

WEIGHT-LOSS AND APPETITE IN OUTPATIENTS IN HEMODIALYSIS: A RETROSPECTIVE COHORT STUDY

A. M. Loff¹, A. L. Jakobsen¹, T. Munk¹, A. W. Knudsen¹

¹Dietetic and Clinical Nutritional Research Unit, EFFECT, Copenhagen University Hospital - Herlev and Gentofte, Herlev, Denmark



INTRODUCTION

Patients in hemodialysis (HD) are at risk of developing malnutrition. In the clinical practice the patient's nutritional status and appetite are established every 3-months. Patients with >5% weight-loss are to be referred to nutritional counselling by a specialized dietician.

AIM

The aim of this study was to assess appetite evaluation and weight-loss.

METHOD

A respective cohort study of current outpatients in HD in year 2020, going back from 9 to 24 months depending on duration of time in HD. The 3 months evaluations of nutritional status, relevant biochemistry, and appetite evaluation were collected. Nutritional risk was determined by Geriatric Nutritional Risk Index (GNRI).

CONCLUSIONS

We found an overall weight-loss over time, more so in men than in women, and an increase in nutritional risk over time. Poor appetite was associated with increased nutritional risk and variables related to a depleted nutritional status.

Table 1. Baseline characteristics of the patients divided by appetite.

	All n=76	Reduced appetite n=24	Normal appetite n=52	p=
Gender, woman	31(41)	15(63)	16(31)	0.009
Age, years	69(12)	72(11)	69(12)	0.31
Dry* Weight	78(20)	69(6)	82(21)	0.009
Height, cm	172(9)	166(10)	174(8)	<0.001
BMI, kg/m ²	26(6)	25(6)	27(6)	0.14
n-PCR	0.8(0.2)	0.7(0.2)	0.9(0.2)	0.14
P-Albumin, g/l	36(5)	34(5)	37(4)	0.003
P-Phosphate, mmol/l	1.58(0.51)	1.49(0.6)	1.68(0.50)	0.019
P-Urea, mmol/l	18(7.0)	16(6.0)	20(7.2)	0.03
GNRI	88(14)	84(13)	90(15)	0.040

Data are presented as number of participants (%) or mean (SD).

Differences between groups are analyzed by un-paired T-test/Mann-Whitney-test or Chi2/fishers-test as appropriate.

A p-value < 0.05 is considered statistically significant.

* Dry weight is the weight without extra fluid estimated by the medical doctor.

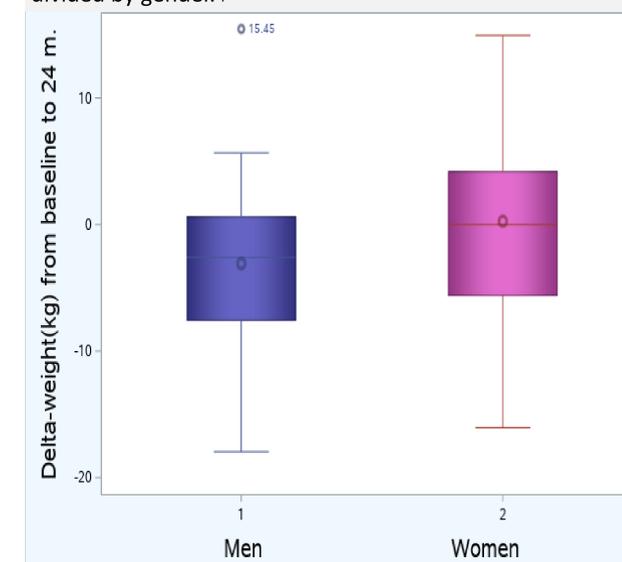
RESULTS

A total of 76 patients (41% women) were included, mean age 69 y ±12, dry weight 78 kg ±20, BMI 26 ±6.3, n-PCR 0.8 g/kg/d ±0.2. At baseline poor appetite was evident in 24 (32%) (Figure 2). A larger proportion of patients with poor appetite were women (p=0.009). Patients with poor appetite had lower; dry weight (p=0.009), height (p<0.001), GNRI (p=0.040), p-albumin (p=0.003), p-phosphate (p=0.019), and p-urea (p=0.030) (Table 1).

A weight-loss of >5% over a 3-months period within the study-period was found in 24 (32%) patients. From baseline to the 2-years follow-up (n=52) the average weight change was -1.9 kg ±5.7, p=0,021, weight-loss was found in 28 (54%). Men (n=31) had an average weight change of -3.0 kg ±5.6, p=0.005 whereas women (n=21) had a weight change of -0.2 kg ±5.6, p=0.877.

We found a significant decrease in GNRI from baseline to 2-years follow-up (96 ±7.2 vs. 90 ±7.3, p<0.001), corresponding to an average change in risk-score from low to moderate.

Figure 1. Delta-weight from baseline to 2-years follow-up divided by gender.



From baseline until 24 months follow-up there was an average weight loss: -1,9 kg (±5,7), p=0,021. Women (n=21) had lost weight: -0.2 kg (±5.6), (p=0,877) Men (n=31) had lost weight: -3.0 kg (±5,6), (p=0,017) (Figure 1).

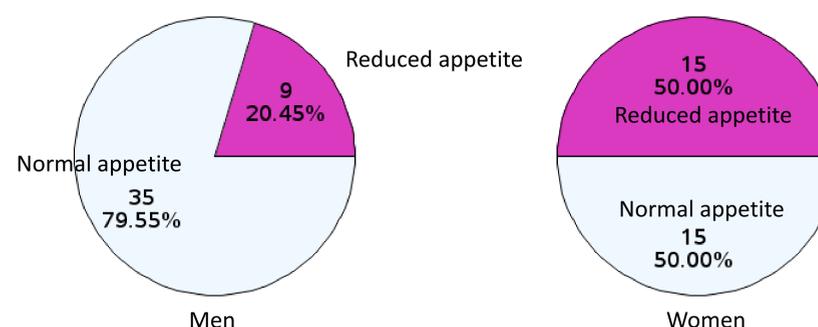
ACKNOWLEDGEMENTS

We thanks our bachelor students Kaspar Lohmann and Andreas Schuster, for contributing to the data collection and analysis.

CONTACT INFORMATION

anne.marie.loff@regionh.dk

Figure 2. Baseline appetite of the patients divided by gender.



From baseline poor appetit was evident in 24 (32%)

Men (n=9) had poor appetit (20,5%)
Women (n=15) has poor appetite (50%)
(Figure 2).