pre-existing symptoms. 233 (28.5%) used telemedicine facility and sought telephonic advice from (private) physicians, while 149 (18.2%) were able to undertake an in-person visit to their regular healthcare provider. Among those with ESKD, seven subjects were undergoing regular in-centre haemodialysis. Four of them reported missing their scheduled sessions. One developed severe breathlessness and died despite receiving dialysis.

Conclusions: This is the first study conducted in India to assess the effect of the ongoing COVID 19 pandemic on risk perceptions and access to health services for persons with CKD. Our findings provide insights into the risk perceptions, and practices prevailing in a high CKD burden setting in rural India. We highlight the urgent need for comprehensive guidelines that address continuum of care for NCDs/CKD during the current and future disruptions to routine healthcare service delivery. Prioritization by governments to ensure uninterrupted essential primary healthcare services would be key to preparing for future pandemics.

Conflict of Interest: STOP CKDu study is funded by the Government of Andhra Pradesh under a grand challenges research programme in partnership with Indian Council of Medical Research.

POS-331

ASSOCIATION OF IMPAIRED KIDNEY FUNCTION WITH MORTALITY IN RURAL UGANDA: RESULTS OF A GENERAL POPULATION COHORT STUDY

Kalyesubula, R*[1], Sekitoleko, I[2], Tomlin, K[3], Hansen, C[4], Ssebunya, B[5], Makanga, R[6], Hughes, P[7], Kwizera Mbonye, M[7], Seeley, J[8], Liam, S[1], Robert, N[9], A Tomlinson, L[1]

[1]London School of Hygiene and Tropical Medicine, Non Communicable Disease Epidemiology, London, United Kingdom; [2]MRC/UVRI & LSHTM Research Unit, Non Communicable Diseases, Entebbe, Uganda; [3]London School of Hygiene and Tropical Medicine, Epidemiology, London, United Kingdom; [4]London School of Hygiene and Tropical Medicine, Biostatistics, London, United Kingdom; [5]MRC/UVRI & LSHTM Research Unit, Non Communicable Disease, Entebbe, Uganda; [6]MRC/UVRI & LSHTM Research Unit, Biostatistics, Entebbe, Uganda; [7]MRC/UVRI & LSHTM Research Unit, Laboratory, Entebbe, Uganda; [8]London School of Hygiene and Tropical Medicine, Social Sciences, London, United Kingdom, [9]University of York, Epidemiology, York, United Kingdom

Introduction: The burden of kidney disease in sub-Saharan Africa is currently poorly understood. Very limited monitoring and treatment is available for people affected. The association with other diseases and with mortality is unknown in this setting. We sought to determine the association between kidney function and subsequent all-cause mortality.

Methods: In a general population cohort with detailed measurement of health-related parameters in rural Uganda, we estimated the baseline glomerular filtration rate (GFR) between 2011-2014 in 5,678 participants. We followed participants up to March 2019 with regular ascertainment of mortality and migration. Using multivariable cox regression, we determined associations between baseline eGFR and mortality.

Results: The median age of the participants at baseline was 36 years (IQR 24-50), 60.7% were female, 14.6% hypertensive, 9.7% HIV-positive and 1.8% diabetic. We registered 140 deaths with a median follow-up of 5.0 years. Adjusting for age and sex, HIV, hypertension, diabetes, BMI, marital status, and alcohol and tobacco use participants with eGFR $\leq$45 mls/min/1.73m^2 had six-fold higher mortality compared to those with eGFR $\geq$90mls/min/1.73m^2 (HR 6.12 (95% CI 2.27-16.45)) with strong evidence of a linear trend for risk of mortality as renal function declined (P<0.001).

Conclusions: In a prospective cohort with high rates of follow-up we found that baseline kidney function was associated with subsequently increased mortality in a graded manner. Improved understanding of the determinants of kidney disease and its progression are needed in order to inform interventions for prevention and treatment.

