

THE DIABETES AFFECTS THE PATIENTS SURVIVAL BUT NOT THE VASCULAR ACCESS PATENCY

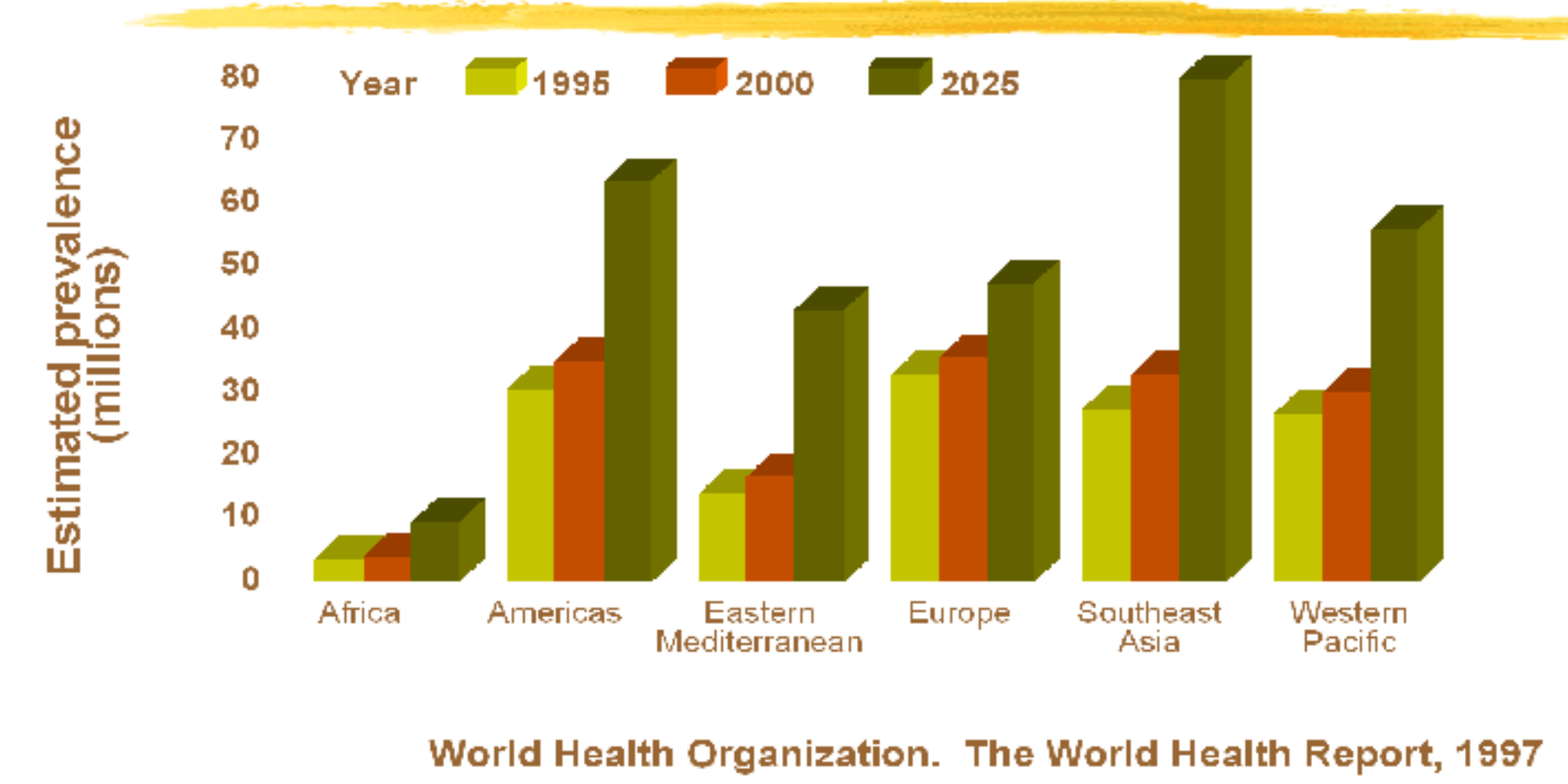
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INTRODUCTION

The prevalence of diabetes mellitus (DM) is very high worldwide.

