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# eating index for Taiwan (AHEI –T) and the risk factors of cardiovascular disease on hemodialysis patients.

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## I ntroduction

The United States Renal Data System (USRDS) 2010 reported that incidence and prevalence of end stage renal disease in Taiwan are the highest of the world. Taiwan Society of Nephrology proposed that cardiovascular diseases is the first cause of death of hemodialysis patients (HD) (Yang et al., 2008). Cardiothoracic ratio (CTR) is a marker of cardiomegaly (Giamouzis et al., 2008). And is an indicator of inflammation and nutritional status and could predict cardiovascular mortality on hemodialysis (HD) patients (Chen et al., 2008).

#### **P** urpose

The purpose of this study is to investigate correlation between dietary intake, blood pressure, nutritional status, inflammation, lipid profile and blood sugar and CTR.

# S ubjects and Methods

This is a cross-sectional study. 68 HD patients were recruited and collected the following data: anthropometric data, CTR, blood pressure, nutritional status, inflammation, lipid profile, blood sugar and dietary data. CTR was calculated by heart diameter divide by transverse thoracic diameter (Figure 1). Dietary data were collected by 24h dietary recall and dietary record. Values were expressed as number, percentage or mean  $\pm$  SEM. SAS 9.1 was used to perform Spearson correlation test. When *p* < 0.05 was considered as significant.



Figure 1. CTR = AB/CD

### **R** esults and Discussion

Sixty-eight HD patients were recruited, including 35men and 33women. The mean age was  $64.8 \pm 1.7$  years old, dialysis vintage was  $45.4 \pm 6.2$  months, energy intake was  $1367 \pm 52$  kcal. 39.7% patients were normal, 50% were mild cardiomegaly, 10.3% were moderate-to-severe cardiomegaly (Figure 2). The distribution was similar to Yen et al, 45.3% HD patients were mild cardiomegaly (Yen et al., 2009).

CTR was positively correlated with age (p < 0.001) (Table 1). CTR was negatively correlated with energy (p < 0.05) and fiber (p < 0.05) intake (Table 2). CTR was negatively correlated with creatinine (p < 0.001) and total cholesterol (p < 0.05) (Table 3). Vascular aging occurs with increasing age and is associated with changes in vascular wall, which leads to increased arterial stiffness. As a result, aging is associated with elevated CTR (Jani et al., 2006). Higher energy intake could predict a better nutritional status and higher fiber intake could avoid coronary artery disease. Both could perdict lower CTR value. serum creatinine levels represent the muscle bulk and reflect the nutritional status in the HD patients. A higher creatinine and cholesterol level indicates a better nutrition. Good nutrition is associated with low CTR value due to less inflammation and atherosclerosis.

#### **C** onclusion

CTR might be an indicator of nutritional status in HD patients.

Distribution percentage of hemodialysis patients in different CTR level (%)



Fig 2. Distribution percentage of hemodialysis patients in different CTR level (n = 68)

Table1. Spearman rank correlation between CTR and subjects' characteristic and anthropometric data<sup>1</sup>

	S	Sex A	ge (y)	Dialysis vintag (months)	je Dialy (minu	sis duration ites)	Activity (MET⋯min/v	Wk²) (c	eight D m) (F	vry weigh (g)	t BMI (kg/m <sup>2</sup> )	Interdialytic ) gain (kg)	: weight
CTR <sup>,</sup>	-(	0.04 0	.54	-0.15 -0.23			0.08	-(	.14 -(	0.06	-0.04	0.08	
<i>p</i> -value <sup>2</sup>	0	.7604 <	0.001	0.2168	0.081	4	0.9029	0	2595 0	.6239	0.6086	0.5302	
<sup>1</sup> Values are	e correlation co	pefficients. CTF	R = cardioth	oracic ratio, N	IET = metabo	lic equivaler	t, BMI = body ma	ss index.					
<sup>2</sup> Statistical	analysis by Sp	bearman rank d	orrelation.										
Table2. Sp	earman rank o	correlation betw	een CTR a	nd dietary dat	a <sup>1</sup>								
	Energy (kca	al) Carbohydra	ate (g)	Protein (g)	Fat (g)	Fiber (g)	Fluid intake (m	L) Ca	bohydrate (E	%)	Protein (E%)	Fat (E%)	
CTR	-0.26	-0.21		-0.08	-0.08	-0.25	0.11	0.1	5		0.14	0.05	
p-value <sup>2</sup>	0.0312	0.0834		0.5204	0.5343	0.0362	0.3516	0.2	222		0.2644	0.6604	
<sup>1</sup> Values are	e correlation co	oefficients. CTF	R = cardioth	oracic ratio, E	% = percenta	ge of energy	' <b>.</b>						
<sup>2</sup> Statistical	analysis by Sp	earman rank c	orrelation.										
Table3. Sp	earman rank o	correlation betw	een CTR, I	olood pressure	, biochemica	l data and di	alysis quality <sup>1</sup>						
	SBP	DBP (mmHg)	Alb (g/dL	) TP (mg/dL)	Cr	Hb	WBC (10 <sup>3</sup> / µ L) 1	TC (mg/dL)	TG (mg/dL)	AC-sug	gar (mg/dL)	Kt/V	
	(mmHg)	( <b>U</b> )			(mg/dL)	(g/dL)							
CTR	0.18	-0.32	-0.20	-0.17	-0.43	-0.24	-0.16 -	0.33	-0.20	0.14		-0.04	
<i>p</i> -value <sup>2</sup>	0.1478	0.0687	0.1088	0.1800	0.0002	0.0510	0.1831 0	0.0064	0.1084	0.2531		0.7646	
<sup>1</sup> Values ar	e correlation c	oefficients.SBF	' = systolic	blood pressur	e, DBP = dias	tolic blood p	ressure, Alb = alb	oumin, TP =	total protein,	Cr = crea	atinine, Hb = h	emoglobin,	

WBC = white blood cell, TC = total cholesterol, TG = triglyceride, AC-sugar = preprandial blood glucose. <sup>2</sup>Statistical analysis by Spearman rank correlation at p < 0.05.