

PREVALENCE AND FACTORS ASSOCIATED WITH DYSLIPIDAEMIAS IN ADULT RENAL TRANSPLANT RECIPIENTS ATTENDING A NEPHROLOGY CLINIC AT A TERTIARY HOSPITAL IN KENYA

Introduction: Dyslipidemia is a common modifiable risk factor for cardiovascular disease in renal transplant recipients and is usually multifactorial. This study aimed to assess the prevalence and factors associated with dyslipidemia in renal transplant recipients attending a nephrology clinic at a tertiary hospital in Kenya

Methods: This cross-sectional study was carried out on 110 adult renal transplant recipients on follow up at the nephrology clinic in Kenyatta National Hospital who were consecutively selected and interviewed after granting a written informed consent. A structured questionnaire was used to obtain data on sociodemographic characteristics, diet and exercise. Data on lipid profile, medication and comorbidities was abstracted from their medical files. Sample size was calculated using a modified Cochran formula as described by Naing et al. Ethical approval was obtained from Kenyatta National Hospital/University of Nairobi- Ethics and Research Committee (KNH/UON -ERC).

Results: The mean age of the participants was 43.4 ± 13.4 with a male gender predominance. The overall prevalence of dyslipidemia was 72% and the most prevalent types were elevated LDL-C and elevated non-HDL-C each at 44%. In the bivariable model, factors that were significantly associated with dyslipidemia included weight gain (COR=22.67, CI=2.79-184.11; P=0.003), physical activity (COR=0.19, CI=0.04-0.93; P=0.040) and dietary modification (COR=0.06, CI=0.02-0.22; P<0.001). In the multivariable model only dietary modification (AOR=0.03, CI=0.003-0.32; P=0.004) was significantly associated with dyslipidemia.

Conclusion: The prevalence of dyslipidemia was high and the most prevalent types were elevated LDL-C and elevated non-HDL-C. Whereas dietary modification, engaging in physical activity and weight gain were significantly associated with dyslipidemia in the bivariable model, only dietary modification was significantly associated with dyslipidemia in the multivariable model

Primary author: Dr WAMBUGU, ESBON (KABARAK UNIVERSITY)

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