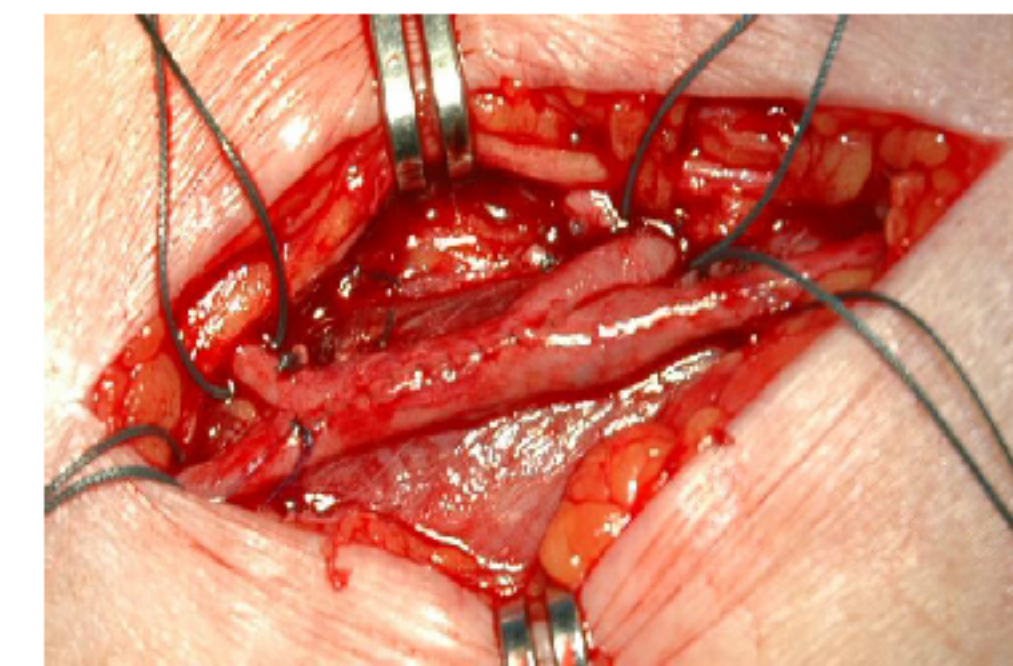
Diabetic nephropathy is a major vascular complication of DM. In many countries diabetic nephropathy has become the most frequent cause of prevalent ESRD patients undergoing hemodialysis. It is believed that in diabetics the creation of native vascular access (NVA) might be difficult but has proven to offer lower infection rates, fewer procedures and lower mortality risk compared with catheters or grafts.

Worldwide Rates of Diabetes Mellitus Predictions



METHODS

We evaluated NVA creation in 232 patients during the period January 2003 to December 2008 with follow-up to 31/12/2012. Patients were divided into 2 groups: 60 diabetic pts (Dpts) (Dpts: 39 M; 21 F; mean age: 66 ± 16 years) and 172 non-diabetic pts (NDpts) (NDpts: 112 M; 60 F; mean age 62 ± 19 years). We compared the type of NVA, NVA survival and patients survival in these groups. NVA survival was calculated using the Kaplan-Mayer analysis and statistical significance using the Chi square test.



RESULTS

Age was significantly higher in Dpts (66 years vs 62; $p < 0.005$).
In Dpts we performed 69 NVA: 35 distal, 25 middle arm, 9 upper arm.
In NDpts we performed 199 NVA: 112 distal, 67 middle arm, 20 upper arm.
No statistical difference between groups in type of NVA.
No statistical difference between groups in NVA survival [Figura 1].

