

ASSESSMENT OF EXCESSIVE DAY TIME SOMNOLENCE (EDS) AND ITS ASSOCIATION WITH QUALITY OF LIFE (QOL) AMONG HEMODIALYSIS (HD) PATIENTS

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A high prevalence of sleep related disorders (SRD) has been reported among patients on HD. We interviewed 51 HD pts at HHC with the Kidney Disease Quality of Life (KDQOL-36) and Epworth Sleepiness Scale (ESS) questionnaires. Our cohort was predominantly male (75%) with a mean age of 54.2 ± 10.1 yrs, estimated dry wt of 79.1 ± 23.9 Kg, on HD for 3.9 ± 3.3 yrs, DM (39%), HTN (86%), CHF (22%) and smoking history (65%). In 19.6% of pts ESS was ≥ 11 suggesting EDS. Pts with EDS were heavier (96.6 v 74.6 Kg, $p=0.08$), had a higher Hb (12.6 v 11.6 g/L, $p=0.01$) and required lower epogen (83.4 v 188.3 U/Kg/Wk, $p=0.04$) than pts without EDS. No significant difference in age (57 v 53 yrs), gender (80 v 73% male), spKt/V (1.54 v 1.63), iron stores (Ferritin: 784 v 766 , Tsat%: 34 v 32%) or inflammatory markers (CRP 7.6 v 9.7) was found between pts with and without EDS. ESS scores showed significant positive correlations with wt ($r=0.412$, $p=0.003$). Pts with EDS had a higher perceived burden of kidney disease (57 ± 28.3 v 42.5 ± 15.8). Significant negative correlations were seen with the burden of symptoms subscale ($r=-0.322$, $p=0.02$), burden of kidney disease subscale ($r=-0.384$, $p=0.005$), and the SF-12 physical health composite ($r=-0.377$, $p=0.019$) of the KDQOL. In conclusion, higher ESS scores correlate with lower QOL. Intriguingly, pts with EDS had higher Hb levels and required less epogen. Further studies are required to assess if routine assessment for SRD should be performed in HD pts and if its treatment will impact the QOL in this population.