East Tennessee State University

Digital Commons @ East Tennessee State University

Appalachian Student Research Forum

2019 ASRF Schedule

Apr 12th, 9:00 AM - 2:30 PM

Investigating The Association Between Chronic Kidney Disease and Clinical Outcomes.

Naveen Ramzan

Shimin Zheng East Tennessee State Univeristy

Hemang Panchal East Tennessee State University

Edward Leinaar

Christian Nwabueze

See next page for additional authors

Follow this and additional works at: https://dc.etsu.edu/asrf

Ramzan, Naveen; Zheng, Shimin; Panchal, Hemang; Leinaar, Edward; Nwabueze, Christian; and Paul, Timir K., "Investigating The Association Between Chronic Kidney Disease and Clinical Outcomes." (2019). *Appalachian Student Research Forum*. 21. https://dc.etsu.edu/asrf/2019/schedule/21

This Oral Presentation is brought to you for free and open access by the Events at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Appalachian Student Research Forum by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digilib@etsu.edu.

Author Names and Emails

Naveen Ramzan, Shimin Zheng, Hemang Panchal, Edward Leinaar, Christian Nwabueze, and Timir K. Paul

Background

- Chronic kidney disease (CKD) can be described as t the kidney function over time. Symptoms usually dev and it may not appear in early stages. Lab tests can CKD diagnosis.
- The approximate number of incidents per year is more than 200,000 cases, and approximately 30 million people are living with CKD today in the United States.
- This long-standing disease ultimately leads to renal failure at the end.
- ✤ At present, there are no known cures for CKD, and the only treatment available is dialysis.
- The purpose of this study is to determine the association between chronic kidney disease on hemodialysis (HD) and medical condition such as cardiac complications cardiogenic shock, hemorrhage, anemia, vascular complication, postop respiratory failure, post op infarct hemorrhage, acute renal failure, new temporary pacemaker, new permanent pacemaker, pericardial complications and death.

Methods

- This was a cross-sectional study design and secondary data was used was used.
- The study population consist of 106,969 CKD patients on hemodialysis.
- The outcome variables were a diagnosis of CKD and/or CKD on HD. The independent variables were cardiac complications, cardiogenic shock, hemorrhage, anemia, vascular complication, postop respiratory failure, post op infarct hemorrhage, acute renal failure, new temporary pacemaker, new permanent pacemaker, pericardial complications and death.
- Simple Logistic regression was conducted to analyze the relationship between outcome variable and each independent variable.
- ✤ Variables with a p-value <0.05 were considered significant.</p> Odds ratio (OR) and 95% confidence intervals (CI) were reported
- and discussed.

Investigating The Association Between Chronic Kidney Disease and Clinical outcomes

Naveen Ramzan¹, Hemang Panchal², Edward Leinaar³, Christian Nwabueze¹, Shimin Zheng^{1*}, Timir K. Paul² ¹Department of Biostatistics and Epidemiology, College of Public Health, East Tennessee State University, Johnson City, TN 37614 ²Department of Internal Medicine, Quillen College of Medicine, ETSU, Johnson City, TN, 37614 ³Department of Health Services Management and Policy, CPH, ETSU, Johnson City, TN 37614 *Sponsoring faculty

