Microscopic Haematuria and Clinical Outcomes in Patients With Stage 3–5 Nondiabetic Chronic Kidney Disease

Hugo You-Hsien Lin^{1,2,3}, Chun-Yu Yen^{1,6}, Lee-Moay Lim¹, Daw-Yang Hwang¹, Jer-Chia Tsai^{1,4}, Shang-Jyh Hwang^{1,4,5}, Chi-Chih Hung¹, Hung-Chun Chen^{1,4}

- Division of Nephrology, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung Medical University
- ^{2.} Department of Internal Medicine, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung Medical University
- ^{3.} Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- ^{4.} Faculty of Renal Care, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
- Institute of Population Sciences, National Health Research Institutes, Miaoli, Taiwan
- Department of Pediatrics, Taipei Veterans General Hospital, Taipei, Taiwan, R.O.C.

Supplement Table 1. Cox regression for ESRD and mortality according to haematuria and urine occult blood

	Haematuria		
	No	Mild+Moderate	P- value
HR for ESRD			
Unadjusted	1 (reference)	2.34 (1.96-2.79)**	< 0.001
Fully-adjusted	1 (reference)	1.29 (1.07-1.56)*	0.007
HR for all-cause mortality			
Unadjusted	1 (reference)	1.80 (1.40-2.31)**	< 0.001
Fully-adjusted	1 (reference)	1.28 (0.98-1.66)	0.067
	Urine occult blood		
	No	+~+++	P- value
HR for ESRD			
Unadjusted	1 (reference)	4.92 (3.78-6.39)**	< 0.001
Fully-adjusted	1 (reference)	1.33 (1.01-1.75)*	0.041
HR for all-cause mortality			
Unadjusted	1 (reference)	1.44 (1.09-1.90)*	0.010
Fully-adjusted	1 (reference)	1.07 (0.79-1.44)	0.669

Model adjusts for age, gender, eGFR, log-transformed UPCR, hypertension, cardiovascular disease, mean BP, BMI, hemoglobin, albumin, log-transformed cholesterol, log-transformed CRP and phosphorus.

^{*} (P < 0.05) or ** (P < 0.01) indicates a significantly different from reference group