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Malnutrition, Body Mass Index and N-terminal pro-Brain Natriuretic Peptide in hemodialysis patients

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Uremic malnutrition also called protein energy wasting (PEW), is a common problem in patients with end stage renal disease undergoing hemodialysis (HD). This syndrome has been associated with, morbidity and mortality. Association between malnutrition and N-terminal pro-brain natriuretic peptide (NT-proBNP), a predictive factor of cardiac events and mortality has been reported. In addition, inverse relationships between body mass index (BMI) and circulating levels of NT-proBNP have been demonstrated.

We evaluated the association between NT-proBNP, BMI and malnutrition in a sample of Afro-Caribbean HD patients. Malnutrition was identified according to the International (ISRMN) definition and one component in each of the 4 categories of the wasting syndrome were retained: serum albumin ≤ 38 g/L, BMI ≤ 23 Kg/m², creatininemia ≤ 818 μ mol/L/m² and nPCR ≤ 0.8 g/kg/day. NT-ProBNP was assessed using a chimiluminescence immunoassay, at the start of dialysis. In 207 patients (mean age: 64 years +/-13), NT-ProBNP ranged from 125 to 33 144 pg/ mL.

The major comorbidities were hypertension (90%), diabetes (41.5%), obesity (26.5%) and PEW (at least three components) was found in 16.9%. Log NT-ProBNP was negatively correlated with BMI ($r = -0.19$, $P = 0.005$) and also with left ventricular ejection fraction.

Patients with high NT-ProBNP levels (≥ 6243 pg/mL) had higher frequencies of malnutrition (≥ 3 factors) (34.6 % vs 11.0 % in those with NT-ProBNP levels < 6243 pg/mL; $P < 0.001$), including BMI ≤ 23 Kg/m² (55.8 % vs 29.0 %; $P < 0.001$) and mean BMI was 23.8 ± 5.2 vs 26.9 ± 6.9 Kg/m²; $P = 0.004$.

In HD patients, several parameters could be involved in the association between NT-proBNP and malnutrition, including inflammation and inadequate protein and caloric intake, that could lead to low BMI. NT-proBNP levels must draw attention to cardiac function but also to nutritional status.

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