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Access to renal transplantation in the diabetic population- Effect of comorbidities and body mass index

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Background: In this study, we hypothesized that higher level of comorbidity and greater body mass index (BMI) may mediate the association between diabetes and access to transplantation.

Methods: We used data from the United States Renal Data System (01/01/2000-24/09/2007; n=619 151). We analyzed two outcomes using Cox model: (i) time to being placed on the waiting list or transplantation without being listed and (ii) time to transplantation after being listed. Two primary Cox models were developed based on different levels of adjustment.

Results: In Cox models adjusted for a priori defined potential confounders, history of diabetes was associated with reduced transplant access (compared with non-diabetic population)-both for wait-listing/ transplant without being listed (hazard ratio, HR =0.80, $p<0.001$) and for transplant after being listed (HR =0.72, $p<0.001$). In Cox models adjusted for BMI and comorbidity index along with the potential confounders, history of diabetes was associated with shorter time to wait-listing or transplantation without being listed (HR =1.07, $p<0.001$), and there was no significant difference in time to transplantation after being listed (HR=1.01, $p=0.42$).

Conclusion: We demonstrated that higher level of comorbidity and greater BMI mediate the association between diabetes and reduced access to transplantation.

Biography

Bhanu K. Patibandla has graduated from Dr. NTR University of Health Sciences, Andhra Pradesh, India in 2010. During his medical school training, he has done international electives at Harvard Medical School and achieved honor credits. The evidence based clinical practice and the scope for the research opportunities here made him decide to come to USA for further studies. He worked as a post doctoral research fellow (2/2011 to 2/2012) in the division of nephrology at Beth Israel Deaconess Medical Center, Boston. His areas of interest include studying the various disparities involved in provision of the health care and proposing the possibilities to eliminate them. Currently, his research is focused primarily on identifying the determinants and prediction of dialysis vascular access success, and eventually cost-effective analysis in the elderly hemodialysis population. Currently, he is doing his internal medicine residency at St . Vincent Hospital, Worcester, MA.

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