## Geriatric nutritional risk index (GNRI) predicts long-term survival and limb events in patients with peripheral artery disease

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Funding Acknowledgement: Type of funding source: None

**Background:** Geriatric nutritional risk index (GNRI) was developed as a "nutrition-related" risk index and was reported in different populations as associated with the risk of all-cause and cardiovascular morbidity and mortality.

**Purpose:** The purpose of this study was to assess the associations of GNRI with mortality and amputation free survival in patients with peripheral artery disease (PAD).

**Methods:** From January 2011 to June 2016, 295 consecutive patients (73.3 $\pm$ 9.2 years; 75.6% male) with PAD undergoing endovascular treatment (EVT) in our hospital were retrospectively examined. The GNRI on admission was calculated as follows: 14.89 × serum albumin (g/dl) + 41.7 × body mass index (BMI)/22. Characteristics and mortality were compared between 2 groups: low GNRI (<92, n=110) with moderate or severe nutritional risk; and high GNRI ( $\geq$ 92, n=185) with no or low nutritional risk.

**Results:** The median follow up period was  $39.4\pm26.4$ months. There were 85 deaths (28.8%) and 13 major amputation (4.4%) during the follow-up. Patients in the low-GNRI group were more often higher age, non-ambulatory state, hemodialysis and critical limb ischemia. BMI, serum hemoglobin, albumin, low-density lipoprotein were significantly lower, whereas serum C-reactive protein was significantly higher in the low-GNRI group than the high-GNRI group (P<0.05, respectively). Kaplan-Meier analysis revealed that patients in the low-GNRI group had a significantly lower amputation free survival, compared to those in the high-GNRI group (log-rank test, P<0.001).

**Conclusion:** The low GNRI is associated with an increased risk of mortality and limb events in patients with PAD.

Table 1. Clinical characteristics

|                           | Overall (n=295) | High GNRI (n=185) | Low GNRI (n=110) | P-value |
|---------------------------|-----------------|-------------------|------------------|---------|
| Age, years                | 73.2±9.2        | 71.7±8.8          | 76.1±9.2         | < 0.001 |
| Male, %                   | 223 (75.6)      | 142 (76.8)        | 81 (73.6)        | 0.546   |
| Body mass index           | 22.6±3.4        | 24.1±3.0          | 20.1±2.7         | < 0.001 |
| Diabetes, %               | 174 (59.0)      | 117 (63.2)        | 57 (51.8)        | 0.054   |
| Hemodialysis, %           | 77 (26.1)       | 41 (22.2)         | 36 (32.7)        | 0.046   |
| Non-ambulatory status, %  | 54 (18.3)       | 13 (7.0)          | 41 (37.3)        | < 0.001 |
| Critical limb ischemia, % | 111 (37.6)      | 51 (27.6)         | 60 (54.6)        | < 0.001 |
| Serum hemoglobin, g/dl    | 11.9±2.6        | 12.7±1.8          | 10.7±2.2         | < 0.001 |
| Serum albumin, g/dl       | 3.5±0.6         | 3.8±0.4           | 3.0±0.5          | < 0.001 |
| Major amputation, %       | 13 (4.4)        | 4 (2.2)           | 9 (8.2)          | 0.015   |
| All cause death, %        | 85 (28.8)       | 39 (21.1)         | 46 (41.8)        | < 0.001 |