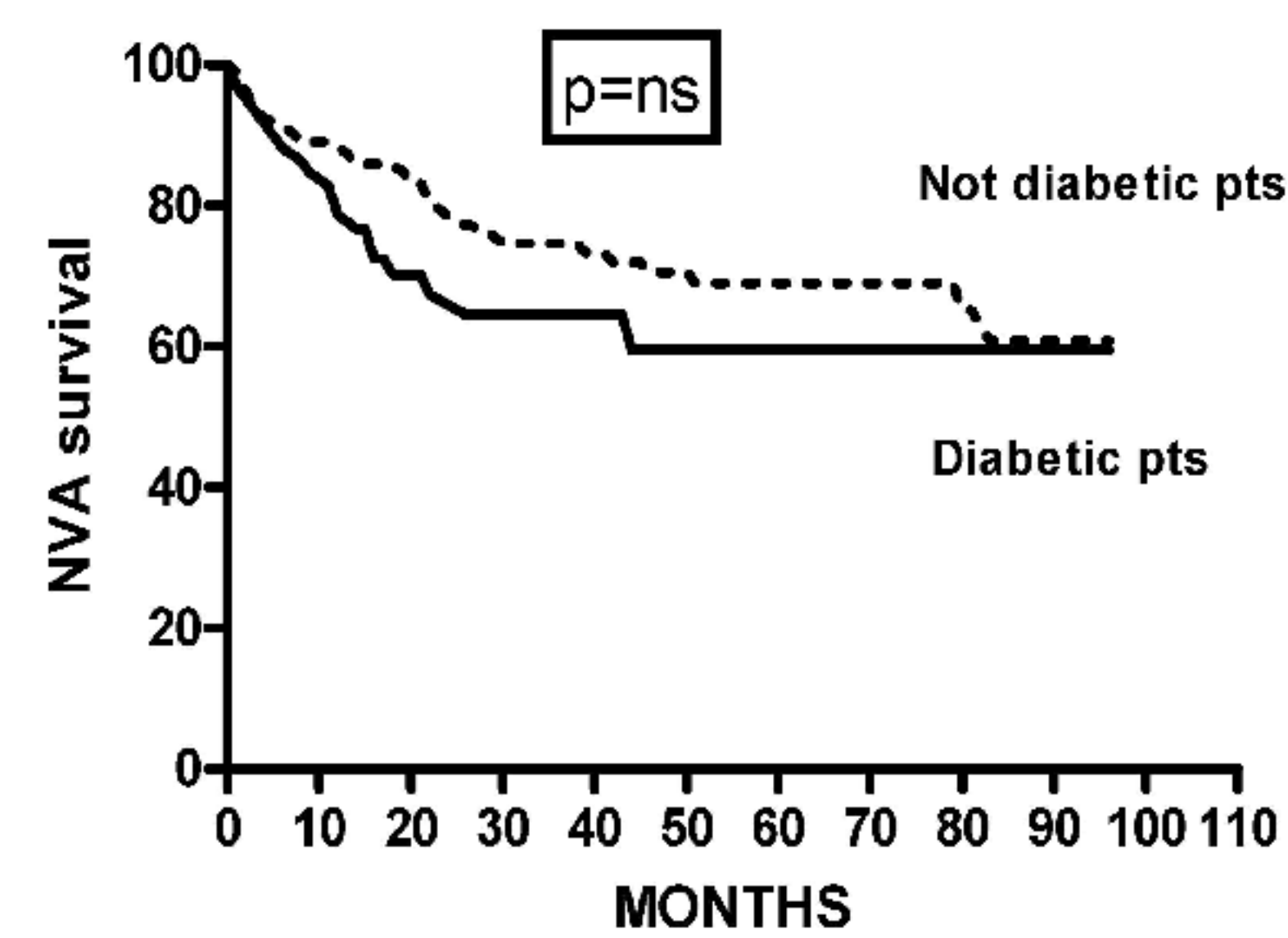


Figura 1

OUTCOME

At the end of the follow up 73% of Dpts and 50% of NDpts died ($p < 0.005$); the median survival is 29 and 63 months for Dpts and NDpts, respectively ($p < 0.0001$) [figure 2].
No differences in the transplant eligibility were observed

