

# CHRONIC KIDNEY DISEASE AS PREDICTOR OF WORSE OUTCOMES AMONG PATIENTS WITH CARDIAC INSUFFICIENCY STAGES B AND C.

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Cardiac insufficiency (CI) and chronic kidney disease (CKD) have common etiologies, such as diabetes and hypertension. When together, CKD and CI, particularly in their most advanced stages, is associated with unfavorable outcomes. However, so far there is few information on outcomes of the association of CKD and IC stages B and C. In this study, the authors assessed the prevalence of CKD in patients with IC stages B and C, and the resulting outcomes of this association in a follow up of 12 months. We studied 83 patients followed prospectively for 12 months in our outpatient clinic, composed mainly of diabetics and hypertensive patients. The patients had CI stages B or C. CKD was diagnosed when estimated glomerular filtration rate (eGFR) was <60 ml/min/1.73m<sup>2</sup>. The outcomes assessed were death and hospitalization due to cardiovascular complications. The mean age of the patients was 62.62±12.01 years and 43.4% were female. The table presents the patients' data:

Variables	CI stage B	CI stage C	P value
BMI*	28.57±5.10	31.47±9.58	0.01
Pulse pressure	48.57±12.3	56.97±17.9	0.02
Cardiac rate	74.96±48.5	79.24±11.8	0.007
Blood glucose	126.1±48.5	119.0±59.5	0.73
eGFR	65.0±20.46	64.94±25.4	0.14
CKD	39.39%	52%	0.05
Outcomes	15.15%	34%	0.05
Outcomes/CKD	100%	64.7%	0.001

\*BMI= body mass index

CKD was prevalent in patients with CI, particularly in those in the stage C (with symptoms). In patients with CI without symptoms (stage B), CKD predisposed to hospitalization due to cardiovascular complications and death.