**Objectives:** This study examines the impact of nutritional status on the quality of life in maintenance hemodialysis patients at East Avenue Medical Center. It analyzes patients' demographic and clinical profiles, evaluates nutritional status using a modified subjective global assessment, and explores the correlation between clinical and biochemical parameters and nutrition.

**Methods:** Patients were selected based on specific criteria, and informed consent was obtained. Sociodemographic and medical histories were collected through interviews and records. Anthropometric measurements (height, weight, hand grip strength) were taken prior to dialysis, while laboratory data (hemoglobin, albumin, URR) and Kt/V from clearance monitoring were analyzed. Statistical analysis was conducted using SPSS version 25, utilizing descriptive statistics, logistic regression, and normality tests

**Results:** The study found that CKD predominantly affects patients aged 51-69 and 18-35, with 42.5% having only a high school education and 82.2% unemployed. Many patients had been on dialysis for 4 to 6 years, while 24.66% had been on for 1 to 3 years. Malnutrition was evidenced by low arm circumferences and poor hand grip strength, with 95.89% classified as having "Very Poor" grip strength. More than half had hemoglobin levels below 100 g/L, indicating significant anemia, and nearly half showed inadequate dialysis efficacy based on URR and Kt/V ratios. A substantial 94.52% were mildly malnourished, with only 4.48% categorized as well-nourished. A weak negative correlation was observed between malnutrition scores and quality of life among hemodialysis patients.

**Conclusions:** A study at East Avenue Medical Center found significant mild malnutrition among maintenance hemodialysis patients. It emphasizes the need for regular assessments and suggests using validated tools, like the modified Subjective Global Assessment, along with tailored nutritional interventions to mitigate malnutrition and improve clinical outcomes.

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**Table 6.** Correlation between clinical profile and biochemical parameters with the Quality of Life CKD patients

		URR	KT/v	ВМІ	Hand Grip	MUAC	Albumi n	Hemoglobi n	Malnutrition n Score
KT/v	Tb	0.292	_						
	p- value	< .001	_						
ВМІ	Tb	-0.077	-0.110	_					
	p- value	0.338	0.192	_					
Hand Grip	Tb	-0.061	-0.029	0.019	_				
	p- value	0.449	0.732	0.812	_				
MUAC	Tb	0.024	-0.137	0.492	0.112	_			
	p- value	0.767	0.116	< .001	0.173	_			
Albumin	Tb	0.009	0.031	0.021	0.026	0.045	_		
	p- value	0.916	0.717	0.800	0.749	0.585	_		
Hemoglobi n	Tb	0.184	-0.020	-0.050	0.027	0.164	-0.009	_	
	p- value	0.023	0.813	0.532	0.735	0.048	0.913	_	
Malnutritio n Score	Tb	0.161	0.169	-0.075	0.045	-0.228	-0.096	0.030	_
	p- value	0.063	0.065	0.385	0.603	0.010	0.275	0.730	-
QoL	Tb	-0.053	-0.087	-0.103	0.051	-0.013	0.195	0.031	-0.246
	p- value	0.540	0.342	0.235	0.556	0.883	0.027	0.724	0.009

(shaded values have significant relationships between variables)

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Figure 1. Scatter Plot for Quality of Life and Malnutrition Score among CKD patients

