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Publication Date

2018

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Peer reviewed

Abstract# B189

Psychotic Disorders and Outcomes after Kidney Transplantation.

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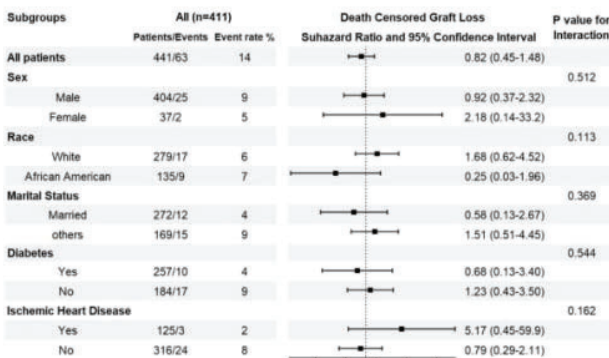
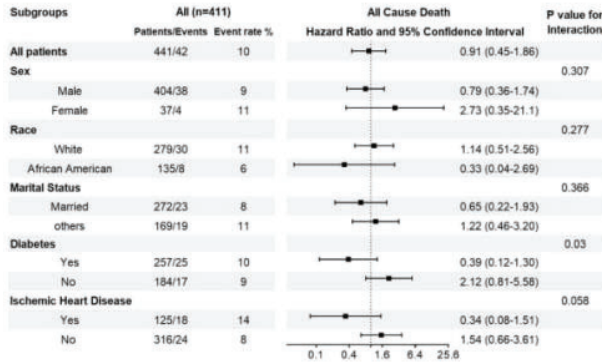
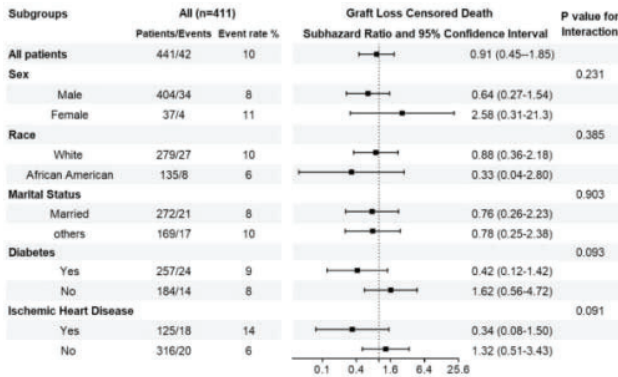
Background: The prevalence of bipolar disorder and schizophrenia combined is around 1-4% in the general population and both represent relative contraindications for kidney transplantation. However, the published data on post-transplant outcomes in patients with pre-transplant psychotic disorders are extremely limited.

Methods: We examined 3,680 US veterans who underwent kidney transplantation (including 717 preemptive transplantation) between 10/2007 and 09/2011. The diagnosis of either psychotic disorder was based on a validated algorithm. Measured confounders were used to create a propensity score-matched cohort. Associations between psychotic disorders and graft loss-censored death, all-cause death and death-censored graft loss were examined in Cox proportional hazard and competing risk regression models.

Results: The mean±SD age of the cohort at baseline was 61±11 years, 92% were male, 66% and 27% of patients were white and black, respectively, 72% were

POSTER SESSION B: KIDNEY PSYCHOSOCIAL

married, 48% of the patients were diabetic. Compared to patients without psychotic disorders, psychotic patients had similar graft loss-censored mortality risk in competing risk regression model [Sub-Hazard Ratio (SHR) (95% CI): 0.78 (0.36-1.69)]. Additionally, psychotic patients had similar all-cause mortality risk using Cox regression [HR (95% CI): 0.91 (0.45-1.86)]. Finally, compared to patients without psychotic disorders, psychotic patients had similar death censored graft loss risk using competing risk regression model [SHR (95% CI): 1.00 (0.42-2.37)]. Similar results were found in different subgroups.



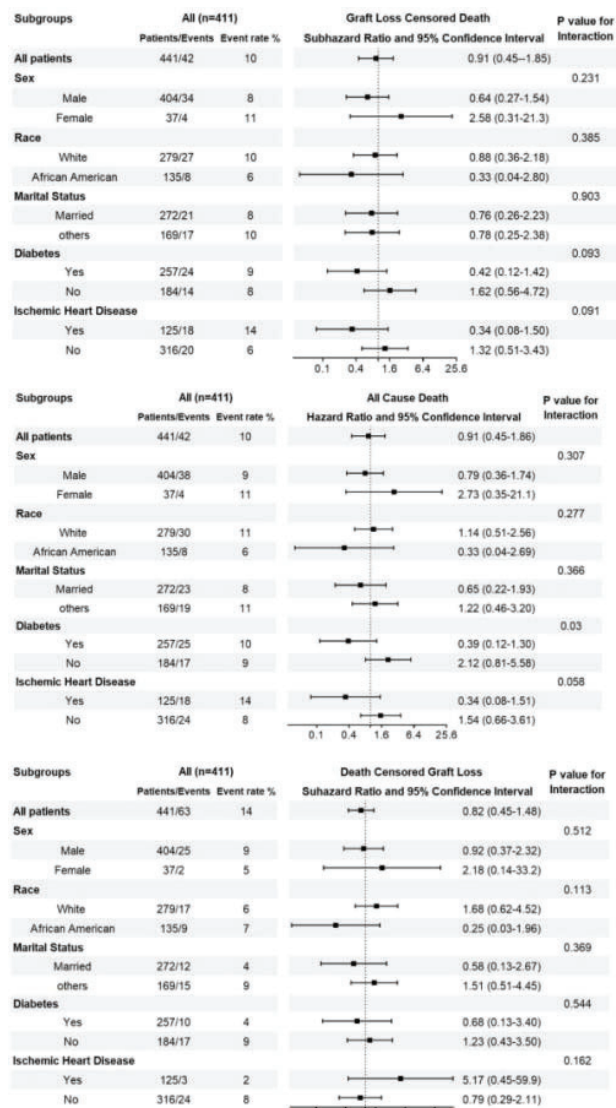
Conclusions: Psychotic disorders are not associated with adverse outcomes in kidney transplant recipients.

