



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Association of Physician Counseling and Patient-Reported Physical Activities with Blood Pressure in Patients without Chronic Kidney Disease

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Objectives : The magnitude of the association of physician counseling and enhancing physical activity or exercise (PAE) with blood pressure (BP) is unknown. We aim to examine the association of physician counseling for and patient report of increased PAE with BP in patients without CKD.

Methods : A retrospective cross-sectional study utilizing the 2017-2023 NHANES included adults reporting whether ever had physician counseling for or had increased PAE. Patients were categorized into 4 groups: 1) No counseling and no increased PAE, 2) Counseling but no increased PAE, 3) No counseling but increased PAE, and 4) Counseling and increased PAE. The association of the 4 groups with SBP and DBP was examined by multiple linear regression adjusted for age, gender, race, ethnicity, level of education, BMI, mean SBP and DBP, history of diabetes, hyperlipidemia, CRP, eGFR, and urinary microalbumin:creatinine ratio.

Results : Of 8,018 participants ≥ 18 years old, the mean $\pm$ SD age was 49 $\pm$ 18 years, and 50% were female. Up to 7.8% had CKD (eGFR < 60 mL/min/1.73 m²). Stratified by CKD, patient distribution and SBP and DBP were showed in Figures 1 and 2, respectively. Among participants without CKD, SBP only in group 4 were 1.4 mmHg lower than those of group 1 ($a\beta_{SBP} \#4$ -1.41 (-2.22, -0.61), P 0.001), while groups 2 and 4 had 0.8 and 0.7 mmHg higher DBP compared to group 1, respectively ($a\beta_{DBP} \#2$ 0.88 (0.23, 1.53), P 0.008; $\#4$ 0.76 (0.21, 1.30), P 0.007). For patients with CKD, only group 2 had higher SBP compared to group 1 ($a\beta_{SBP} \#2$ 5.02, (0.34, 9.70), P 0.035) and there was no difference in DBP across 4 groups.

Conclusions : Physician counseling and/or self-enhancing PAE are associated with lower SBP but higher DBP in patients without CKD. Counseling by physicians and increasing PAE should be initiated early to prevent elevated BP, especially in patients without CKD.

Figure 1.jpg

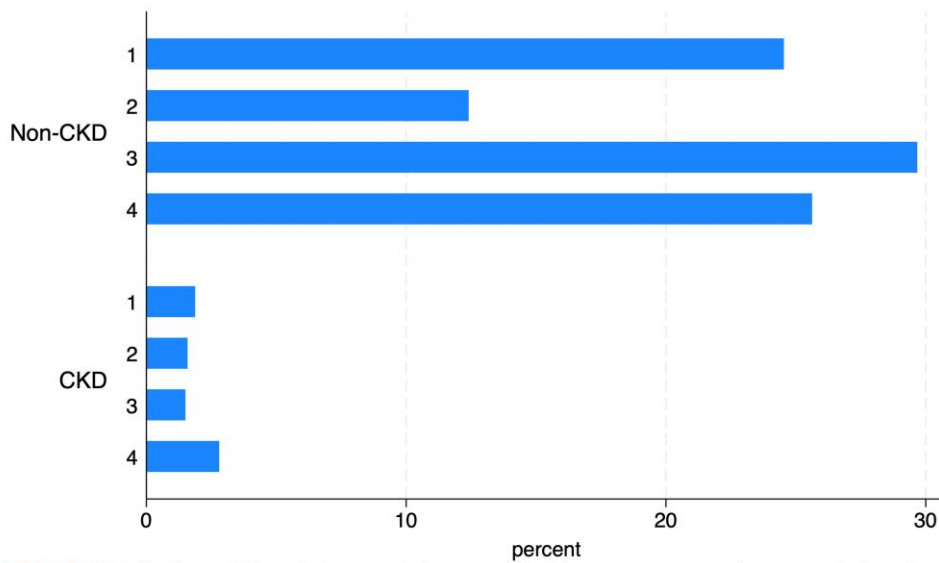


Figure 1: Distribution of the study population stratified by presence or absence of chronic kidney disease (CKD; eGFR <60 mL/min/1.73 m²) and by whether ever had physician counseling for and/or had increased physical activity or exercise (PAE) into 4 groups 1) No counseling and no increased PAE, 2) Counseling but no increased PAE, 3) No counseling but increased PAE, and 4) Counseling and increased PAE.

Figure 1.jpg

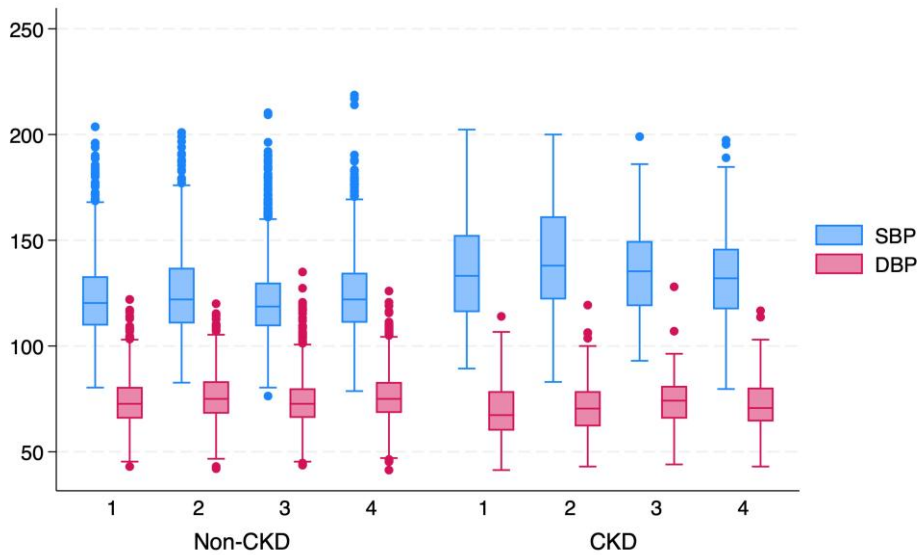


Figure 2: Distribution of SBP and DBP stratified by presence or absence of chronic kidney disease (CKD; eGFR <60 mL/min/1.73 m²) and by whether ever had physician counseling for and/or had increased physical activity or exercise (PAE) into 4 groups 1) No counseling and no increased PAE, 2) Counseling but no increased PAE, 3) No counseling but increased PAE, and 4) Counseling and increased PAE.