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ASSOCIATION OF SERUM SODIUM LEVELS WITH MORTALITY IN NON-DIALYSIS DEPENDENT CHRONIC KIDNEY DISEASE Vince Faridani 1,4, Jun L Lu2, Kamyar Kalantar-Zadeh³, Csaba P Kovesdy^{1,4}, ¹Virginia Tech Carilion School of Medicine, Roanoke, VA. ²Salem Research Institute, Salem VA. ³Harbor-UCLA, Torrance, CA. ⁴Salem VA Medical Center, Salem VA. The outcomes associated with hyponatremia in patients with nondialysis dependent CKD (NDD-CKD) are unclear. We examined the association between serum sodium and all-cause mortality in 1,236 males (age 68 ± 11) with CKD stage 1-5 (eGFR 37 ± 17). Associations of time-varying outpatient serum sodium with mortality were examined in Cox models with adjustment for socio-demographics, comorbidities, labs and medication use. Nonlinear associations were explored by using cubic splines. Lower serum sodium was linearly associated with increased mortality (figure 1). A 10 mEq/L lower serum sodium was associated with a multivariable adjusted hazard ratio of all cause mortality (95% CI) of 1.60 (1.11-2.29), p=0.01. Hyponatremia is associated with increased mortality in patients with moderate and advanced NDD-CKD. Interventional trials are needed to determine if correction of hyponatremia can result in improved outcomes in this population.

