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Associations of Longitudinal Changes in Body Mass Index with Clinical Outcomes in Chronic Kidney Disease

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Objectives : Obesity in patients with chronic kidney disease (CKD) is paradoxically associated with reduced mortality risk. However, the association between longitudinal changes in body mass index (BMI) and clinical outcomes in CKD has not been well established.

Methods : A total of 223,370 individuals with CKD who underwent nationwide health examinations between 2012 and 2015 were included in the study. Patients were categorized into three groups based on the degree of change in their BMI; BMI decrease ($< -3\%$), stable BMI ($\geq -3\%$ and $\leq 3\%$), and BMI increase group ($> 3\%$). We analyzed cardiovascular (CV) events, progression to end-stage kidney disease (ESKD), and all-cause mortality according to the degree of BMI change.

Results : Compared with the stable BMI group, an increase in BMI was associated with a lower risk of cardiovascular events [adjusted hazard ratio (HR) 0.89 (95% confidence interval (CI) 0.84-0.94)], whereas a decrease in BMI did not exhibit a significant change in CV risk (adjusted HR 0.98, 95% CI 0.92-1.04). However, no significant associations were observed between BMI change and the risk of progression to ESKD. The risk of all-cause mortality was higher in both the BMI decrease and BMI increase groups compared with the stable BMI group, showing a U-shaped association between BMI change and all-cause mortality.

Conclusions : This study shows that longitudinal BMI changes were differentially associated with adverse clinical outcomes. These findings suggest that both weight loss and weight gain may exert an adverse prognostic impact in individuals with CKD.