

Association between E/e' ratio and Volume Overload in Patients with Predialysis Chronic Kidney Disease

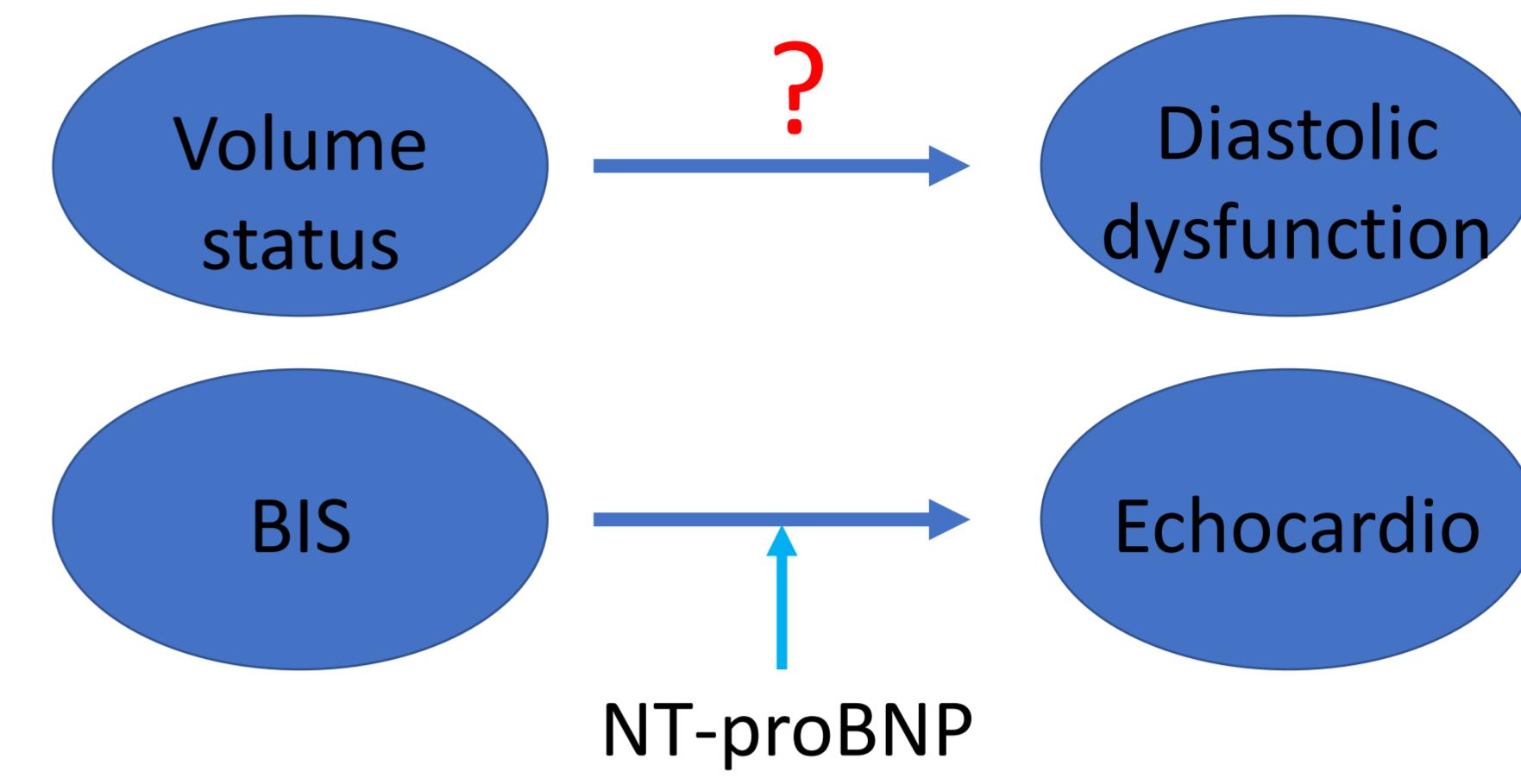
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Introduction :

- Chronic kidney disease (CKD) : increases cardiovascular (CV) risk
- modifiable variables : blood pressure, diabetes, anemia, and volume status
- accurate assessment of volume status appears to be crucial.
- Diastolic dysfunction : frequently found in patients with CKD.

