Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Residential Instability and Clinical Outcomes in Older Adults With Chronic Kidney Disease: A Multicenter Prospective Cohort Study

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Objectives : In older adults, social determinants of health (SDoH)—particularly housing stability and economic activity have been linked to adverse outcomes, but evidence specific to older adults with chronic kidney disease (CKD) remains limited. Our aim is to investigate the associations of residential and employment trajectory with clinical outcomes in older CKD patients.
Methods : We used a multicenter, prospective cohort of 1,198 individuals aged over 70 years with CKD enrolled across 17 centers. Residential trajectory was categorized as "Home stable", "Alone stable", "Home to Alone", "Alone to Home", "Bidirectional", and "Facility" (including hospitals and other institutions). Employment status was classified by presence of employment history. Primary outcomes were kidney function decline (≥40% decline in eGFR or initiation of kidney replacement therapy) and functional decline (≥2-point decrease in K-ADL). Secondary outcomes were all-cause hospitalization, fracture, and cardiovascular events. Associations were assessed using discrete-time logistic regression adjusted with demographic and clinical covariates.
Results : The participants' mean age was 78.09 years, and 58.6% were men. Using "Home stable" group as the reference, residential trajectories were not associated with kidney function decline or cardiovascular events. The "Facility" group had higher odds of functional decline (OR 6.47, 95% CI 3.67–11.41), hospitalization (OR 4.74, 95% CI 2.22–10.12), and fracture (OR 4.08, 95% CI 1.28–13.04). For hospitalization, "Alone to Home" (OR 2.70, 95% CI 1.09–6.67) and "Alone Stable" (OR 1.62, 95% CI 1.04–2.53) were associated with higher odds. For fracture, the "Bidirectional" group showed higher odds (OR 4.05, 95% CI 1.49–11.00). Employment history was not significantly associated with any outcome.
Conclusions : In older CKD patients, residential trajectory were associated with adverse clinical outcomes—particularly hospitalization and fracture. Residential instability may serve as a pragmatic risk marker to identify vulnerable older CKD patients and inform targeted supportive interventions.

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