中文題目:Statin 治療是否減少腹膜透析患者死亡率及透析技術性失敗? 台灣全國人口之世代研究

英文題目: Does statin therapy reduce mortality and technique failure among incident peritoneal dialysis patients? A nationwide population-based cohort study

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Objective: For the end-stage renal disease population, several large-scale randomized control trials have failed to demonstrate any beneficial effect from statin therapy. However, most of these studies have not included patients receiving peritoneal dialysis or have had insufficient power to analyze the effect of statin therapy in patients receiving peritoneal dialysis. This study is aimed to evaluate the association between statin treatment after commencing peritoneal dialysis and mortality and technique failure by using nationwide cohort.

Methods: Patients who received incident peritoneal dialysis between 1998 and 2008 were identified from Taiwan's National Health Insurance Research Database. The enrollees were further divided into two groups depending on whether they received any type of statin therapy for more than 3 months (statin group) or not (nonstatin group) in the first year after initiation of peritoneal dialysis. The outcomes of interest were observed since the index date (365th date after commencing peritoneal dialysis).

**Results:** After 1:1 propensity score matching, the statin group (n = 1829) demonstrated lower risks of all-cause mortality (29.9% vs 35.2%, hazard ratio [HR]: 0.82, 95% confidence interval [CI]: 0.73–0.92), infection related death(15.1% vs 17.4%, hazard ratio [HR]: 0.83, 95% confidence interval [CI]: 0.71–0.98), all-cause technique failure (31.3% vs 34.1%, HR: 0.85, 95% CI: 0.76–0.95), and nonperitonitis-related technique failure (31.0% vs 33.5%, HR: 0.85, 95% CI: 0.76–0.95) than the nonstatin group did.

<u>Conclusion:</u> This study demonstrated that different from the situation in the

hemodialysis population, statin therapy may offer partial protective effects in reducing mortality and technique failure among the peritoneal dialysis population.