P0801 EGFR LEVEL BEFORE HOSPITALIZATION INFLUENCES OUTCOMES AFTER DISCHARGE REGARDLESS OF ADMISSION DIAGNOSIS

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Background and Aims: The risk of hospitalization and death is known to be greater among patients with chronic kidney disease. Less known are the risks after hospital discharge.

Our aim is to evaluate the prognosis after hospital discharge according to the presence and the degree o CKD before the hospitalization.

Method: Target population: Tuscany population (patients on RRT excluded) aged 50+ years, discharged from medical setting in 2017, ordinary regimen (excluding long-term stay/ rehabilitation, trauma and hospitalizations of a special nature), without hospitalization episodes in the 28 days before, with at least one creatinine determination in an outpatient setting in 2017, prior to admission. Data were extracted from hospital discharge sheets.

Exposure measurement: CKD stage, based on glomerular filtration rate estimated by CKD-EPI equation. Laboratory tests were linked with hospital data with a unique anonymous identifier.

Outcome one month and one year after discharge were:

- hospitalization (medical area, ordinary regime, excluding long-term stay / rehabilitation and special hospitalizations). For all causes and by diagnosis-related group.

- Institutionalization or activation of home care, calculated only one year after discharge.

- all-cause mortality.

Statistical analysis: incidence rates (IR) and ratio of incidence rates (IRR), with 95% confidence intervals, were calculated for institutionalization / home care, hospitalization and death (rough and adjusted for covariates at discharge index: comorbidity, age, gender, discharge department, diagnosis-related group of discharge, days of hospitalization) with Poisson regression model.

Results: 33,253 discharges met the eligibility criteria in 2017 (28,706 subjects). The discharges of patients with a eGFR $>$ 60 were 18,194 (54.8%), with eGFR $<$30 were 4,268 (12.8%). The risk of hospitalization or death increases with decreasing eGFR, both at one month and at one year. One-month death IRR for a GFR $<$30 vs GFR$>$ 60 was 1.59 (CI95%: 1.39-1.83), the hospitalization IRR was 1.61 (CI95%: 1.46-1, 77). One-year death IRR was 1.46 (CI95%: 1.35-1.58), the hospitalization IRR was 1.35 (CI95%: 1.21-1.50). One-year institutionalization IRR was 1.35 (CI95%: 1.21-1.50) As expected, the main causes of hospitalization were cardiovascular, genitourinary or gastrointestinal diseases.

Conclusion: The lower the renal function before the hospital admission, the greater the chances of hospitalization or death, in the short term and at one year, regardless of admission diagnosis. The risk of losing autonomy also increases. For this reason, the patient discharged with known kidney disease can benefit from protected discharge paths and dedicated post-hospital follow-up.