Abstract Title

The Prevalence of Dyslipidemia in Patients Attending the Post Kidney Transplant Clinic at St Paul's Hospital

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Abstract

Background: Renal Transplant Recipients (RTRs) are at high risk of dyslipidemia. Elevated low-density lipoprotein (LDL) has been shown to be the most closely tied to Cardiovascular Disease (CVD) and therefore, dyslipidemia is defined by the Canadian Cardiovascular Society as an LDL value >2.0 mmol/L in high risk groups such as RTR's. The prevalence of dyslipidemia at St Paul's Hospital (SPH) RTR population has not been previously investigated.

Objectives: To describe demographic data and biochemical markers at 1 Year Post Transplant (YPT), percentage of RTRs with dyslipidemia over 1, 2, and 5 YPT, and the relationship between demographic or biochemical factors and dyslipidemia over 1 YPT.

Methods: A retrospective chart review was completed for SPH renal transplant recipients over 18 years old who were transplanted between January 1st, 1997 and July 31, 2018. Descriptive and comparative statistics were generated for the sample at 1, 2, and 5 YPT.

Results: The inclusion criteria were met by 796 patients. At 1 YPT, the proportion of RTRs with dyslipidemia was 79% (n=611) and remained constant 2 and 5 YPT. Groups with particularly higher risk of dyslipidemia prevalence include those with lower creatinine level of 40-110 mmol/L, white ethnicity, and females. Individuals with BMI <18 kg/m^2 showed the lowest prevalence of dyslipidemia at 1 YPT (50%, n=11) and 5 YPT (43%, n=14). Dyslipidemia within the remaining BMI groups appeared stable across each time point.

Implications & Conclusions: The prevalence of dyslipidemia in this population is consistent with the literature. Within the context of the population at SPH, this study was able to identify subgroups who demonstrate higher rates of dyslipidemia, who are at a higher risk of dyslipidemia, and who may need modified intervention. These conclusions may help renal transplant dietitians to screen for higher priority patients in clinic.