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VECTOR ANALYSIS OF CLASSICAL (BIVAC) AND SPECIFIC (BIVAE) BIOELECTRICAL IMPEDANCE IN PATIENTS WITH CHRONIC KIDNEY DISEASE (CKD)

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Rationale: The identification of sarcopenia, and especially sarcopenic obesity, in chronic kidney disease is a challenge that requires assessments of body composition, which can be done using the BIVA method. Thus, this study aims to assess the concordances between the body composition classifications obtained by BIVAc and by BIVAe in patients with CKD.

Methods: cross-sectional study, carried out in patients with CKD, with clinical information and assessment of body composition by total body protocol by BIVA. Sarcopenia and sarcopenic obesity were diagnosed with variables generated by BIVAc and BIVAe, respectively: low muscle mass and cachectic; low muscle mass and lean; high muscle and athletic mass; low percentage of fat and cachectic; low percentage of fat and thin; high percentage of fat and obese. The Kappa coefficient was used to analyze the concordances between the classifications by the methods, the data were presented in mean and standard deviation.

Results: 266 patients were evaluated, in the subgroups: 83-conservative, 79-hemodialysis, 23-peritoneal dialysis-DP, 81- Kidney transplantation-TxR. There was a predominance of males (51.5%), with a mean age of 47 ± 10 years and most of them with hypertension. Of these, 178 were classified as cachectic by BIVAc and 73 sarcopenic obese by BIVAe. In the subgroups, cachectic were more prevalent in PD in both sexes by BIVAc. Sarcopenic obesity was more prevalent in women on HD by BIVAe. The concordances of the classifications were mild to weak, with the best agreement between a high percentage of fat from BIVAc and obese by BIVAe (0.65 ± 0.35), in the PD treatment subgroup.

Conclusion: BIVAc proved to be a reasonable method for assessing sarcopenia in these patients, but sarcopenic obesity was better observed by BIVAe.

Disclosure of Interest: None declared