

末期腎病變接受透析治療為發生下肢截肢的獨立危險因子

End stage renal disease undergoing dialysis therapy is independently associated with an increased risk for future lower-extremity amputation

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Background: Patients with end stage renal disease undergoing dialysis seem to be at risk for lower-extremity amputation. But the association has not been studied extensively.

Method: Based on the data of National Health Insurance Claim of Taiwan, 51906 patients with ESRD who underwent dialysis and registered for catastrophic illness from 2000 to 2005 were identified. Then, 103812 randomly selected persons without ESRD matched with sex, age and index date of ESRD were designated to be our control group. Both cohorts were followed-up until the end of 2008 to measure the incidence of LEA.

Result: The estimated cumulative incidence of amputation in ESRD cohort was much higher than non-ESRD cohort after follow-up of 8years ($P < 0.0001$). Relative to non-ESRD group, patients with ESRD were at increased risk of amputation with an overall adjusted hazard ratio of 6.67 (95%CI=5.82-7.69). Longer time from initiation of dialysis therapy (vintage) presented with higher risk of amputation (Vintage > 7years, HR=15.1 95% CI=6.10-37.6) in our ESRD cohort.

Conclusions: Patients with ESRD undergoing dialysis therapy were found to be independently associated with an increased risk for LEA, even after including potential confounders (diabetes mellitus and conventional cardiovascular risk factors) in the final model. The importance of preventing amputation in this population cannot be overemphasized.

Key words: End stage renal failure, lower-extremity amputation, dialysis