

Association of the Malnutrition-Inflammation Score with First 90 Day Mortality in Incident Hemodialysis Patients

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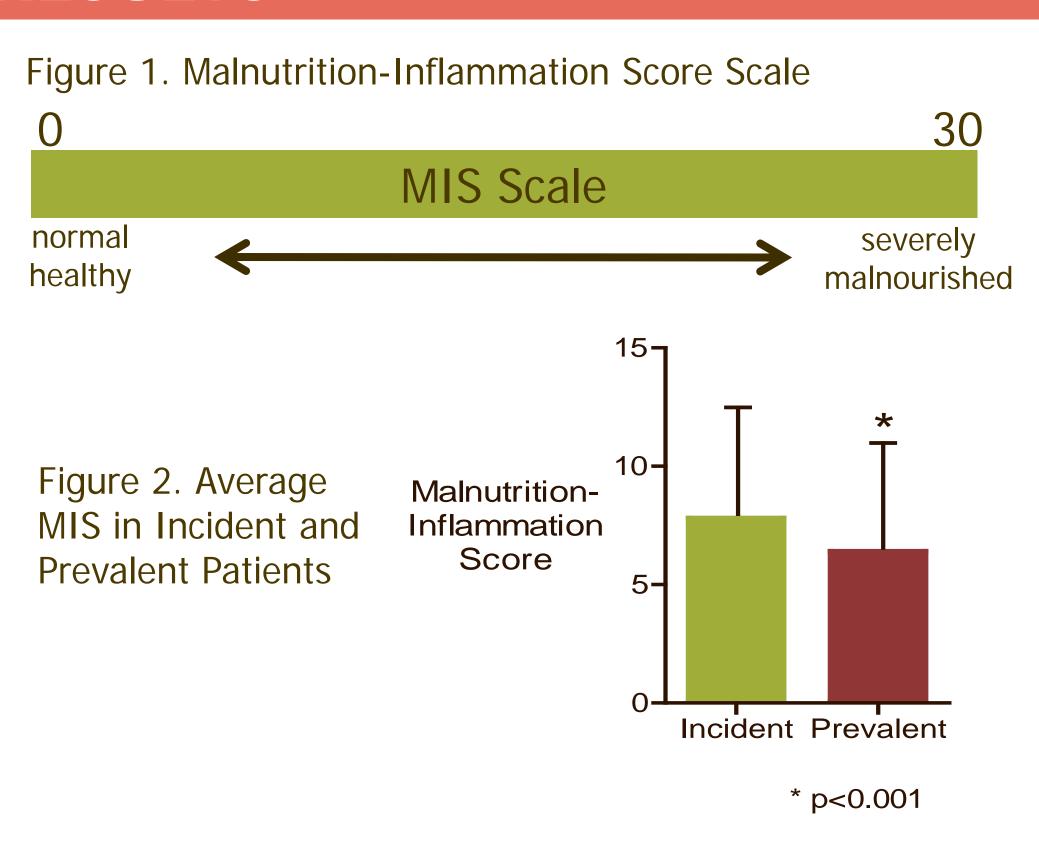
INTRODUCTION

Protein-energy wasting (PEW) is associated with increased mortality in hemodialysis (HD) patients but its association with first 90-day death in incident HD patients is not clear. The Malnutrition-Inflammation Score (MIS), an evaluator-friendly composite score ranging from 0 (well-nourished) to 30 (severely malnourished), includes 10 components (each with a score between 0 to 3) across nutritional history (5 components), nutritional physical exam (2 components), BMI and 2 laboratory values (albumin and transferrin). MIS is a quantifiable number produced using a combination of factors, including albumin, and may be a more comprehensive evaluation of nutritional status than albumin alone. We hypothesized that deteriorating nutritional status detected by MIS is associated with increased first 90-day mortality in incident HD patients.

METHODOLOGY

- During the first calendar quarter of 2009 the MIS was recorded by over 1100 dietitians in 9,441 incident (vintage <90 days) and 19,174 prevalent HD patients.
- MIS scores (described in Figure 1) were divided into 4 worsening quartiles.
- Incident patient mortality was defined as the numbers of death occurring within 90 days of the first treatment at the facility per 100 patient years.
- Crude and relative mortality across quartiles were calculated including after adjustment for age, gender, diabetes, race/ethnicity and vintage.

RESULTS



Mean ± SD **Incident Patients** 44,169 60.5 ± 15.3 Age (yr) % Male 55.9% Race and Ethnicity % African American 35.4% 15.3% % Hispanic % Asian, Pacific Islander 3.7% % Native American 1.3% % Unknown 0.1% 72.1% % Diabetic 2.9 ± 3.6 Vintage (yr) 27.8 ± 7.3

Table 1. Patients Demographics

Table 2. Mortality in Incident Patients by MIS

	MIS score 0-3	MIS score 4-5	MIS score 6-8	MIS score ≥9
N	7,151	5,840	6,919	8,708
Deaths per 100 patient years	4.9	9.1	15.3	41.6
Relative Mortality	1.0 (ref)	1.9 (1.7-2.7)	3.1 (2.4-3.9)	8.6 (6.7-10.9)

SUMMARY of RESULTS

- Incident HD patients had poorer nutritional status (mean ± SD; MIS=7.8±4.4) than prevalent patients (MIS= 6.4±4.5, p<0.001; Figure 2).
- Relative risk of death in the first 90 days after initiating dialysis increases as malnutritioninflammation status deteriorates.
- Risk of death among patients within the highest quartile of malnutrition-inflammation scores is 8.6 times higher than that among patients with the lowest scores (Table 2).

KEY LEARNINGS

- ✓ In incident HD patients, poorer nutritional status determined by MIS is a strong predictor of short-term death.
- ✓ Improving nutritional status in incident HD patients may improve survival, which needs to be tested in controlled trials.

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