Table 1: Outcome of CKD with and without HD

the loss of
elop slowly,
confirm the

Variables	Overall (106,969)	CKD vs No CKD			CKD Groups (Without HD vs. With HD)		
		No CKD	CKD	P-Value	Without HD	With HD	P-va
Any cardiac complications				<0.0001			0.03
No	97.60	97.55	97.96		98.01	97.65	
Yes	2.40	2.45	2.04		1.99	2.35	
Cardiogenicshock				<0.0001			<0.00
No	88.64	89.34	81.81		82.16	79.63	
Yes	11.36	10.66	18.19		17.84	20.37	
Hemorhage or Hematoma				<0.0001			0.8
No	97.84	97.87	97.51		97.51	97.47	
Yes	2.16	2.13	2.49		2.49	2.53	
Anemia/hemorrhage requiring blood transfusion				<0.0001			<0.00
No	95.96	96.61	88.85		89.88	82.35	
Yes	4.04	3.39	11.15		10.12	17.65	
Vascular complications				0.49			0.02
No	99.97	99.97	99.97		99.98	99.94	
Yes	0.03	0.03	0.03		0.02	0.06	
Post-op respiratory failure				<0.0001			<0.00
No	98.88	98.93	98.23		98.37	97.35	
Yes	1.12	1.07	1.77		1.63	2.65	
Post-op infarct or hemorrhage				<0.0001			0.02
No	99.84	99.85	99.75		99.77	99.63	
Yes	0.16	0.15	0.25		0.23	0.37	
Acute renal failure				<0.0001			<0.00
No	89.57	92.83	62.91		59.38	85.25	
Yes	10.43	7.17	37.09		40.62	14.75	
New Temporary Pacemaker				<0.0001			0.01
No	97.48	97.57	96.57		96.65	96.11	
Yes	2.52	2.43	3.43		3.35	3.89	
New Permanent Pacemaker				<0.0001			0.14
No	99.45	99.54	98.65		98.63	98.83	
Yes	0.55	0.46	1.35		1.37	1.17	
Pericradial complications				<0.0001			<0.00
No	99.68	99.69	99.57		99.62	99.26	
Yes	0.32	0.31	0.43		0.38	0.74	
Death				<0.0001			<0.00
No	92.08	92.88	83.48		84.74	75.49	
Yes	7.92	7.12	16.52		15.26	24.51	
Death/Acute renal failure requiring hemodialysis				<0.0001			<0.00
No	84.26	87.77	53.46		51.75	64.26	

Variables	CKD vs. No CKD				CKD (With HD vs. Without HD) ‡				
	Odds Ratio	LL	UL	P-value	Odds Ratio	LL	UL	P-Value	
Any cardiac complications	0.83	0.78	0.88	<0.0001	1.18	1.01	1.39	0.034	
Cardiogenicshock	1.86	1.82	1.91	<0.0001	1.18	1.11	1.25	<0.0001	
Hemorhage or Hematoma	1.18	1.11	1.24	< 0.0001	1.02	0.88	1.18	0.81	
Anemia or hemorrhage requiring blood transfusion	3.58	3.48	3.69	< 0.0001	1.90	1.79	2.03	<0.0001	
Vascular complications	0.83	0.48	0.49	< 0.0001	3.17	1.08	9.27	0.035	
Post-op respiratory failure	1.67	1.56	1.79	< 0.0001	1.65	1.42	1.92	<0.0001	
Post-op infarct or hemorrhage	1.68	1.41	2.01	< 0.0001	1.59	1.06	2.37	0.024	
Acute renal failure	7.63	7.48	7.79	< 0.0001	0.25	0.24	0.27	<0.0001	
New Temporary Pacemaker	1.42	1.36	1.49	< 0.0001	1.17	1.03	1.32	0.014	
New Permanent Pacemaker	2.94	2.71	3.19	< 0.0001	0.85	0.69	1.06	0.144	
Pericradial complications	1.39	1.21	1.58	< 0.0001	1.96	1.46	2.61	<0.0001	
Death	2.58	2.52	2.65	< 0.0001	1.80	1.70	1.91	<0.0001	
Death or Acute renal failure requiring hemodialysis	6.36	6.14	6.36	< 0.0001	0.60	0.57	0.63	<0.0001	

- 95% CI: 1.82-1.91).

Conclusions and Recommendations

Results

Analysis shows that subjects with cardiac complications were 17% less likely to have CKD as compared to those who did not have cardiac complications (OR: 0.83, 95% CI: 0.78-0.88).

CKD patients who had cardiac complications were 18% more likely to have HD than the subjects who did not have cardiac complications (OR: 1.18, 95% CI: 1.01-1.39).

Patients with cardiogenic shock were 86% more likely to have CKD than the subjects who did not have cardiogenic shock (OR: 1.86,

CKD patients who had cardiogenic shock were also 18% more likely to have HD than the subjects who did not have cardiogenic shock (OR: 1.18, 95% CI: 1.11-1.25).

We have similar results if a patient had other conditions.

Chronic kidney disease patients on hemodialysis is significantly associated with the other medical conditions such as cardiac complications, cardiogenic shock, hemorrhage, anemia, vascular complication, postop respiratory failure, post op infarct hemorrhage, acute renal failure, new temporary pacemaker, new permanent pacemaker, pericardial complications and death in the United States. Further studies are needed to confirm the results

and to understand the prognosis of the disease.

