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Evaluation of angiopoietin-2 serum level as a marker of cardiovascular risk in children with chronic kidney disease**Manal Abdel-Salam¹**
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Background: Cardiovascular complications are a major clinical problem in uremic patients accounting for 44% of all deaths in this population. Angiopoietin cytokines are involved with controlling micro vascular permeability, vasodilatation and vasoconstriction by signaling smooth muscle cells surrounding vessels. Aim: To assess Angiopoietin-2 serum level as an early marker of cardiovascular risks in children with chronic kidney disease on regular hemodialysis and correlate with intimal medial thickness and echo data in those children. Patients and methods: The study included 40 children with CKD on regular hemodialysis (HD), and they were selected from the hemodialysis unit of Al-Zahraa Hospital, Al-Azhar University, during the period from December 2014 to April 2015. Another group of 40 apparently healthy children, matches age and sex with patients group as a controls. Angiopoietin-2 serum level, Doppler ultrasound (U/S) to assess: intima-media thickness (IMT) and the peak systolic velocity (PSV) of the main arteries including the (aorta, carotid and femoral) arteries, conventional echo and tissue Doppler imaging (TDI) of mitral and tricuspid annular velocities are obtained for both groups. Results: Children on regular HD have significantly higher (Angiopoietin-2) serum level compared to their controls, and it is (161.35 ± 38.30 ng/ml) and (9.25 ± 12.64 ng/ml) respectively ($p, 0.000$) and increases in the aorta, carotid and femoral (IMT) with significant increase in their mean systolic velocities in patients group compared to the controls. Significant increase in tricuspid valve late diastolic velocity (TVA)

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The predictors of quality of life among selected adults with chronic kidney disease on hemodialysis**Jerland Salazar Casilan**
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Hemodialysis is both life-saving and life-altering, as it changes patients' patterns of daily living. The degrees of lifestyle change needed from adherence to diet and medications to the symptom burden affect patients' quality of life (QOL). For people living on hemodialysis, QOL scores become both a critical outcome as well as an indicator of morbidity and mortality. Therefore it is essential to examine the predictors that can affect QOL among HD patients in order to help improve their daily living and medical treatment. This study examined the relationship of predictors like age, weight, treatment adherence, social support and educational level on the QOL scores: Physical Composite Score (PCS), Mental Composite Score (MCS), & Kidney Disease Component Summary (KDCS). The respondents, adult CKD patients on hemodialysis in a private tertiary hospital in the Philippines were chosen through convenience sampling. A validated Filipino version of Kidney Disease Quality of Life Short Form Version 1.3 was utilized. Bivariate correlation and multiple linear regressions were then used in data analysis. It is concluded that PCS might be predicted by treatment adherence while social support and educational level could be predictors to MCS. In contrast with previous studies, it was found out that rare treatment adherence can seemingly have a positive effect with MCS. It might be due to fact that the treatment-related lifestyle restrictions could affect patients' personal illness beliefs, sense of control, leading to depression, and in turn adversely influence coping and adjustment. For KDCS, treatment adherence and social support showed positive correlation, while age shown inverse relationship, unlike with previous studies. Nurses and other healthcare providers should consider the impact of these significant predictors when rendering care for adult HD patients in order to improve their quality of life. *Quality of Life, Chronic Kidney Disease, Hemodialysis*

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