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Objective: Analysis on dialysis access type in incident hemodialysis patients in Taiwan- The effect of timing of construction on access type

Methods: This was a patients based retrospective cohort study. The claim data of the Taiwan' National Health Insurance Database, contains almost all the Taiwanese as beneficiaries, was used. The incident hemodialysis patients in 2005 were included in the study. Type of vascular access of very first access created for each patients were grouped into 3 groups: arteriovenous fistula (AVF), arteriovenous graft (AVG) , and permanent cuffed&tunneled catheter (Permcath). Patients who received first access creation procedure at least 30 days before starting hemodialysis were defined as early creation. Those had there access creation within 30 days before their dialysis or after dialysis were grouped as late creation group. The correlation between type of vascular access and timing of creation was analyzed by using Polytomous Logistic regression after controlling the confounding factors such as gender, age, and comorbidities.

Results: There were 8192 incident patients (male, 49%; female, 51%) in the investigation. 48.5% of the subjects were over 65 years old. 55% of the patietents were diabetic. 30% of the patients were among the early creation group. There were 5995, 1282, and 670 patients in the AVF, AVG, and Permcath group respectively. After adjustment of gender, age, and comorbidities, we found that early access creation tends to facilitate the percentage of AVF creation.

Conclusions: Based on our analysis, early referral for access creation should have positive effect on fistula creation.

FP-009

Modified Mini Nutritional Assessment (MNA) Can Predict Nutritional Status and Four-Year Follow-Up Mortality in Older Taiwanese

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Background: Nutrition is a key element in geriatric health and nutritional monitoring is a key component of comprehensive geriatric evaluation.

Objective: This study attempted to validate the ability of two modified Taiwan versions of the MNA with their abilities to predict the long-term mortality risk in older Taiwanese.

Methods: The study analyzed data of the "Survey of Health and Living Status of the Elderly in Taiwan" (SHLSET). Subjects' nutritional statuses were classified into malnourished, at risk of malnutrition or normal according to three MNA versions. Kaplan-Meier survival analysis was performed to determine their follow-up four-year mortality curves. MNA Taiwan version-1 (T1)

adopted population-specific anthropometric cut-points and T2 had expanded MAC and CC weightings to replace BMI item. Regression analysis compared the impact of the MNA versions on follow-up survivability. **Results:** During the follow-up 4 years, the malnourished elderly had 6-7 folds and the at-risk elderly had two folds of the mortality risk of those rated normal. The survival curves were significantly different from each other among the three nutritional groups in all three versions. Overall, T2 had the best predictive ability whereas T1 was next. Regression analysis showed that the T1 & T2 had improved mortality-predicting ability over the original MNA.

Conclusion: Results indicate that all three versions of the MNA have good mortality-predicting ability. However, the modified versions, especially T2, have improved ability. Together with other indicators, the MNA may be of value in developing into a tool for predicting long-term care needs of the elderly.

FP-010

Incidence of the Major Stroke Subtypes in Taiwan

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Few population-based stroke incidence studies have been conducted in Taiwan. The purpose of the present study was to investigate the first-ever stroke incidence by stroke subtypes among 30 to 100 year-old Taiwanese. A dynamic cohort of 114,145 stroke-free people was established by using the Longitudinal Health Insurance Database 2000 provided by the Bureau of National Health Insurance. The cohort were followed up from 2000 to 2006 to identify new stroke cases, and the total observed person-years were 687,953. There were 2,310 stroke cases indentified in the study period. The age-standardized incidence rates of stroke per 100,000 person-years were 447 in male, and 291 in female. The incidence was 230 per 100,000 person-years for ischemic stroke (IS), 78 for intra-cerebral hemorrhage (ICH), 11 for subarachnoid hemorrhage (SAH), and 49 for unclassified stroke (US). For the elderly (over 65 years), the incidence was 888 per 100,000 person years for IS, 225 for ICH, 22 for SAS, and 199 for US. The age-adjusted incidence rates in this study are higher than those of most western countries. ICH is more common among Taiwanese than among Occidental people. The incidence of IS for the elderly is higher than that reported in 1992, and those reported from Beijing, Shanghai, and Changsha because of a fast-aging society. In addition, the incidence of ICH is relatively high and close to that in Beijing indicating an urgency to launch appropriate public health campaigns to prevent the occurrence of IS and ICH.