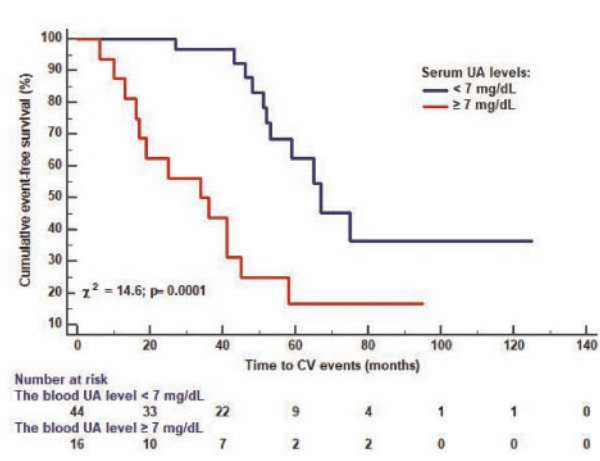
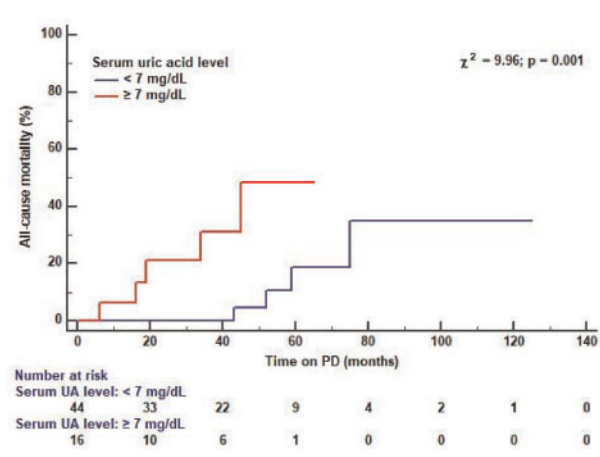


and 2016. All patients had been undergoing continuous ambulatory PD (CAPD) for more than 3 months (median was 43.4 [28.3–64] months). Among the examined patients, there were 37/60 (61.6%) men and 23/60 (38.4%) women. Average age was 47.1 [30.7–56.2] at the start of CAPD. Hyperuricemia was defined as serum UA concentrations above 7 mg/dL (measured by automated enzymatic methods).

The outcomes of interest in the study were the non-fatal CV events and the death for any reason. The patients who were transferred to hemodialysis or transplantation were excluded from the study. The Cox proportional hazard model was used to calculate hazard ratios (HR) of CV events and all-cause mortality with adjustments for age, gender, comorbidities and diabetes mellitus.

RESULTS: 16/60 (26.7%) PD patients had hyperuricemia at baseline. The proportion of PD patients with the history of non-fatal CV events was significantly higher in hyperuricaemic group (56.3% vs 25.0%, $p = 0.005$).

During the follow-up, there were 9 deaths: 5/16 (31.25) fatal cases in PD patients with hyperuricemia and 4/44 (9.1%) deaths in the normouricaemia group ($p = 0.03$). In the multivariate Cox regression models, hyperuricaemia at baseline was significantly associated with both a higher risk of non-fatal CV events (HR 26.5; 95% CI 7.99 to 88.1, $p = 0.0001$) and all-cause mortality (HR 13.4; 95% CI 2.4 to 75.1, $p = 0.001$).



FP587

HYPERURICEMIA IS ASSOCIATED WITH CARDIOVASCULAR EVENTS AND ALL-CAUSE MORTALITY IN PERITONEAL DIALYSIS PATIENTS

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INTRODUCTION: Epidemiological studies have demonstrated the association of hyperuricemia with cardiovascular risk factors and all-cause mortality in general and chronic kidney disease (CKD) populations. But, at present, the problem of hyperuricemia in peritoneal dialysis (PD) patients is still unexplored. The aim of the present work was to study the influence of serum uric acid (UA) level on cardiovascular events and all-cause mortality in PD patients.

METHODS: The data of 60 PD patients from a single center in Ukraine were analyzed retrospectively. The data on baseline levels of serum UA, non-fatal cardiovascular (CV) events and vital status were extracted from the patients' medical records between 2010

CONCLUSIONS: Serum UA level >7 mg/dL is an independent risk factor for non-fatal CV events and all-cause mortality in PD patients.