CITATION INFORMATION: Molnar M., Eason J., Gaipov A., Talwar M., Potukuchi P., Kalantar-Zadeh K., Kovesdy C. Psychotic Disorders and Outcomes after Kidney Transplantation *Am J Transplant.* 2018;18 (suppl 4).

DISCLOSURES: Molnar, M.: Consulting fee, Merck & Co. Means, T. K.: Consulting fee, Abbott, AbbVie, Amgen, Aveo, Fresenius Medical, Kabi, Keryx, Relaysa, Resverlogix, Sanofi, Shire, Alexion, Astra-Zeneca, Genentech, Haymarket, Hospira, Novartis, Pfizer, Sandoz, Vifor, ZS-Pharma, Baster, Honoraria, Chugai. Kovesdy, C.: Consulting fee, Abbott, Abbvie, Amgen, Bayer, Dr. Schar, Keryx, Sanofi-aventis, Grant/Research Support, Shire, Grant.

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Abstract# B190

Outcomes in Renal Transplant Recipients with Bipolar Disorder: A Large Retrospective Cohort. S. Hamel,¹ D. Sawinski,² R. Weinrieb,³ S. Dave,³ J. Trofe-Clark.^{1,2} ¹Pharmacy, Hosp of Univ. of Pennsylvania, Philadelphia; ²Renal Division, Perelman School of Medicine, Univ. of Pennsylvania, Philadelphia; ³Dept of Psychiatry, Perelman School of Medicine, Univ. of Pennsylvania, Philadelphia.

Purpose: Management of renal transplant recipients (RTRs) with bipolar disorder (BD) is complicated by risk factors for non-adherence, complex medication regimens

and limited published guidance. We evaluated our single-center experience with RTRs with stable BD. **Methods:** We retrospective reviewed RTRs with a diagnosis of BD pre-transplant who received a RT at our center from March 2008 to Dec 2016. **Results:** Twenty-nine RTRs met inclusion criteria. Mean (SD) age of RTRs was 55±10 years, 69% were female and 82.6% were white. Indication for ESRD was lithium toxicity in 66% of RTRs. One patient had a prior RT, 83% received a deceased donor RT, 28% had ePRA > 20%, and 14% had DGF. For induction therapy, 26 RTRs (90%) received rabbit antithymocyte globulin (r-ATG), 2 received basiliximab, and 1 received r-ATG and basiliximab. Immunosuppression at discharge consisted of a calcineurin inhibitor (100%), mycophenolic acid (100%) and corticosteroids (90%). At 6 months, 97% of RTRs were still on steroids. Biopsy-proven rejection occurred in 1 RTR within the first month after RT; 2 additional RTRs received steroid pulses for presumed rejection within 6 months. No additional rejection episodes were noted at 1-year post RT. Patient and death-censored graft outcomes are shown in Table 1. SRTR data is included for comparison, which reports estimated probability of surviving with a functioning graft (unadjusted for patient/donor characteristics) at 1 year (for Jan 1, 2014-June 30, 2016) and 3 years (for July 1, 2011 to Dec 31, 2013). In our BD cohort, no deaths were due to psychiatric causes.

Table 1. Outcome	BD Cohort	Center Data	National Data
Patient Survival (%)			
1 year	92.59	94.86	95.18
3 year	94.12	91.57	88.49
Graft Survival (%)			
1 year	92.59	-	-
3 year	94.12	-	-

Conclusion: Short-term outcomes in RTRs with BD were similar to national data, and highly successful in this complex RTR group. The rejection rate was low, and RTRs with BD can be safely maintained on steroids to decrease rejection risk. Prospective studies are needed to determine best practices for long-term management of RTRs with BD.

CITATION INFORMATION: Hamel S., Sawinski D., Weinrieb R., Dave S., Trofe-Clark J. Outcomes in Renal Transplant Recipients with Bipolar Disorder: A Large Retrospective Cohort *Am J Transplant.* 2018;18 (suppl 4).

Abstract# B191

Transplantation Tourism and Recipients Perspectives and Experience. F. Al Rahbi, I. Al Salmi. *The Renal Medicine Department, The Royal Hospital, Muscat, Oman.*

Background: In view of shortages of available organs, long wait times for possible transplantation and strict regulation, many patients opt for commercial transplantation. This study elicits the reasons and motivations for ESKD patients to elect for commercial kidney transplant(CT).

Method: A questionnaire-based evaluation was conducted during the period from July 2015 until late December 2015. It consisted of 29 multiple choice questions and was distributed to all patients who underwent CT.

Results: 150 patients were approached and 106 agreed to participate.60% were male with an average age of 41.5(SD14.8) and ranged from 18 to 83 years. As shown in [Figure 1], 82% were educated ranging from primary to college level.



The major reason (71%) for these participants to obtain commercial transplants was stated as the unavailability of a live related donor. 13% stated that they objected to get a kidney donated from a family member and 9% stated they were worried to take a kidney from a family member. Finally, 3% of participants stated that they needed prompt transplant and could not wait for a long time for transplant work-up. The role of law, religion and society from patients perspectives is shown in Figure 2.