Objectives : role of NT-proBNP and bioimpedance spectroscopy (BIS) in early detection of diastolic dysfunction prior to echocardiographic assessment in patients with CKD



Materials and Methods

- BIS, echocardiography, and NT-proBNP were simultaneously performed prior to dialysis (stage 5 CKD, not yet dialysis, N=84)
- Bioimpedance spectroscopy (BIS) : BCM™
- Exclusion : acute kidney injury, malignancy, infection, liver cirrhosis, mitral regurgitation, atrial fibrillation, valvular heart disease, or abnormal LV segmental wall motion

Statistical analysis

- IBM SPSS version 23.0 (IBM Corporation, Armonk, NY, USA)
- Pearson's correlation analysis
- ANOVA
- multiple linear regression analysis
- receiver operating characteristic (ROC) curve
- Statistical significance was defined as P < 0.05

Results

Table 1. Baseline characteristics of the patients

variables	distribution
Age, years	60.32±10.34
Gender (%)	Men 46 (54.76%) Women 38 (45.24%)
Diabetes (%)	Yes 50 (59.52%) No 34 (40.48%)
BP medication (%)	Yes 78 (92.86%) No 6 (7.14%)
Diuretics (%)	Yes 58 (69.05%) No 26 (30.95%)
BPsys (mmHg)	143.24±18.72
BPDia (mmHg)	78.50±11.68
eGFR (ml/min per 1.73 m²)	6.29±2.28

Table 2. Comparison of blood pressure, serum chemistry, NT-proBNP, BIS parameters, and echocardiographic study parameters according to E/e'

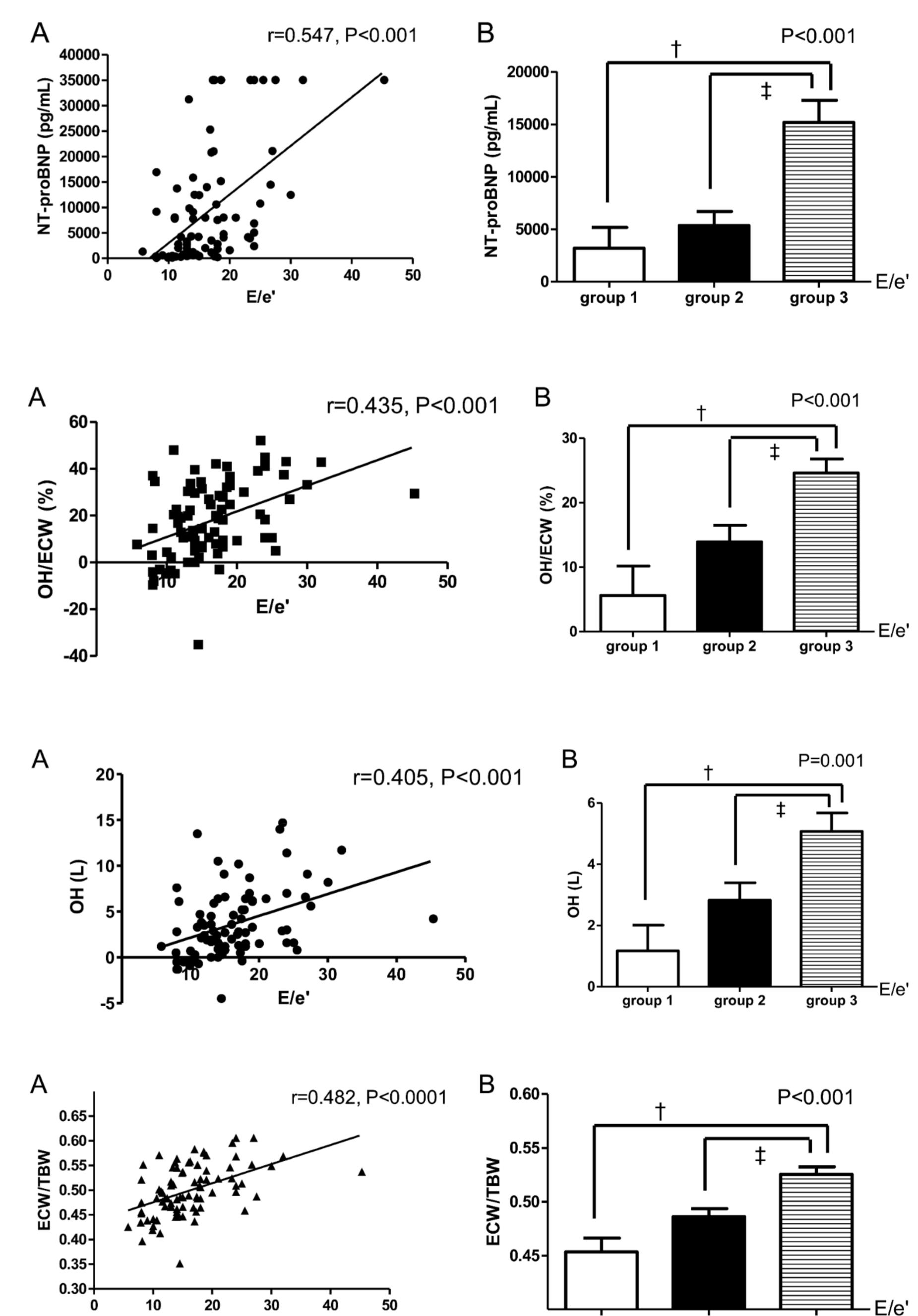
Variables	E/e' ratio			P-value	
	Corr. coefficient	P-value	Group 1 (≤10)	Group 2 (10–15)	Group 3 (>15)
BPsys, mmHg	0.280	0.011			
BPDia, mmHg	0.097	0.386			
NT-proBNP, pg/mL	0.547	<.001			
eGFR, mL/min/1.73 m²	-0.132	0.232			
Total Protein, g/dL	-0.117	0.287			
Albumin, g/dL	-0.259	0.018			
Uric acid, mg/dL	0.242	0.032			
LDH, U/L	0.276	0.015			
OH, liter	0.405	<.001			
OH/ECW	0.435	<.001			
TBW, liter	0.083	0.455			
ECW, liter	0.266	0.014			
ICW, liter	-0.153	0.165			
ECW/TBW	0.482	<.0001			

