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## The effect of depression on all-cause mortality and cardiovascular outcomes in peritoneal dialysis patients: A prospective cohort study

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Depression and mortality association is well recognized. However, studies regarding the link between depression and mortality among peritoneal dialysis (PD) are scarce. A prospective single cohort study was conducted, involving adults treated with PD within Kidney Center, General Hospital, Chiang Mai, Thailand between 15 May 2012 and 31 December 2014, and followed until 31 December 2016. Presence of depression was reported a Beck Depression Inventory (BDI) II score  $\geq 14$  at baseline. A sensitivity analysis was evaluated using a BDI-II threshold  $\geq 20$ . Data on sociodemographics and risk factors for mortality were collected. Risk for all-cause mortality, CV mortality, and CV hospitalization were estimated using the multivariable Cox proportional hazards regression. 409 participants (mean age of  $59.3 \pm 12.4$  years, 56.0% men) were included. Of those, 117 (28.6%) reported BDI-II score  $\geq 14$ . During the median follow-up period of 20.8 months (10,023 person-months), 139 died, of 50 were attributable to CV death. Depression were associated with all-cause mortality (adjusted hazard ratio, 2.54 [95% confidence interval, 1.87-3.64;  $P < 0.001$ ]), CV mortality (3.36 [1.43-7.87;  $P = 0.005$ ]), and CV hospitalization (2.96 [1.67-5.26;  $P < 0.001$ ]). For sensitivity analysis, a higher BDI-II score ( $\geq 20$ ) were associated with all-cause mortality (3.28 [1.71-6.30;  $P < 0.001$ ]) and CV mortality (3.80 [1.98-7.29;  $P < 0.001$ ]), but not CV hospitalization (1.26 [0.48-3.30;  $P = 0.630$ ]). Depression is associated with a substantially increased risk of death and adverse CV outcomes in PD patients. Further studies are needed to determine whether the interventions to alleviate these symptoms would alter adverse clinical outcomes, including mortality.

### Biography

Kiatkriangkrai Koyratkoson graduated with Doctor of Pharmacy (PharmD) from Chiang Mai University (CMU), Thailand in 2016. At present, he works as a Lecturer in Department of Pharmaceutical Care, Faculty of Pharmacy, CMU. He has been working in research focusing on patient-reported outcomes (PROs), medication effectiveness and safety. He is a part of a research group "The Thai Renal Outcomes Research (THOR) Investigators" which receive funding from Health Systems Research Institute of Thailand (HSRI) and National Research Council of Thailand (NRCT). He has experience of sharing his work in both national and international conferences and published several papers in well-known international journals.

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