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HIGHER VITAMIN B12 LEVELS ARE ASSOCIATED WITH MORTALITY IN HEMODIALYSIS PATIENTS.

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Serum Vitamin B12 (B12) levels are significantly higher in patients with end-stage renal disease than in the general population but the association between B12 levels and risk of death in patients on hemodialysis (HD) is unknown. Here, we hypothesized that higher B12 levels are associated with a higher risk of all-cause mortality in HD patients.

We examined the association of baseline B12 levels [<400 (reference), 400 to <550 , 550 to <650 , 650 to <750 , and ≥ 750 pg/ml] with all-cause mortality in 12,968 incident HD patients who initiated dialysis between 2007 through 2011 using Cox models with multivariable adjustment for case-mix and the markers of malnutrition and inflammation complex (MICS).

Patient were 63 ± 15 years old, and included 50% women, 33% blacks and 50%

diabetics. In the fully adjusted model, compared to HD patients with <400 pg/ml of B12, those with 550 to <650 pg/ml of B12 had a 26% higher risk of all-cause mortality (HR 1.26, 95%CI 1.10-1.44).

There was no incremental increase risk of death at higher levels of B12.

In conclusion, higher serum B12 levels were associated with higher risk of mortality in HD patients. Further studies examining the utility of B12 as a predictive marker of mortality in HD patients are needed.

