

Mortality up with impaired LV global longitudinal strain in CKD

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(HealthDay)—Severely impaired left ventricular (LV) global

longitudinal strain (GLS) is associated with worse prognosis in predialysis and dialysis patients, according to a study published in the Aug. 1 issue of *The American Journal of Cardiology*.

Liselotte C.R. Hensen, M.D., from Leiden University Medical Center in the Netherlands, and colleagues measured LV GLS in a retrospective cohort of predialysis and dialysis [patients](#) (chronic kidney disease stage 3b to 5) who underwent clinically indicated echocardiography. They divided patients according to quartiles of LV GLS.

Sixty-five and 35 percent of the 304 patients were in predialysis and [dialysis](#), respectively. The researchers found that 34 percent of patients underwent renal transplantation during a median follow-up of 29 months, and 36 percent died. Compared with other groups, patients with the worst function (LV GLS ≤ 10.6 percent) showed significantly worse prognosis. After adjustment for age, gender, albumin levels, atrial fibrillation, and renal transplantation, LV GLS ≤ 10.6 percent was significantly associated with increased risk of all-cause mortality (hazard ratio, 2.18).

"In conclusion, in predialysis and [dialysis patients](#), severely impaired LV GLS is independently associated with an increased risk of mortality," the authors write.

One author disclosed financial ties to Abbott Vascular.

More information: [Abstract](#)
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