

# ASN 35th Annual Meeting & Scientific Exposition Submission Program

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**Title:** Higher Hematocrit Values are Consistently Associated with Lower Morbidity under NKF DOQI guidelines in Incident Hemodialysis Patients

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**Abstract:**

The association between hematocrit (Hct) values of 36% and above and lower morbidity was observed in the 1996-1998 incident hemodialysis (HD) patients, prior to full implementation of the NKF-DOQI guidelines. To investigate the impact of these guidelines on levels of Hct and the associated morbidity risk, we studied more recent incident 1998-1999 Medicare HD patients (N=57,188) that survived and continued on HD 9 months from the 1st ESRD service date assessing patient characteristics, comorbidity, disease severity, and Hct values determined during the entry period (month 4-9). Patients with 4+ Hct's in the entry were grouped into: <30%, 30-<33%, 33-<36%, 36-<39%, and 39%+. Patients were followed from the end of entry period until death, change of dialysis modality, transplant, loss-to-follow-up, or December 31, 2000. Cox regression was used to assess patient relative risk of first hospitalization for cardiac, infectious, other cause, and all cause. The results are presented in the Table below (all p-values < 0.05).

Using patients with HCT 33-<36% as a reference group, patients with Hct of 36% and above had significantly lower risks of hospitalization due to cardiac, infectious, other cause, and all causes during the follow-up period. There were no significant differences in the risks of hospitalization between patients with Hct of 36-<39% and 39% above. These data confirm the association of sustained higher Hct's, even into the 36-39+% range, with improved morbidity risk, under the current DOQI guidelines.

HCT	N	RR-cardiac	RR-infection	RR-other	RR-all cause
<30%	4,528	1.20	1.45	1.22	1.27
30-<33%	12,745	1.08	1.15	1.10	1.11
33-<36%	25,410	1.00	1.00	1.00	1.00
36-<39%	11,885	0.93	0.93	0.91	0.92
39% +	2,620	0.81	0.88	0.93	0.88

**Disclosure:**

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