

INTERACTION OF RACE AND OBESITY ON THE SHORT-TERM SURVIVAL OF ESRD PATIENTS

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Obesity is an important health problem in the general population associated with an increased risk of death, however, in patients with End-Stage Renal Disease (ESRD) there appears to be a survival benefit associated with increased BMI. It has been observed in previous studies that African Americans (AA) on average have a higher BMI and also live longer on hemodialysis than Caucasian patients with similar characteristics. The purpose of this study is to investigate whether the survival advantage of African Americans on dialysis is influenced by BMI.

The study population consisted of 28,135 incident adults initiating hemodialysis from June 1, 2005 through May 31, 2006 from 1,622 dialysis facilities in the regional ESRD Network 5,6,8,11, and 13. We obtained demographic, behavioral, cause of ESRD, comorbidities, functional status, and surrogate markers associated with socioeconomic status information from the Center for Medicaid & Medicare Services (CMS) 2728 form. Patients were grouped into categories according WHO guidelines (underweight= BMI<18.5 kg/m², normal weight= BMI 18.6-24.9 kg/m², overweight BMI= 25-29.9 kg/m², class I obesity= BMI 30-34.9 kg/m², class II obesity = BMI 35-39.9 kg/m², class III obesity = BMI 40 kg/m² of greater). 180 day survival rates were the primary endpoint of interest.

AA patients were more likely to be obese compared to Whites. AA were less likely to die compared to Whites. Using a logistic regression model controlling for obesity, there appeared to be no survival benefit among AA compared to Whites.

Obesity does not appear to mediate the short-term survival among incident AA hemodialysis patients compared to Whites when baseline characteristics are controlled.