the predominant cause of secondary glomerular disease. Clinical data were deficient. Electron microscopy might have helped to differentiate between some histological types eg MCD and FSGS. More specimens need to be sent for IF.

Quality of Life and its Correlates in Chronic Dialysis Patients
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Background: Quality of Life (QOL) is an independent risk factor for mortality in End Stage Renal Disease (ESRD). Traditional parameters such as haemoglobin concentration > 11.1 g/dl, higher socioeconomic status, educational level > 10 years of study, Kt/V > 1.2 or urea reduction ratio (URR) > 65%, show a positive correlation with quality of life. Others such as age > 65 years, comorbidity, diabetes mellitus, female gender, poor socioeconomic and educational status (< 10 years duration) are risk factors for poor quality of life. Black populations within the United States of America have recorded higher QOL scores than their matched Caucasian population despite having negative predictive clinical parameters.

Quality of life and its correlates in chronic dialysis patients have not been previously documented in the English-speaking Caribbean. We therefore undertook a QOL survey in a tertiary care hospital outpatient haemodialysis and peritoneal dialysis units.

Methods: The Kidney Disease Quality of Life Short Form Questionnaire was completed by 60 haemodialysis and 10 peritoneal dialysis patients. This represented ninety per cent of both dialysis populations. Mean haemoglobin (Hb) concentration was 10.0 ± 1.8 g/dl, mean serum albumin 41± 6.4 g/dl and URR 75% ± 9 %.

Results: Mean QOL scores were equivalent to the means of the sample population except in Sleep function (p = 0.03), Burden of Kidney Disease (p = 0.002) and Dialysis Staff Satisfaction (p = 0.045) which were significantly lower. Positive correlates were noted with Hb > 10g/dL (p = 0.02), URR > 65% (p = 0.01), serum albumin > 35 g/dL (p = 0.024) and high socioeconomic status (p = 0.045) but not with age > 65 years, comorbidity eg DM, nor educational level (p > 0.05). Female gender was associated with higher Quality of Social Interaction scores (p = 0.045) and Sexual Function scores (p = 0.008) while males reported higher Physical Functioning scores (p = 0.024). Higher socioeconomic status patients reported higher Quality of Social Interaction scores (p = 0.05) and Energy scores (p = 0.007) with positive correlation with Hb concentration (p = 0.02) and URR (p = 0.024). Lower income groups had worse Pain scores (p = 0.021) and Burden of Kidney Disease scores (p = 0.02). Married patients reported worse Pain (p = 0.01), Emotional wellbeing (p = 0.024) and Energy scores (p = 0.05). Higher Patient Satisfaction (p = 0.04) and Dialysis Staff Encouragement (p = 0.048) were seen among those with health insurance coverage. Age < 60 years was associated with higher Physical Functioning (p = 0.048) and Emotional Role (p = 0.002) with age > 65 years reporting lower Energy scores (p = 0.03). Multivariate analysis showed these to be independent associations.

Conclusion: Overall, QOL among the chronic dialysis patients in this study is good. Positive predictive correlates were age < 65 years, Hb > 10g/dL, URR > 65%, serum albumin > 35g/dL and higher socioeconomic status.

Neurological Complications in Patients on Chronic Dialysis Therapy
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Background: Neurological disease represents significant morbidity among chronic dialysis patients whether disease or dialysis associated. It has now been proven that stroke, dementia and uraemic myopathy are independent mortality predictors in this cohort of patients. We therefore undertook to ascertain the prevalence of neurological complications among chronic dialysis patients at a tertiary level hospital outpatient dialysis centre.

Methods: Sixty haemodialysis and ten peritoneal dialysis patients were consecutively recruited. All were subjected to questionnaire directed interviews and neurological examinations. A consultant neurologist confirmed the neurological complications based on clinical, biochemical, pathological and radiological parameters.

Results: Mean haemoglobin (Hb) concentration was 10.0 ± 1.8 g/dl, mean urea reduction ratio (URR) 75% ± 9 %, mean serum albumin 41 ± 6.4 g/dl. Hypertension accounted for 40% of the aetiology of ESRD, followed by chronic glomerulonephritis and diabetes mellitus, 15.7% and 12.9% respectively. Peripheral sensory neuropathy had an overall prevalence of 77% compared with 4.3% and 8.6% respectively for peripheral sensorimotor and autonomic neuropathy. Age, duration of end stage renal disease, comorbidities of DM and hypertension were not risk factors for these neuropathies (p > 0.05). Overall prevalence for uraemic myopathy, dementia, stroke and transient ischaemic attack were 50%, 12.9%, 12%, 1.4% respectively. Stroke was a risk factor for dementia (p = 0.02, Odds ratio 1.52) There was a trend towards stroke in chronic haemodialysis patients (odds ratio 3.52, p = 0.109).

Twenty-five (25%) per cent of cases had documented seizures with 80%, 12% and 8% being generalized tonic clonic, complex partial and simple focal seizures respective-
ly. An insignificant trend was noted towards seizures in chronic haemodialysis patients ($p = 0.47$, odds ratio 2.297). No correlation was seen between stroke, seizures and uraemic encephalopathy ($p > 0.05$). Uraemic encephalopathy was documented in 21.4% of cases with 72% being seen at diagnosis of ESRD. Dialysis disequilibrium had an overall prevalence of 35.7%.

**Conclusion** Neurological complications are prevalent in ESRD patients on long term dialysis therapy. The translation to mortality outcomes requires further investigation.

**Determinants of Blood Pressure in Adults with Sickle Cell Disease**

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**Objective:** To determine in an age- and gender-matched cohort of young adults with homozygous S (HbSS) and heterozygous C (HbSC) disease, the anthropometric, haematological and renal functional determinants of blood pressure and, whether there were differences in blood pressure by genotype, controlling for these factors.

**Method:** Three blood pressure readings were obtained in the seated position on the right arm using a Dinamap™ with appropriate size cuffs in 51 subjects with HbSC (29 males, 22 females) and 88 subjects with HbSS (43 males, 45 females) attending the sickle cell clinic as part of the 2005 annual cohort review. Height and weight were measured and fat free mass (FFM) was determined by bioelectric impedance. Blood was taken for serum creatinine and haemoglobin measurements and a random urine sample was obtained for protein-creatinine ratio.

**Results:** The age of the subjects ranged from 23.1 to 31.6 years. Subjects with HbSS had lower body mass index ($p < 0.001$), fat free mass ($p < 0.001$), steady state haemoglobin ($p < 0.001$) and serum creatinine ($p < 0.001$). However, urinary protein-creatinine ratio was higher in subjects with HbSS ($p < 0.01$). In step-wise regression analyses, the significant predictors of diastolic blood pressure were age ($p < 0.05$) and steady state haemoglobin ($p < 0.05$) and there was no difference by genotype. For systolic blood pressure, the major determinants were FFM ($p < 0.001$), male gender ($p = 0.05$) and steady state haemoglobin ($p < 0.04$). Adjusting for these factors, subjects with HbSS had higher blood pressure (mean difference with 95% CI; 7.3, -0.9 to 15.4 mmHg).

**Conclusions:** The higher systolic blood pressure with lower haemoglobin, more wasting and higher urinary protein-creatinine ratio is suggestive of more severe renal dysfunction in subjects with HbSS.