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**Residual Lifetime Risk of End-Stage Kidney Disease in Chronic Kidney Disease
under One Multidisciplinary Care Program**

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Objectives : Understanding the lifetime risk of end-stage kidney disease (ESKD) in chronic kidney disease care is essential to arrange consequent actions for dialysis preparation. The study quantified the residual lifetime risk of ESKD in a sizeable chronic kidney disease (CKD) cohort who underwent a multidisciplinary care model.

Methods : The study used databases from two Kaohsiung Medical University-affiliated hospitals in 2004–2021. Patients with CKD who received multidisciplinary care in outpatient nephrology were considered study candidates. The study outcome is ESKD, which is determined based on dialysis or kidney transplantation reported by the nurse educators. The patients who did not experience events were censored at the last laboratory date. We estimated the sex-specific ESKD incident rate, cumulative incidence, and 95% confidence interval in 5-year intervals.

Results : The age and estimated glomerular filtration rate of the 9,603 patients were summarised as 65.8 ± 14.0 years and 32.9 ± 23.7 . The crude ESKD incidence rate was 48.0 and 63.0 per 1,000 patient-years in males and females, respectively. The lifetime incidence rates were higher in younger age groups (45-50 years: 96.2 in males and 83.7 per 1,000 patient-years in females; 95-100 years: 16.8 in males and 43.5 per 1,000 patient-years in females) compared to older groups in both sexes. After considering the competing risk of death, the 45-year-old male's cumulative incidence of ESKD was higher during the early 25 years but lower after 25 years compared to the female's.

Conclusions : Based on the study findings, we suggested that the dialysis preparation should consider care age and sex. Females tend to delay the risk of ESKD by 5-10 years compared to males. Further study should be done to identify and reduce the sex-relevant gaps in CKD care. National Health Research Institutes in Taiwan supported this study (No: NHRI-EX113-11208PI).

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