中文題目：血液透析病人合併慢性肺阻塞性肺病之總死亡率與感染風險

英文題目：The all-cause mortality and infection risks in hemodialysis patients with chronic obstructive pulmonary disease

作　　者：林憶婷[1,2], 吳秉勳[3,4], 郭美娟[3,5],陳鴻鈞[3,5]

服務單位：[1]高雄市立小港醫院家庭醫學科, [2]高雄醫學大學中和紀念醫院家庭醫學部, [3]高雄醫學大學中和紀念醫院內科部腎臟內科, [4]高雄醫學大學中和紀念醫院急診醫學部, [5]高雄醫學大學腎臟照護學系

摘　　要：

Background:

Chronic obstructive pulmonary disease (COPD) increase all-cause of mortality and infection risks in general population. However, rare study investigates the infection risks among hemodialysis (HD) with COPD. This population-based cohort study aimed to evaluate the mortality and pneumonia risks of COPD among end-stage renal disease (ESRD) patients receiving HD.

Materials and Methods:

From the Taiwan National Health Insurance Research Database, 83,509 Taiwanese hemodialysis patients were screened for eligibility between January 1, 1998 and December 31, 2006. COPD was defined by a specific diagnosis code and COPD-related medications. After excluding patients age less than 40 year-old and receiving renal transplantation before and after enrollment, we included a total of 13,592 patients who were diagnosed COPD, and matched them 1:1 with 13,592 controls by age, gender, urbanization, and economic status. Participants were followed up for the occurrence of death, hospitalization of pneumonia, or until 2008. Cumulative incidences and hazard ratios were calculated after adjusting for competing mortality.

Result:

Kaplan-Meier survival analysis showed a significantly higher cumulative incidence of mortality and hospitalization of pneumonia among HD patients with COPD as compared to those without. As compared with the comparison cohort, HD patients with COPD was associated with multivariate-adjusted hazard ratios of 1.050 (95% CI, 0.969 - 1.137) for death and 1.516 (95% CI, 1.425 - 1.613) for hospitalization of pneumonia after adjusting comorbid disorders, drugs prescription during follow up, and competing mortality.

Conclusion:

Our study suggests an increased risk of pneumonia and all-cause of mortality among HD patients with COPD. Careful monitoring of physical health and proper integration between nephrologists and pulmonologists should be stressed to reduce poor clinical outcomes in this vulnerable population.