Abstract

Aim: Metabolic disorders are widely described in patients after liver transplantation (LTx). Material and methods: Arterial hypertension, diabetes mellitus and obesity incidence and risk factors were assessed in 144 post-LTx patients at least one year after transplantation (59% male; median age 54 y; median time since transplantation 4 y). Risk factors were assessed using logistic regression analysis according to demographic, socioeconomic, lifestyle, clinical, anthropometric and dietetic variables. Results: The incidence of hypertension was 18.9%; diabetes, 14.0% and obesity, 15.9%. Risk factors for the incidence of hypertension were abdominal obesity (OR: 2.36; CI: 1.02-5.43), family history of hypertension (OR: 2.75; CI: 1.06-7.19) and cyclosporine use (OR: 3.92; CI: 1.05-14.70). Risk factor for incidence of diabetes were greater fasting glucose levels (mg/dL) pre-LTx (OR: 1.04; CI: 1.01-1.06) and on the diagnosis of alcoholic cirrhosis as an indication of LTx (OR: 1.04; CI: 1.01-1.06) and on the diagnosis of alcoholic cirrhosis as an indication of LTx (OR: 2.54; CI: 0.84-7.72). The incidence of obesity after LTx was related to lower milk consumption (mL) (OR: 1.01; CI: 1.001-1.01; P < 0.05), greater donor BMI (kg/m²) (OR: 1.34; CI: 1.04-1.74; P < 0.05), greater BMI prior to liver disease (kg/m²) (OR: 1.79; CI: 1.36-2.36; P < 0.01) and a per capita income twice the minimum wage (OR: 5.71; CI: 4.51-6.86; P < 0.05). Conclusion: LTx was associated with significantly increased rates of hypertension, diabetes and obesity. Furthermore, the incidences of these disorders were related to immunosuppressive therapy and have risk factors that are common in the general population.

Keywords