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

Abstract Type : Oral
Abstract Submission No. : 1662

Association between Statin Treatment and Mortality in Older Korean Hemodialysis Patients by Sex: Data from a Korean Society of Geriatric Nephrology Retrospective Cohort

Jinsuk Bae[1], Seungmin Kang[2], Woo Yeong Park[3], Jang-Hee Cho[4], In O Sun[5], Won Min Hwang[6], Soon Hyo Kwon[7], Hyoungnae Kim[7], Kyung Don Yoo[8]
[1]Department of Internal Medicine-Nephrology, Dongkang Medical Center, Korea, Republic of
[2]Department of Internal Medicine-Nephrology, Ulsan University Hospital, Korea, Republic of
[3]Department of Internal Medicine-Nephrology, Keimyung University Dongsan Medical Center, Korea, Republic of
[4]Department of Internal Medicine-Nephrology, Kyungpook National University Hospital, Korea, Republic of
[5]Department of Internal Medicine-Nephrology, Presbyterian Medical Center, Korea, Republic of
[6]Department of Internal Medicine-Nephrology, Konyang University Hospital, Korea, Republic of
[7]Department of Internal Medicine-Nephrology, Soonchunhyang University Seoul Hospital, Korea, Republic of
[8]Department of Internal Medicine-Nephrology, University of Ulsan College of Medicine, Korea, Republic of

Objectives: This study examined sex-based differences in impact of dyslipidemia treatment on patients' survival among older incident hemodialysis patients.

Methods: In all, 2,468 incident hemodialysis (HD) patients aged >70 years were enrolled from a retrospective cohort of the Korean Society of Geriatric Nephrology. Multivariate Cox regression analysis was used to select the risk factors for mortality from 20 clinical variables and compared by sex.

Results: In total, 2,216 patients were included in the final analysis. There was no difference in the rate of statin use, the proportion of diabetes, and the history of hypertension between men and women; however, a significantly higher proportion of women had previous ischemic heart disease and cerebrovascular disease history. The all-cause crude death rates were 64.8% and 70.5% in men and women, respectively (P=0.025). All-cause mortality for the statin group was significantly lower after adjustment for covariates such as body mass index, serum albumin, concurrent history of hypertension, diabetes mellitus, congestive heart failure, cerebrovascular accident, serum potassium, phosphorus, hospitalization history before HD initiation within 6 months, and activities of daily living dependency (hazard ratio (HR), 0.85; 95% confidence interval (CI):0.75–0.95; P=0.008). The statin group showed a protective effect that differed according to sex. For death from any cause, the adjusted HRs associated with statin use in women and men with 35.2 months of mean follow-up were 0.83 (95% CI, 0.71–0.98, P=0.03) and 0.85 (95% CI, 0.71–1.01, P=0.08), respectively. Lower LDL-C levels were associated with reduced mortality in statin-treated women but not in men.