LB-056

DIFFERENCES IN THE EXTRACELLULAR BODY WATER/TOTAL BODY WATER (EBW/TBW) IN HEMODIALYSIS AND CHRONIC KIDNEY DISEASE PATIENTS. RELATIONSHIP WITH NUTRITIONAL PARAMETERS.

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Rationale: Knowing the hydration status of CKD patients is one of the basic objectives in CKD patients considering the Ratio of EBW(TBW) as indicator of them. **Aim**. Determine the cut-off point of the EBW/TBW ratio using Bioimpedance in patients with global CKD and divided into advanced CKD and hemodialysis (HD) as a hydration marker in relation to MIS scale (malnutrition inflammation score), cut-off point 5.

Methods: We value 199 CKD patients by setting the EBW/TBW cut-off points using Inbody S10 multifrequency bioimpedance with global ROC curve and for advanced CKD (ACKD) and HD analyzing differences according to age ranges and differences in nutritional parameters.

Results: We have evaluated 199 patients with ACKD, 143 male and 56 female, 74 in CKD xage72.27 ± 11.98years and 125 in HD, xage 70.76 ± 12.73 years. Overall EBW / TBW ratio: AUC 0.657, p0.006, cut-off point 0.3965 60% sensitivity, 64% specificity. Advanced CKD: AUC 0.648, p0.071, cutoff point 0.397, 64% sensitivity, 61% specificity. HD: AUC 0.706, p0.012, cutoff point 0.391, 71% sensitivity, 63% specificity. The results in relation to age strata and MIS with 5 as the cut-off point in the table. No greater hydration in men than in women overall. The nutrition-inflammation parameters according to the cut-off point are different: **Advanced CKD**: age 0.001, albumin 0.024, prealbumin 0.013, trasferrin 0.078, CRP 0.432. HD: albumin 0.014, prealbumin 0.001, transferrin 0.939, lymphocytes 0.030, CRP 0.342, age 0.000.

Conclusion: 1. We have found slightly higher cut-off points between ACKD and hemodialysis in the assessed sample. 2. The EBW / TBW ratio appears higher in patients > 65 years in both ACKD and HD, in contrast to what is observed in the healthy population. 3. A greater malnutrition appairs in a greater hyperhydration in HD and ACKD.

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