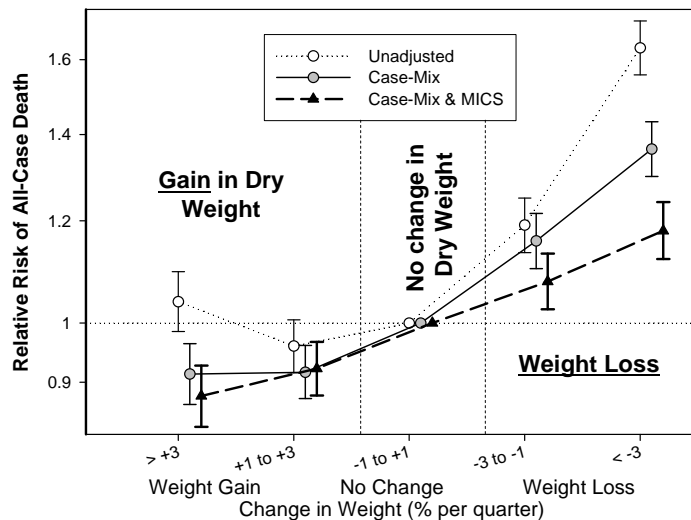


MORTALITY-PREDICTABILITY OF WEIGHT GAIN VS WEIGHT LOSS OVER 6 MONTHS IN MAINTENANCE HEMODIALYSIS (MHD) PATIENTS

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Many observational studies have indicated that higher BMI at baseline is associated with greater survival in MHD patients (pts). We hypothesized that weight loss vs. gain over time is related to worse vs. greater survival, respectively. In 99,412 MHD patients in all DaVita clinics between 7/2001 and 6/2006, we examined the mortality-predictability of change in 3-month averaged post-HD dry weight from the baseline to the following calendar quarter, adjusted for demographics and comorbid states (case-mix) as well as for surrogates of malnutrition-inflammation complex syndrome (MICS). The fully adjusted 5-yr death hazard ratios (HR) (& 95% confidence levels) of weight loss >3% (compared to stable weight +/-1% change) was 1.18 (1.12-1.24) and for weight gain >3% was 0.88 (0.83-0.93) (Figure):



These findings, even though observational, engender the hypothesis that interventions to increase dry weight may improve longevity in MHD pts. Clinical trials need to examine these findings.