



# PRESS RELEASE

## ASN Contacts:

Christine Feheley (202) 640-4638 | [cfeheley@asn-online.org](mailto:cfeheley@asn-online.org)

Tracy Hampton [thampton@nasw.org](mailto:thampton@nasw.org)

## HEALTH-RELATED QUALITY-OF-LIFE DIFFERENCES IN MEN AND WOMEN WITH ADVANCED KIDNEY DISEASE

### Highlights

- At the start of a study of older adults with advanced kidney disease, women had lower average physical and mental health-related quality-of-life scores compared with men.
- Over time, however, both physical and mental scores declined approximately twice as fast in men than in women.

**Washington, DC (January 24, 2022)** — In a *CJASN* study of older men and women with advanced kidney disease, women had lower health-related quality of life at the start, but men experienced a more rapid decline over time.

To examine differences in physical and mental aspects of quality of life in older men and women with chronic kidney disease (CKD), Nicholas C. Chesnaye, PhD (Amsterdam Public Health Research Institute) and his colleagues analyzed questionnaire responses from the European QUALity Study on treatment in advanced CKD (EQUAL). This study included patients aged 65 years and older with advanced CKD not on dialysis who were receiving routine medical care in Germany, Italy, the Netherlands, Poland, Sweden, and the United Kingdom.

“It is increasingly being accepted that the patient’s health-related quality of life is as equally important as other clinical outcomes when assessing a patient’s health status,” said Dr. Chesnaye. “Very few studies have investigated the interdependence of health-related quality of life and sex over time in older patients with advanced CKD. CKD is highly prevalent in this age group, and given the rising life expectancy, efforts to improve health-related quality of life in the elderly should remain in focus.”

Responses from 1,421 patients revealed that at the start of the study, women had considerably lower average physical and mental health scores compared with men. During follow-up, however, both physical and mental scores declined approximately twice as fast in men than in women.

This difference was partly lessened after adjusting for factors such as kidney function decline (suggesting an explanatory role for decreasing kidney function, which occurred at a faster rate in men in the study). Higher phosphate and lower hemoglobin levels in the blood and the presence of pre-existing diabetes were associated with lower physical and mental scores in men, but to a lesser extent in women.

“An understanding of sex-specific health-related quality of life over the course of pre-dialysis CKD, as well as the potential mechanisms underlying any differences, may provide insights into a patient’s health and needs, and aid sex-specific clinical monitoring, decisions related to kidney replacement therapy, and patient-centered care,” said Dr. Chesnaye.

Study authors include Nicholas C. Chesnaye, PhD, Yvette Meuleman, PhD, Esther N.M. de Rooij, MD, Ellen K. Hoogeveen, MD, PhD, Friedo W. Dekker, MD, PhD, Marie Evans, MD, PhD, Agneta A. Pagels, Fergus J. Caskey, MBChB, MD, Claudia Torino, MD, PhD, Gaetana Porto, Maciej Szymczak, MD, PhD, Christiane Drechsler, MD, PhD, Christoph Wanner, MD, PhD, Kitty J. Jager, MD, PhD, and the EQUAL study investigators.

Disclosures: Marie Evans reports no conflict of interest in relation to this publication. Outside this work, Marie Evans reports payment for advisory boards and lectures by Astellas pharma, Vifor Pharma and Astra Zeneca, institutional grants from Astra Zeneca and Astellas pharma. Christoph Wanner had no conflict in respect to the present research. Outside this research, honoraria for consultancy and lecturing were received from Amicus, AstraZeneca, Bayer, Boehringer-Ingelheim, Eli-Lilly, GILEAD, GSK, MSD, Sanofi-Genzyme and Takeda.

The article, titled “Health-Related Quality-of-Life Trajectories over Time in Older Men and Women with Advanced Chronic Kidney Disease,” will appear online at <http://cjasn.asnjournals.org/> on January 24, 2022, doi: 10.2215/CJN.08730621.

*The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.*

**About ASN**

*Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has more than 21,000 members representing 131 countries. For more information, visit [www.asn-online.org](http://www.asn-online.org) and follow us on Facebook, Twitter, LinkedIn, and Instagram.*

###