No conflict of interest

POS-332

QUALITY OF LIFE IN PATIENTS WITH DIABETIC NEPHROPATHY: FINDINGS FROM THE KNOW-CKD (KOREAN COHORT STUDY FOR OUTCOME IN PATIENTS WITH CHRONIC KIDNEY DISEASE) COHORT

Kim, H*[1], Lee, J[2], Choi, GH[1], Kim, SH[1], Yoon, JW[3], Oh, KH[4]

[1]Chuncheon Sacred Heart Hospital, Internal medicine, Chuncheon, Korea-Republic Of; [2]Inha University Hospital, Prevention and Management Center, Incheon, Korea- Republic Of; [3]Chuncheon Sacred Heart Hopsital, Internal medicine, Chuncheon, Korea- Republic Of, [4]Seoul National University Hospital, Internal medicine, Seoul, Korea- Republic Of

Introduction: Diabetic nephropathy (DN) is a major cause of end-stage renal disease, and can affect quality of life (QoL) because it requires arduous lifelong management. This study analyzed QoL differences at baseline and after 5 years between DN anDiabetic nephropathy (DN) is a major cause of end-stage renal disease, and can affect quality of life (QoL) because it requires arduous lifelong management. This study analyzed QoL differences at baseline and after 5 years between DN and non-DN patients with other chronic kidney disease (CKD).d non-DN patients with other chronic kidney disease (CKD).

Methods: The analysis included subjects (n=1766) from the KNOW-CKD (KoreaN cohort study for Outcome in patients With Chronic Kidney Disease) cohort who completed the Kidney Disease Quality of Life Short Form (KDQOL-SF). The factors that influenced the QoL of participants with DN (n=390) were first analyzed, and differences in QoL between DN and non-DN participants was examined. To maintain homogeneity, most factors that influenced the QoL of participants with DN were controlled by propensity score-matched pair sampling using the greedy matching technique. In total, 239 DN and 239 non-DN subjects were finally selected, and differences in the mean KDQOL-SF scores between the 2 groups were then analyzed.

Results: In the multivariate linear regression model, higher QoL scores were found for taller DN subjects and lower QoL scores were found for those who were unemployed or unmarried, received Medical Aid, had lower economic status, had higher platelet counts and alkaline phosphatase levels, and used clopidogrel or insulin. Patient satisfaction (59.9 vs. 64.5, P=0.022) and general health (35.3 vs. 39.1, P=0.041) were significantly lower in the DN group than in the non-DN group. Scores generally decreased in both groups during the 5-year follow-up, and the scores in the work status, sexual function, and role-physical domains were lower among patients with DN than among non-DN patients, but the differences were not statistically significant.

Conclusions: In conclusion, among the DN subjects, socioeconomic factors were found to be strong risk factors for impaired QoL, as well as high platelet counts, high alkaline phosphatase levels, and clopidogrel and insulin use. The DN subjects showed lower QoL than the non-DN subjects in the domains of patient satisfaction and general health. In conclusion, we confirmed that DN itself affected QoL more strongly than other types of CKD.

No conflict of interest

POS-333

THE INDIAN CHRONIC KIDNEY DISEASE STUDY: DETAILED DESCRIPTION OF BASELINE CHARACTERISTICS

Kumar, V*[1], Sethi, J[1], Yadav, AK[2], Ghosh, A[3], Kundu, M[3], Jha, V[3], CKD Study Investigators, I[2]

[1]Postgraduate Institute of Medical Education and Research- Chandigarh-India, Nephrology, Chandigarh, India; [2]Postgraduate Institute of Medical Education and Research- Chandigarh- India, Experimental Medicine and Biotechnology, Chandigarh, India, [3]George Institute for Global Health-India-New Delhi, Nephrology, New Delhi, India

Introduction: The Indian Chronic Kidney Disease (ICKD) study is an ongoing, nationwide, multi-centric prospective cohort study recruiting participants with mild to moderate CKD that aims to identify risk factors for CKD development and progression and implement effective therapies. Here, we report the baseline socio demographic, etiology of CKD, risk factors and laboratory parameters in the inception cohort.

Methods: Patients with confirmed CKD between 18-70 years of age and estimated glomerular filtration rate (eGFR) of 15-60ml/min/1.73m^2 or eGFR >60ml/min/1.73m2 and proteinuria/albuminuria with stable clinical course for at least 3 months have been recruited. Organ transplant recipients, those with malignancy for last 2 years, non-Indian ethnicity, pregnancy in case of females, on immunosuppressive therapy, life expectancy <1 year and with poor functional status are excluded. Socio-demographic details, history related to kidney diseases, traditional and indigenous risk factors, CVD and other co-morbidities are recorded. Blood and urine samples are being collected at baseline and annually. Primary outcome of the study is time to ESRD/RRT, 50% decline in eGFR and any new cardiovascular event

Results: Total 4056 CKD subjects has been enrolled. The mean age of the cohort was 50.3 +/-11.8 years with 67.2% males. Median eGFR was