Overall, there is evidence to support that increased BMI is associated with lower mortality in the MHD cohort examined. Survival advantage conferred by higher BMI appears most prominent among AA men and women and the weakest among White women. The racial and gender differences exhibited deserve further investigations.

**INTRODUCTION**

- High body mass index (BMI) is associated with lower death risk in maintenance hemodialysis (MHD) patients, among whom African-American (AA) have superior survival.
- This survival advantage persists even after adjusting for such important factors as co-morbid diseases and laboratory abnormalities.
- It is not known whether the survival advantage of high BMI differs across race and gender.

**RESULTS**

Table 1. Demographics by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>N</th>
<th>Age (yrs) mean ± SD</th>
<th>Women (%)</th>
<th>Diabetics (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>39,090</td>
<td>57.8 ± 14.9</td>
<td>48.7</td>
<td>42.7</td>
</tr>
<tr>
<td>White American</td>
<td>53,098</td>
<td>65.5 ± 15.0</td>
<td>42.0</td>
<td>43.4</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

- A 1 kg/m² higher BMI was associated with approximately a 1.8% lower mortality rate in white women, 2.1% lower in white men, 2.6% lower in AA women and a 2.5% lower in AA men.
- Decreased mortality per unit of BMI is highest for AA, and slightly higher for AA women than AA men.

**KEY LEARNINGS**

- Overall, there is evidence to support that increased BMI is associated with lower mortality in the MHD cohort examined.
- Survival advantage conferred by higher BMI appears most prominent among AA men and women and the weakest among White women.
- The racial and gender differences exhibited deserve further investigations.

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