

中文題目：在3到5期慢性腎臟病患者的高脂血症與腎臟預後

英文題目：Hyperlipidemia and renal outcome in stage 3 to 5 chronic kidney disease

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**Background:** Dyslipidemia confers a paradoxical survival advantage in patients with kidney failure. Data regarding the relationship between hyperlipidemia and renal outcome in chronic kidney disease (CKD) are limited and contradictory.

**Materials and Methods:** The cohort study investigated the association between serum lipid level with commencing renal replacement therapy (RRT) and rapid renal progression (the slope of estimated glomerular filtration rate [eGFR] < -6 ml/min/1.73 m<sup>2</sup>/yr) in stage 3 to 5 CKD patients joined the integrated CKD care system in one medical center and one regional hospital in southern Taiwan. Covariate-adjusted cox proportional hazards analysis and binary logistic regression analysis were used to investigate the association of total cholesterol (TC), triglyceride (TG), LDL-cholesterol (LDL-C) and HDL-cholesterol (HDL-C) with the commencement of RRT and rapid renal progression, respectively.

**Results:** During a mean follow-up of 2.8 years, there were 1080 patients (32.7%) commencing RRT and 841 subjects (25.5%) had rapid renal progression. There was significant association between the highest tertile of TC and TG with RRT (hazard ratio [HR], 1.24; 95% confidence interval [CI], 1.05 to 1.47 and 1.23; 1.04 to 1.45, respectively) and rapid renal progression (Odds ratio [OR], 1.48; 1.14 to 1.91 and 1.82; 1.40 to 2.36, respectively). In analysis with lipids as continuous variables, increased level of TC, TG and LDL-C were associated with higher risk for commencing RRT (1.03; 1.01 to 1.04, 1.43; 1.08 to 1.90, 1.02; 1.00 to 1.04, respectively) and increased level of TC and TG were associated with higher risk for rapid renal progression (1.02; 1.00 to 1.04, 2.49; 1.61 to 3.84, respectively).

**Conclusion:** In stage 3 to 5 CKD, hypercholesterolemia and hypertriglyceridemia were independent predictor for renal outcome.