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Table 1. Distribution of stroke and cardiovascular events among three categories of CHA²DS²-VASC score

	CHA ² DS ² -VASC (≤3)N=101	CHA ² DS ² -VASC (4-5)N=112	CHA ² DS ² -VASC (≥6)N=43	p-value
Stroke, n(%)	3 (3)	16 (14.3)	3 (7)	0.012*
Myocardial infarction, n(%)	6 (5.9)	33 (29.5)	14 (32.6)	<0.001*
Peripheral ischemia, n(%)	5 (5)	13 (11.6)	11 (25.6)	0.002

No conflict of interest

POS-509

ANALYSIS AND MONITORING OF THE SPREAD OF SARS-COV-2 INFECTION AMONG HEALTH CARE WORKERS OF NEPHROLOGY-DIALYSIS UNITS IN PIEDMONT AND VALLE D'AOSTA



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Introduction: The ongoing SARS-COV-2 pandemic hit world's population since the first trimester of 2020. Since the beginning health care workers have been at higher risk of morbidity because of in-hospital infections. Moreover, health care workers can contribute to the spread of infection. The aim of the study was to monitor the spread and outcomes among health care workers in Nephrology-Dialysis units in Piedmont and Valle d'Aosta Regions, North-West Italy.

Methods: A web platform accessible by Dialysis coordinators across the first and second wave of pandemic is still being used to collect and regularly update demographic and clinical data of health care workers. We present preliminary results on risk estimates and measures of association.

Results: An overall of 163 cases has been monitored since March 2020. The cumulative incidence is 13,5% compared to 3,3% of the general population. A slightly higher cumulative incidence has been observed among Nurses 14%, while among Doctors it is 12%. A higher incidence rate among operators is observed in the second wave of infection compared to the first (9,5% and 4%, respectively). During Autumn 2020 Italian Government did not opt for a strict lockdown in high risk Regions such as Piedmont and Valle d'Aosta. Nonetheless, strict protocols for in-hospital treatments ensured that cumulative incidence grew at a slower rate than the rest of the population (incidence rate ratio of 3,3 for health care workers compared to 5,9 for the rest of the population).

Conclusions: The study of an overall population of 163 showed a higher susceptibility to SARS-COV-2 infection for health care workers compared to the general population. We observed increased risks of infection in the second wave of pandemic compared to the first wave, suggesting that despite strict protocols to manage dialysis patients infection risks for health care workers could increase without strict general lockdowns.

No conflict of interest

POS-510

ANALYSIS AND MONITORING OF THE SPREAD OF SARS-COV-2 INFECTION AMONG PATIENTS OF NEPHROLOGY-DIALYSIS UNITS IN PIEDMONT AND VALLE D'AOSTA



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Introduction: The ongoing SARS-COV-2 pandemic hit the world's population since the first trimester of 2020. Since the beginning it has been clear that the elderly and chronic patients were at greater risk of morbidity and mortality. The aim of the study was to monitor the spread and outcomes among patients in kidney replacement therapy treated in Nephrology-Dialysis units in Piedmont and Valle d'Aosta Regions, North-West Italy.

Methods: A web platform accessible by Dialysis coordinators across the first and second wave of the pandemic is still being used to collect and regularly update demographic and clinical data of patients. We present preliminary results on cumulative incidence, risk estimates and measures of association. Data were analyzed using SPSS version 19 and Wizard 1.9.47 for Mac.

Results: An overall of 599 cases has been monitored since March 2020 till November 2020. The cumulative incidence is 10% compared to 3,3% of the general population. A higher cumulative incidence has been observed among Hemodialysis patients (14%), while in peritoneal dialysis patients and transplant receivers' sub-groups it is 5,3% and 6,6%, respectively. Compared to the general population, among dialysis patients, cumulative incidence grew at a slower rate in the first than in the second wave of pandemic (incidence rate ratio of 1,65 for patients compared to 5,9 for the rest of the population). A higher fatality risk is observed among dialysis patients and transplant receivers (17% and 11%, respectively) compared to that of the general population of 3,7%. Fatality is associated with age and cardiovascular diseases in both groups.

Conclusions: The study of an overall population of 599 showed a higher susceptibility to SARS-COV-2 infection and worse outcomes compared to the general population. We observed increased risks for hemodialysis patients, who are older on average and more exposed to in-hospital infections.

No conflict of interest

POS-511

'YOU NEED A TEAM' - PERSPECTIVES ON MULTIDISCIPLINARY SYMPTOM MANAGEMENT USING PATIENT-REPORTED OUTCOME MEASURES IN HEMODIALYSIS CARE: A QUALITATIVE STUDY



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Introduction: Patient-reported outcome measures (PROMs) are validated questionnaires for assessing patients' perspectives on their symptoms, functional status, and quality of life. Integrating PROMs into routine clinical care has been shown to improve communication, decision making, care planning, and patient satisfaction. However, there has been limited research on how PROMs can be utilized by multidisciplinary teams to address complex symptom burden associated with chronic disease, specifically among persons requiring maintenance hemodialysis. The purpose of this study was to explore the perceived role of PROMs in multidisciplinary symptom management in outpatient hemodialysis care.

Methods: In this qualitative descriptive study, we purposively sampled the following eligible participants across 10 hemodialysis units in Southern Alberta, Canada: (1) patients with kidney failure receiving intermittent hemodialysis and their family members, and (2) hemodialysis staff, including nurses, nephrologists, and allied health professionals, who participated in PROM administration and reporting. We completed a total of 54 interviews either in-person, by telephone, or virtually. This included 21 nurses, 6 nephrologists, 5 allied health, and 22 patients and family members. We analyzed transcript data using an inductive, thematic analysis approach.