Table 3. Univariate analysis of serum laboratory tests, blood pressure, and BIS parameters in association with E/e'

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Table 4. Multiple linear regression analysis of variables influencing E/e' ratio

	Unstandardized Coefficients		Beta	P-value
	B	Standard Error		
BPsys, mmHg	0.061	0.028	0.204	0.029
NT-proBNP, pg/mL	0.000	0.000	0.292	0.006
Albumin, g/dL	-0.174	1.026	-0.018	0.866
Uric acid, mg/dL	0.342	0.218	0.146	0.122
LDH, U/L	0.004	0.005	0.074	0.434
OH/ECW	-0.039	0.076	-0.110	0.609
ECW/TBW	49.610	22.118	0.454	0.028



Discussion :

- In multiple linear regression analysis, BPsys, NT-proBNP, and ECW/TBW showed significant p-value.

- ROC curve : predicting E/e' ratio greater than 15.

NT-proBNP : AUC 0.73 ± 0.05 (P < 0.001), cut-off value 2,797 pg/mL (sensitivity 82.05%, specificity 63.04%)

ECW/TBW : AUC 0.77 ± 0.05 (P < 0.001), cut-off value 0.486 (sensitivity 82.05%, specificity 66.96%)

OH/ECW : AUC 0.73 ± 0.05 (P < 0.001), cut-off value 17.28% (sensitivity 71.79%, specificity 68.09%)

OH : AUC 0.73 ± 0.05 (P < 0.001), cut-off value 2.45 liter (sensitivity 74.36%, specificity 63.83%)

Conclusion : In addition to decrease in GFR, nephrologists should be aware of cardiac function evaluation and preservation, and

BIS may act as a bridge between cardiologists and nephrologists in achieving cardiorenal protection

