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## P333 -Prevalence of co-morbidities and their impact on survival of conservatively managed patients with stage 5 chronic kidney disease

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### Background

There is growing interest in the role of conservative care (non-dialysis) in the management of advanced chronic kidney disease (CKD) especially in the multimorbid elderly CKD patients. In the present study, we aimed to evaluate the outcome of conservative management of CKD 5 patients and the effect of co-morbidities on the survival.

### Methods

A single centre retrospective analysis of survival of CKD 5 patients managed conservatively between 2010 and 2017. Data on co-morbidities and renal biochemistry were obtained from the renal database. Charlson's comorbidity index (CCI) was calculated. Kaplan-Meier survival analysis and cox regression analysis were employed. Data are presented as mean±SD or median (95% CI) as appropriate. P<0.05 is considered as significant.

### Results

There were 167 patients (58.1% female) with a mean age of 81.3±9.2 years (female) and 82.9±7.4 years (male). The median survival was 738 (586.3-889.7) days (Fig 1). There was no significant difference in survival between male and female subjects (log rank P=0.33) (Fig 2). The prevalence of co-morbidities were diabetes (40.1%), malignancy (19.2%), IHD/CVA (41.3%), hypertension (77.2%) and dementia (5.4%). Of the co-morbidities there was significant difference in survival between patients with and without malignancy (P=0.046) (Fig 3) or diabetes (P=0.037) (Fig 4) with a hazard ratio of 1.55 and 1.45 respectively. No difference was seen with cardiovascular disease or hypertension. CCI was an independent predictor of survival with an increase in hazard of 11% for every one point increase in CCI.

### Conclusion

The results of the present study offer prognostic information on renal conservative management with potential application in pre-dialysis patient education. In addition, the study demonstrates that co-morbidity burden is an independent predictor of survival of conservatively managed CKD patients.