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Authors

Molnar, Miklos Z
Gosmanova, Elvira O
Sumida, Keiichi
[et al.](#)

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DIALYSIS EPIDEMIOLOGY

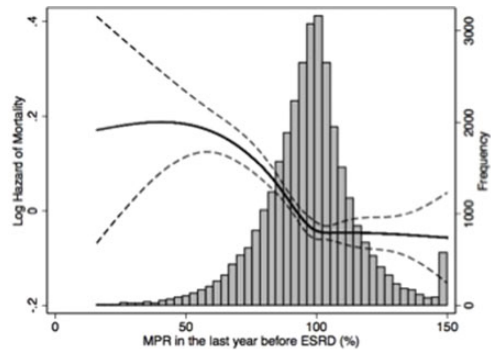
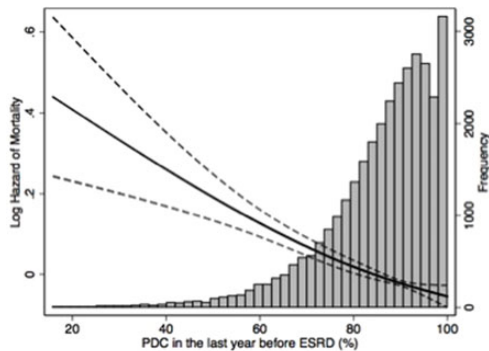
SO048 ASSOCIATION OF PRE-DIALYSIS MEDICATION ADHERENCE IN PATIENTS WITH ADVANCED CHRONIC KIDNEY DISEASE WITH MORTALITY AFTER TRANSITION TO DIALYSIS

Miklos Z. Molnar¹, Elvira O. Gosmanova¹, Keiichi Sumida¹, Praveen K. Potukuchi¹, Jun L. Lu¹, Jennie Jing², Vanessa A. Ravel², Melissa Soohoo², Connie M. Rhee², Elani Streja², Kamyar Kalantar-Zadeh² and Csaba P. Kovcsdy¹

¹University of Tennessee Health Science Center, Division of Nephrology, Department of Medicine, Memphis, TN, ²University of California-Irvine, Medicine, Nephrology, Orange, CA

Introduction and Aims: Medication non-adherence is a known risk factor for adverse outcomes in the general population. However, little is known about the association of pre-dialysis medication adherence among patients with advanced chronic kidney disease with mortality following their transition to dialysis.

Methods: We examined the association of adherence to cardiovascular drugs, ascertained from pharmacy database records using proportion of days covered (PDC), medication possession ratio (MPR), and persistence during the pre-dialysis year, with post-ESRD all-cause and cardiovascular mortality among 32,348 US veterans who transitioned to dialysis during 2007-2011. Associations were examined using Cox models with adjustment for confounders.



Results: The mean±SD age of the cohort was 72±11 years, among whom 96% were male, 74% were white, 23% were African American, and 69% were diabetic. Compared to patients with PDC>80%, patients with 80%≥PDC>60% (Hazard Ratio(HR): 1.12, 95% confidence interval(CI):1.08-1.16) and patients with PDC≤60% (HR:1.22, 95% CI:1.13-1.32) had a 12% and 22% higher adjusted risk for post-ESRD all-cause mortality. In addition, compared to patients with 100%>MPR>80%, patients with 80%≥MPR>60% (HR:1.12, 95%CI:1.07-1.18) as well as patients with MPR≤60% (HR:1.20, 95% CI:1.09-1.32) reported significantly higher adjusted risk, while patients with MPR≥100% (HR:0.97, 95%CI:0.93-0.99) reported significantly lower adjusted risk for post-ESRD all-cause mortality.

Finally, compared to patients showing medication persistence, patients with non-persistence reported 11% higher adjusted risk for post-ESRD all-cause mortality (HR:1.11, 95% CI:1.06-1.17).

Conclusions: Pre-dialysis cardiovascular medication non-adherence is a strong and independent risk factor for post-dialysis mortality among advanced chronic kidney disease patients transitioning to dialysis.