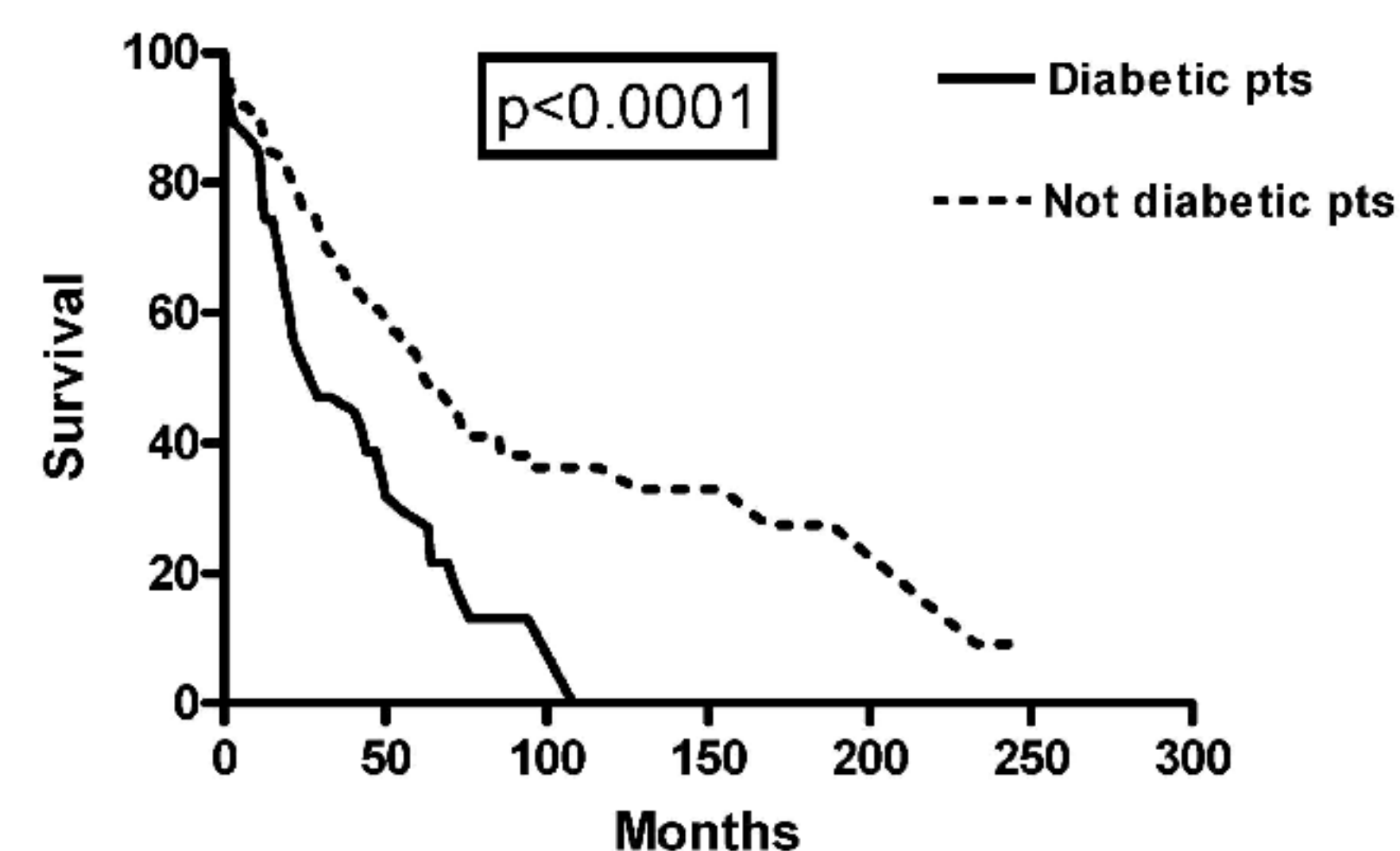


Figura 2

CONCLUSION

In our experience diabetes does not provide additional difficulties in the creation of NVA. Despite the advanced age of the Dpts, the NVA survival was similar to Ndpts on long term follow-up. Thus, about 80% out of pts in both groups died with functional NVA. According to the literature, the mortality rate is higher in diabetics than in non diabetic patients, confirming that diabetes is the main determinant of death, not of vascular access outcome.

