Parameters were measured before prescription of a low caloric diet adjusted to age, gender, physical activity and professional lifestyle. Implementation of aerobic exercise was performed as well. The average follow-up period was 12±3 months. Stroke volume (SV), total vascular resistance (TVR) parameters were derived non-invasively by TNO® “modelflow” analysis applied to the Finapress arterial wave. Baroreceptor function (BR) was calculated by α-index, HF_RR (vagal tonus) and LF_SBP (sympathetic tonus) by FFT. During follow-up there were no changes on salt intake.

The prevalence of atherosclerosis was higher in the hyper-tensive patients (NH 13% (n = 124/900), and uncontrolled hypertensive (uc-HT) (blood pressure >140/90) patients. Kaplan-Meier analysis and Cox’s Proportional Hazards Model were used for statistical analysis. Results. From the 234 patients, 230 were enrolled. Prevalence of NH, c-HT and un-HT was 28% (n = 66), 43% (n = 99), and 29% (n = 65) respectively. Left ventricular hypertrophy was also higher in hypertensive patients (NH 10% (n = 7) vs c-HT 43% (n = 29) vs un-HT 46% (n = 31), p = 0.000), and as well as X-ray vascular calcifications (NH 8% (n = 2) vs c-HT 52% (n = 12) vs un-HT 39% (n = 9), p = 0.1157). Survival rates at 1, 3, 5, and 10 years of the un-HT group were significantly worse (Log-Rank test, p = 0.0087). Uncontrolled hypertension (RR: 3.89 (1.44-10.5), p = 0.007), past history of atherosclerosis (RR: 2.80 (1.12-6.98), p = 0.025) and vascular calcifications (RR: 2.38 (1.07-5.25), p = 0.029) were independent predictors of mortality. Serum albumin concentration showed a protective effect (RR:0.5 (0.27-0.99), p = 0.044). In addition, the percentage of uncontrolled hypertensive patients during kidney transplantation was significantly higher in the uncontrolled hypertensive group in predialysis regarding the controlled hypertensive and normotensive group (22% (n = 14) vs 4% (n = 3) vs 6% (n = 4)). Conclusion. Predialysis uncontrolled hypertension, past history of atherosclerosis, X-ray vascular calcifications and serum albumin concentration are independent predictors of mortality in kidney transplant patients. Uncontrolled hypertensive patients during predialysis are worse controlled during renal transplant.

Key Words: Hypertension, Hemodialysis, Survival

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THE ROLE OF HYPERTENSION BEFORE ADMISSION ON DIALYSIS AND SURVIVAL DURING HEMODIALYSIS
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Hypertension is common in patients with chronic renal failure (CRF), however the role of hypertension as a predictor of mortality in dialysis patients is controversial. The influence of hypertension before admission on dialysis and the mortality during hemodialysis was studied. Other potential risk factors such age, sex, renal disease, comorbidity, past history of atherosclerosis (heart, cerebral or peripheral arteries ischemic disease), electrocardiographic left ventricular hypertrophy (LVH), X-ray vascular calcifications (VC) and serum albumin concentration were also taken into account. Patients and Methods. Two hundred and forty-two patients, 157 (65%) males and 85 (35%) females (mean age: 35 ± 13 years) were followed up for 78 ± 57 months. The patients were classified according to the blood pressure measurements obtained during the follow-up period of the renal disease, considering three groups: normotensive (NH), controlled hypertensive (c-HT) (blood pressure <140/90), and uncontrolled hypertensive (uc-HT) (blood pressure >140/90). Kaplan-Meier analysis and Cox’s Proportional Hazards Model were used for statistical analysis. Results. From the 242 patients, 230 were enrolled. Prevalence of NH, c-HT and un-HT was 28% (n = 66), 43% (n = 99), and 29% (n = 65) respectively. Left ventricular hypertrophy was higher in hypertensive patients (NH 10% (n = 7) vs c-HT 43% (n = 29) vs un-HT 46% (n = 31), p = 0.000), and as well as X-ray vascular calcifications (NH 8% (n = 2) vs c-HT 52% (n = 12) vs un-HT 39% (n = 9), p = 0.1157). Survival rates at 1, 3, 5, and 10 years of the un-HT group were significantly worse (Log-Rank test, p = 0.0087). Uncontrolled hypertension (RR: 3.89 (1.44-10.5), p = 0.007), past history of atherosclerosis (RR: 2.80 (1.12-6.98), p = 0.025) and vascular calcifications (RR: 2.38 (1.07-5.25), p = 0.029) were independent predictors of mortality. Serum albumin concentration showed a protective effect (RR:0.5 (0.27-0.99), p = 0.044). In addition, the percentage of uncontrolled hypertensive patients during kidney transplantation was significantly higher in the uncontrolled hypertensive group in predialysis regarding the controlled hypertensive and normotensive group (22% (n = 14) vs 4% (n = 3) vs 6% (n = 4)). Conclusion. Predialysis uncontrolled hypertension, past history of atherosclerosis, X-ray vascular calcifications and serum albumin concentration are independent predictors of mortality in kidney transplant patients. Uncontrolled hypertensive patients during predialysis are worse controlled during renal transplant.

