

DRAFT PREVIEW OF ABSTRACT #2597

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Abstract Number: 2597

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Disclosure Information: Yes

Current Employer: China Medical University Hospital

Consultancy Agreements:

Ownership Interest:

Research Funding:

Honoraria:

Patents and Inventions:

Scientific Advisor or Membership:

Other Interest/Relationships:

Che-yi Chou - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes

Current Employer: China Medical University

Consultancy Agreements:

Ownership Interest:

Research Funding:

Honoraria:

Patents and Inventions:

Scientific Advisor or Membership:

Other Interest/Relationships:

Chih-chia Liang, MD - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes
Current Employer: China Medical University Hospital
Consultancy Agreements:
Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or Membership:
Other Interest/Relationships:

Huey-Liang Kuo, MD - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes
Current Employer: China Medical University Hospital
Consultancy Agreements:
Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or Membership:
Other Interest/Relationships:

Chiz-tzung Chang, MD, PhD - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes
Current Employer: China Medical University Hospital
Consultancy Agreements:
Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or Membership:
Other Interest/Relationships:

Jiung-hsiun Liu, MD - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes
Current Employer: CHINA MEDICAL UNIVERSITY
HOSPITAL
Consultancy Agreements:

Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or
Membership:
Other Interest/Relationships:

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Disclosure Information: Nothing to disclose

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Disclosure Information: Yes

Current Employer: China Medical University Hospital

Consultancy Agreements:

Ownership Interest:

Research Funding:

Honoraria:

Patents and Inventions:

Scientific Advisor or Membership:

Other Interest/Relationships:

Yafei Yang - [Current/Complete disclosure on file.](#)

Disclosure Information: Yes

Current Employer: China Medical University Hospital

Consultancy Agreements:

Ownership Interest:

Research Funding:

Honoraria:

Patents and Inventions:

Scientific Advisor or Membership:

Other Interest/Relationships:

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Disclosure Information: Yes

Current Employer: China Medical University

Consultancy Agreements:

Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or Membership:
Other Interest/Relationships:

Kuang fu Cheng - **Current/Complete disclosure on file.**

Disclosure Information: Yes
Current Employer: China Medical University
Consultancy Agreements:
Ownership Interest:
Research Funding:
Honoraria:
Patents and Inventions:
Scientific Advisor or Membership:
Other Interest/Relationships:

Entities that provided funding for this abstract:

Government Support - Non-U.S.

Abstract Category: 607-Dialysis: Epidemiology, Outcomes, and Clinical Trials: Non-Cardiovascular

Keyword 1: diabetes mellitus
Keyword 2: dialysis outcomes
Keyword 3: Epidemiology and outcomes

Publication Preference: If my abstract is not selected for an oral or poster presentation, please do not include my abstract in ASN's 2012 Abstract Supplement of the *Journal of the American Society of Nephrology*.

Title: Patients with diabetic kidney disease have a worse survival than patients with diabetes as co-morbidity in chronic hemodialysis patients
Chiu-Ching Huang, MD*^{1,2}, Che-yi Chou^{1,2}, Chih-chia Liang, MD¹, Huey-Liang Kuo, MD^{1,2}, Chiz-tzung Chang, MD, PhD^{1,2}, Jiung-hsiun Liu, MD^{1,2}, Hsin Hung Lin, MD^{1,2}, I-kuan Wang, MD^{1,2}, Yafei Yang^{1,2}, Yi-Tzone Shiao³ and Kuang fu Cheng³. ¹Kidney Institute and Division of Nephrology, Department of Internal Medicine, China Medical University Hospital,

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Background: Diabetic kidney disease is a major cause of end-stage renal disease (ESRD). It is not clear if the survival of patients with diabetic kidney disease (DKD) associated ESRD is different from patients with diabetes as a co-morbidity. The aim of this study is comparing the survival of DKD patients and patients with diabetes as co-morbidity in chronic hemodialysis (HD) patients.

Methods: An observational cohort analysis based on database of Taiwan Renal Registry. Patients: Adult patients (n=46596) on chronic HD for at least 90 days at 450 facilities in Taiwan from 1995 to 2005. Survival status was observed until Dec 31, 2008. All patients have complete observation of study factors - age, gender, primary renal disease, co-morbidity, blood glucose, hematocrit and serum levels of albumin, calcium, phosphate and i-PTH. Statistics: Patients' survival and hazard ratio for death were determined using Kaplan-Meier analysis and Cox proportional-hazard models.

Results: A total of 20,489 (44%) patients were identified from 46,596 hemodialysis patients. Among them, 15430 patients had DKD and 5059 patients had DM as co-morbidity. They were followed for an average of 4.9 ±2.5 years. The mortality rate was 68.9% for patients with DKD and 39.7% for patients with diabetes as co-morbidity (p<0.001). The survivals for patients with DKD associated ESRD was significantly worse than patients with DM as co-morbidity (p<0.001, log-rank test). The hazard ratio for death of DKD associated ESRD patients was 1.95 (95% CI: 1.849 to 2.056) in Cox proportional regression with case-mix-and multiple covariant adjustment.

Conclusions: In chronic hemodialysis patients, those with diabetic kidney disease as primary renal disease are linked to a much higher mortality risk than patients with diabetes as co-morbidity.

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