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Theme : Rehabilitation, Quality of Life and Survival

Is A Simple 1-Item Self-Rated Health Useful In Predicting Mortality Among PD Patients?

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Introduction. A simple global self-rated health (GSRH) item and its association with mortality among ESRD patients is under-researched despite its demonstrated consistency in predicting mortality independent of disease severity in community-based studies. Our study assessed the usefulness of a GSRH item in predicting mortality of incident PD patients. Age interactions were also studied. **Methods.** We recruited 516 patients between January 1997 and December 2004 as part of the NECOSAD-2 study. Patients completed the GSRH item at 3 months from start of dialysis: "How would you say your health is in general?" Responses ranged from 1=excellent to 5=poor. The 'excellent' category was merged with 'very good' due to its low response frequency. All-cause mortality was estimated using Cox regression analyses with the 'very good' category as reference. Adjustments were made for age, sex, education, marital status, primary kidney disease, comorbidity, BMI, nutritional status, and GFR. **Results.** 'Poor' GSRH was associated with higher mortality risks compared to 'very good' (RR_{adj}: 9.73, 95% CI: 2.03-46.58). Older patients (\geq 65 years) had a significantly increased risk of dying (RR_{adj}: 3.37, 95% CI: 2.17-5.23). Stratifying by age (Table 1), showed that older patients with poor GSRH have higher RR compared to younger patients with poor GSRH. Mortality rates showed indeed an added risk of dying for older patients with poor GSRH than those younger (10.8 to 68.2 versus 1.1 to 18.7), suggestive of an interaction effect ('biological interaction'). **Conclusions.** A 'poor' GSRH significantly increases the mortality risk of PD patients, even after controlling for a range of objective clinical parameters. This effect was stronger in older patients. Given its independent predictive ability and economy of administration, the GSRH can be a useful complement to clinical measures in assessing risk and promoting better outcomes for patients. *Supported by an unrestricted grant from Baxter Healthcare*

Figure:

Fig. 1

Table 1. Mortality rates and adjusted risk estimates of GSRH on mortality stratified by age

GSRH	Mortality rate /100yrs ⁻¹		Adjusted RR (95% CI)	
	<65 years (n=394)	≥65 years (n=122)	<65 years (n=394)	≥65 years (n=122)
Very Good	1.1	10.8	1.00	1.00
Good	4.9	20.3	2.91 (0.38-22.08)	6.98 (0.70-69.56)
Fair	6.8	20.7	2.97 (0.38-23.46)	4.83 (0.49-48.00)
Poor	18.7	68.2	6.03 (0.67-54.65)	15.50 (1.33-180.97)*

*p<.05. Adjusted for age, sex, education, marital status, primary kidney disease, comorbidity, BMI, nutritional status, and GFR.