Key Words: Obesity, Hemodynamics, Baroreceptor

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THE ROLE OF PREDIALYSIS HYPERTENSION IN MORTALITY DURING KIDNEY TRANSPLANTATION
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Hypertension is common in patients with chronic renal failure (CRF) and although it has been related with higher cardiovascular mortality, this is controversial. The relationship between hypertension before introducing to the first treatment for end-stage renal disease, and mortality during kidney transplantation was studied. Other potential risk factors such age, sex, renal disease, comorbidity, past history of atherosclerosis (heart, cerebral or peripheral arteries ischemic disease), electrocardiographic left ventricular hypertrophy (LVH), X-ray vascular calcifications (VC) and serum albumin concentration were also taken into account. Patients and Methods. Two hundred and forty-two patients, 157 (65%) males and 85 (35%) females (mean age: 35 ± 13 years) were followed up for 78 ± 57 months. The patients were classified according to the blood pressure measurements obtained during the follow-up period of the renal disease, considering three groups: normotensive (NH), controlled hypertensive (c-HT) (blood pressure <140/90), and uncontrolled hypertensive (uc-HT) (blood pressure >140/90). Kaplan-Meier analysis and Cox’s Proportional Hazards Model were used for statistical analysis. Results. From the 242 patients, 230 were enrolled. Prevalence of NH, c-HT and un-HT was 28% (n = 66), 43% (n = 99), and 29% (n = 65) respectively. Left ventricular hypertrophy was higher in hypertensive patients (NH 10% (n = 7) vs c-HT 43% (n = 29) vs un-HT 46% (n = 31), p = 0.000), and as well as X-ray vascular calcifications (NH 8% (n = 2) vs c-HT 52% (n = 12) vs un-HT 39% (n = 9), p = 0.1157). Survival rates at 1, 3, 5, and 10 years of the un-HT group were significantly worse (Log-Rank test, p = 0.0087). Uncontrolled hypertension (RR: 3.89 (1.44-10.5), p = 0.007), past history of atherosclerosis (RR: 2.80 (1.12-6.98), p = 0.025) and vascular calcifications (RR: 2.38 (1.07-5.25), p = 0.029) were independent predictors of mortality. Serum albumin concentration showed a protective effect (RR:0.5 (0.27-0.99), p = 0.044). In addition, the percentage of uncontrolled hypertensive patients during kidney transplantation was significantly higher in the uncontrolled hypertensive group in predialysis regarding the controlled hypertensive and normotensive group (22% (n = 14) vs 4% (n = 3) vs 6% (n = 4)). Conclusion. Predialysis uncontrolled hypertension, past history of atherosclerosis, X-ray vascular calcifications and serum albumin concentration are independent predictors of mortality in kidney transplant patients. Uncontrolled hypertensive patients during predialysis are worse controlled during renal transplant.

Key Words: Hypertension, Hemodialysis, Survival