10. CORRELATION BETWEEN BECK DEPRESSION INVENTORY SCORE AND HSCRP IN INDONESIAN WITH CHRONIC HEMODIALYSIS

by Zulkhair Ali

multiple choice questions and was distributed to all patients who underwent commercial kidney transplantation.

Results: One hundred and fifty patients were approached to participate and 106 agreed. Of the participants, 60% were male with an average age of 41.5 (SD 14.8) years and ranged from 18 to 83 years. The majority (82%) of our participants were educated ranging from primary to college level. The major reason (71%) for these participants to obtain commercial transplants was stated as the unavailability of a live related donor. Thirteen percent stated that they objected to getting a kidney donated from a family member, and 9% stated that they were worried about taking a kidney from a family member. Finally, 3% of participants stated that they needed prompt transplant and could not wait for a long time for transplant investigations and the workup associated with this program.

Conclusions: The study showed that patients often travel outside their country border to seek medical treatment for ESKD through organ transplantation due to the lack of a strong health system that provides all necessary tools of care. Oman, similar countries in the regions, and various other countries around the world must empower their citizens, provide the care required to improve their lives, and preserve dignity and human values. Efforts must therefore be directed towards strengthening the national program with full logistic, financial, and strong legislation to protect human lives locally, regionally, and globally and must collaborate with international efforts to combat organ trafficking and commercialism and to encourage the notion of humanity's best interest.

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CORRELATION BETWEEN BECK DEPRESSION INVENTORY SCORE AND HSCRP IN INDONESIAN WITH CHRONIC HEMODIALYSIS

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Introduction: Depression in chronic hemodialysis patients are significantly higher compared to general population. Chronic hemodialysis patients with depression tend to have poor clinical outcome. Some observations found that chronic inflammatory state is prevalent in patients with ESRD undergoing hemodialysis. The aim of the study was to explain the correlation of Beck Depression Inventory (BDI) score, a self-reported rating inventory which may quantify the depressive symptomps, with inflammatory parameters which was high sensitivity C-reactive protein (hs-CRP) concentration.

Methods: Forty patients on hemodialysis were enrolled in this study. All patients were evaluated for the presence of BDI. hs-CRP concentration was measured using ELISA technique.

Results: Seventy five percents of the patients were having varying degree of depression. The BDI Score of current study had non-normal distribution with median scoore 19.2. The median value of hs-CRP 6,55(0,7-93,2) ng/mL. The correlation was assessed by Spearman correlation analysis. The analysis found that the correlation between BDI score and hsCRP was significantly strong (r= 0.706; p<0.05).

Conclusions: The study validates the correlation between depression and inflammation. Prospective studies should be conducted to assess whether treatment of inflammation state will decrease BDI score and improve clinical outcome in chronic hemodialysis patients.

SAT-299

CHANGE IN HEALTH-RELATED QUALITY OF LIFE OVER 18 MONTHS AMONG INDIVIDUALS ON MAINTENANCE HAEMODIALYSIS IN INDIA

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Introduction: Haemodialysis is the primary renal replacement therapy in India. Limited research has examined the long-term changes in the health-related quality of life (HRQoL) of patients on maintenance

haemodialysis, especially in developing countries. Here we summarize the 18 months change in HRQoL among a cohort of incident dialysis patients recruited under *The Dialysis Outcomes in India* study.

Methods: A total of 1000 participants were recruited in 16 facilities across nine states in India. A web-based secure data collection tool was developed using open source tools. We used routine medical records for the collection of demographic and clinical information. HRQOL was measured using the European Quality of Life–5 Dimensions (EQ-5D-3L). EQ-5D-3L was administered at baseline and 1, 3, 6, 9, 12, and 18 months. Patients who died, withdrew from dialysis, or changed treatment modality before the first month follow-up visit were excluded from this analysis.

Results: A total of 894 participants were included. Median age (IQR) of enrolled participants was 59 (19) years, 30% were female. Only 26% of the participants were graduates (28% of men and 18% of women). Median monthly family income was reported as US$ 500 (586). More than 42% of participants were overweight or obese (BMI >23 kg/m²), while 10% were underweight (BMI <18.5 kg/m²). A history of hypertension was reported in 80% of participants [duration 5 (7) years], and diabetes in 54% [duration 10 (10) years].

A total of 81%, 73%, 54%, and 37% of the participants completed month 3, 6, 12, and 18 months follow-up. Participants continuing haemodialysis for more than 12 months reported a highest median (Visual Analog Scale) VAS of 75 (27), at baseline. While, participants continuing dialysis for three months or less reported a baseline VAS of 60 (30). At 18 months, an increased proportion of participants reported some or severe problems (level 2 or 3 on the EQ-5D-3L) with; mobility (72% vs. 51%), self-care (74% vs. 46%), activities of daily living (75% vs. 50%), pain/discomfort (72% vs. 44%), and anxiety/depression (66% vs. 46%) – as compared to the baseline. An increase in problems related to the domains of mobility, self-care, activity of daily living, pain/discomfort, and anxiety/depression, between the baseline and the last follow-up visit was reported by 32%, 42%, 38%, 40%, and 39% of the participants, respectively. More than 60% of the participants reported a numerically lower VAS score on their last follow-up visit as compared to the baseline. The drop in the self-reported VAS score was more pronounced amongst participants younger than 40 years (64% vs. 52% in participants 40 years and above), females (66% vs. 57% in males), participants with higher or lower BMI than ideal range (64% vs. 51% in participants with ideal BMI), participants with monthly family income of <US$ 500 (66% vs. 52% in participants with monthly family income of ≥US$ 500), and participants reporting a previous history of hypertension (72% vs. 32% in non-hypertensive participants).

Conclusions: Maintenance haemodialysis has a substantial impact on all domains of HRQoL. Our results indicate various socio-demographic and metabolic indicators independently associated with decrease in patient reported HRQoL. The findings indicates rapid reductions in QoL in the first 18 months of dialysis. Strategies are needed to intervene to forestall this decline.

SAT-300

THE IMPACT OF PALLIATIVE CARE ON END-OF-LIFE EXPERIENCE FOR PATIENTS WHO WITHDREW FROM DIALYSIS

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Introduction: Withdrawal from dialysis is not uncommon; 20-30% of patients in USA choose to withdraw from dialysis preceding death. Since such withdrawal is usually associated with imminent death, it is a complicated decision that would benefit from multidisciplinary patient support. A partnership between nephrology and palliative care (PC) services would offer such support. We aimed to study the frequency and impact of PC consultation (PCC) in patients who withdrew from dialysis.

Methods: Data from 38 patients who were hospitalized at University of Virginia (UVA) between 1/1/18-3/31/19 and withdrew from dialysis during that time was analyzed retrospectively for demographics, comorbidities, PC consultation (PCC), and other outcome data.

Results: There were no significant differences in the demographics (age, gender, and race) and comorbidities except congestive heart failure (CHF) between patients with PCC compared to those without. Patients with PCC had significantly better outcome measures of goals of care (GOC) discussion, advance directives (AD) planning, do not resuscitate (DNR) documentations, and hospice referral.

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