OP76 CHRONIC KIDNEY DISEASE IN CHILE: FINDINGS FROM THE CHILEAN NATIONAL HEALTH SURVEYS 2009–10 AND 2016–17

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Background: Chronic kidney disease (CKD) is a leading global public health problem, with a substantial burden on healthcare systems; decreased quality of life, and poor prognosis for patients. In Chile, there is limited data on CKD prevalence and its distribution across population subgroups that impedes effective decision-making in the healthcare sector. The objectives were to estimate the prevalence of CKD among Chilean adults and examine its associations with sociodemographic characteristics, health behaviours, and comorbidities.

Methods: Analysis of cross-sectional data from the two most recent large, nationally-representative Chilean Health Surveys (ENS) 2009–10 and 2016–17. The participants were individuals aged 15+ years with serum creatinine data (ENS 2009–10: n=4777; ENS 2016–17: n=5279). The primary outcome was reduced kidney function (CKD Stages 3a-5) based on estimated glomerular filtration rate (eGFR <60 mL/min/1.73 m²). Increased albuminuria (≥30 mg/g), the secondary outcome measure, was determined using the urine albumin-to-creatinine ratio (ACR) ascertained among adults aged 40+ years with diabetes and/or hypertension. Both outcomes were analysed using logistic regression and the combined two-survey dataset, with results summarised using odds ratios (OR). CKD prevalence (Stages 1–5) among adults aged 40+ years was estimated using an expanded definition including participants with a reduced eGFR or an eGFR of at least 60 mL/min/1.73 m² but increased albuminuria (Stages 1–2). Analyses were adjusted for non-response and complex survey design.

Results: Overall, 3.0% (95% CI: 2.4–3.8%) of adults in ENS 2016–17 had reduced kidney function. After full adjustment, participants with hypertension (OR 2.12; 95% CI 1.08–4.16) and those with diabetes (OR 1.66; 1.04–2.65) had significantly higher odds of reduced kidney function. 15.5% (13.5–17.8%) of adults aged 40+ years with diabetes and/or hypertension had increased albuminuria in 2016–17. Being obese versus normal weight (OR 1.66; 1.08–2.54) and having both diabetes and hypertension versus diabetes alone (OR 2.30; 1.34–3.95) were significantly associated with higher odds of increased albuminuria in fully-adjusted analyses. At least 15.4% of all adults aged 40+ in ENS 2016–17 had CKD (Stages 1–5) according to the expanded definition, including 9.6% of adults with CKD Stages 1–2.

Conclusion: There is a high prevalence of Chilean adults at CKD Stages 1–2 that should be considered in the prevention strategies and Chilean healthcare guidelines.

OP77 THE PREVALENCE AND CHARACTERISTICS OF ADVERSE DRUG REACTION-RELATED HOSPITAL ADMISSIONS IN OLDER PATIENTS

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Background: Older people experience greater morbidity with a corresponding increase in medication use resulting in a potentially higher risk of adverse drug reactions (ADRs). The aim of this study was to determine the prevalence and characteristics of ADR-related hospital admissions among older patients (≥65 years).

Methods: A cross-sectional study of ADR prevalence in patients aged ≥65 years admitted acutely to a large tertiary referral hospital in Ireland over a 7 month period (November 2016–June 2017). A multifaceted review of each hospital admission was undertaken to assess the likelihood of an ADR being a reason for admission (cause of admission or contributing to admission) in the context of the patient’s medication, clinical condition, medical history, comorbidities and investigations. A number of decision aids were also applied by two independent reviewers to assess ADR causality (Naranjo criteria, WHO criteria, Liverpool Algorithm). The avoidability (Halla criteria) and severity (Hartwig severity assessment scale) of the ADR were also assessed. Differences in causality, preventability and severity were reviewed by a third reviewer.

Results: In total, 3760 hospital admission episodes (in 3091 patients) were screened and 377 admissions were ADR-related (10.02%, 95% CI 9.06%, 10.98%); 43 admissions were due to ≥2 ADRs (N=424 ADRs). 360 (11.64% 95% CI 10.51%, 12.77%) patients had at least one ADR with 50 (16.18%) patients experiencing ≥1 ADR-related admission. In summary,