

OCTOGENARIANS PATIENTS WHO STARTED HEMODIALYSIS: MORBIDITY AND MORTALITY FACTORS.

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INTRODUCTION

- In the last years, we observed a progressive increase in the expectancy of life in the spanish population.
- This circumstances is due to **SEVERAL FACTORS**:
1.- Improve in **quality of life**. 2.- Improve in **diagnosis technics**. 3.- Improve in **better treatment** of End-Stage Kidney Disease.
- All of this, has **ALLOWED** that patients older 80 years, **STARTED** Renal Replacement Therapy (RRT): Haemodialysis (HD), Peritoneal Dialysis and, even, Kidney Transplant.
- **NEVERTHELESS**, this kind of patients has **MANY COMORBIDITIES FACTORS**, **CONDITIONING** their **OUTCOMES** and **INCREASING** their **MORTALITIES**.

PATIENTS AND METHODS

- **PATIENTS**: OCTOGENARIAN PATIENTS WHO STARTED HD IN OUR DEPARTMENT.
- **PERIOD OF STUDY**: JANUARY-2004 TO OCTOBER-2012.
- **NUMBER OF PATIENTS**: TOTAL STARTED HD: 388. OLDER THAN 80 YEARS: 33 (8%).
- **CHARACTERISTICS TO EVALUATE**: Demographic (age, sex). Clincs (cause of renal disease, time in nephrology consults, index comorbity, dialysis characteristics). Laboratory. Evolution (hospitalization, survival).
- **STATISTICS ANALYSIS**: Cuantitative variables: median and interquartile range. Cualitative variables: frequencies. Mean comparisons: X2 test for cuantitatives variables: T Student s for cualitatives variables (normal distribution) and Mann Whitney s test (no parameter distribution). Survival: kaplan-Meier s survival cur. Statistically significant values: p<0.05.

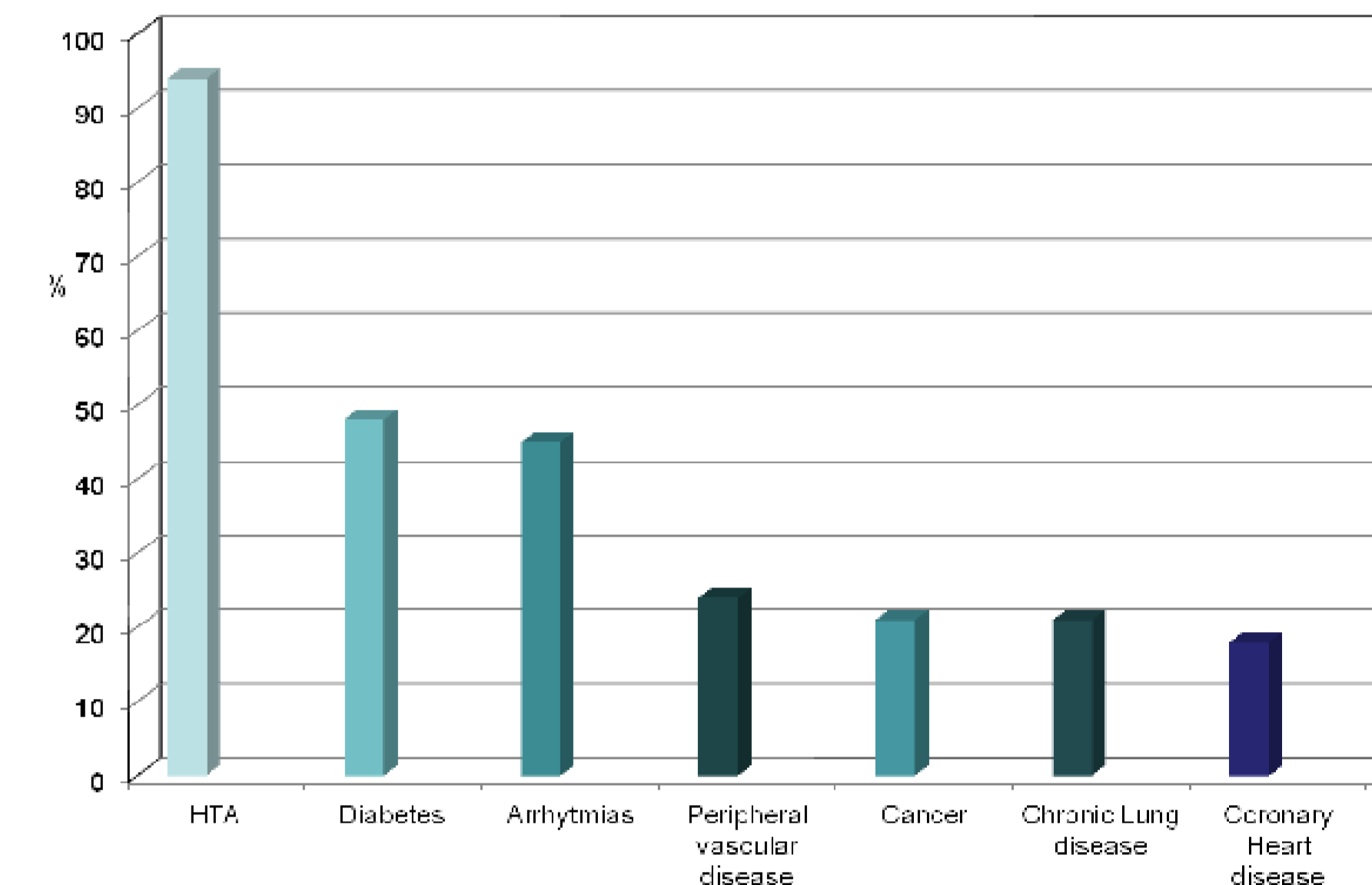
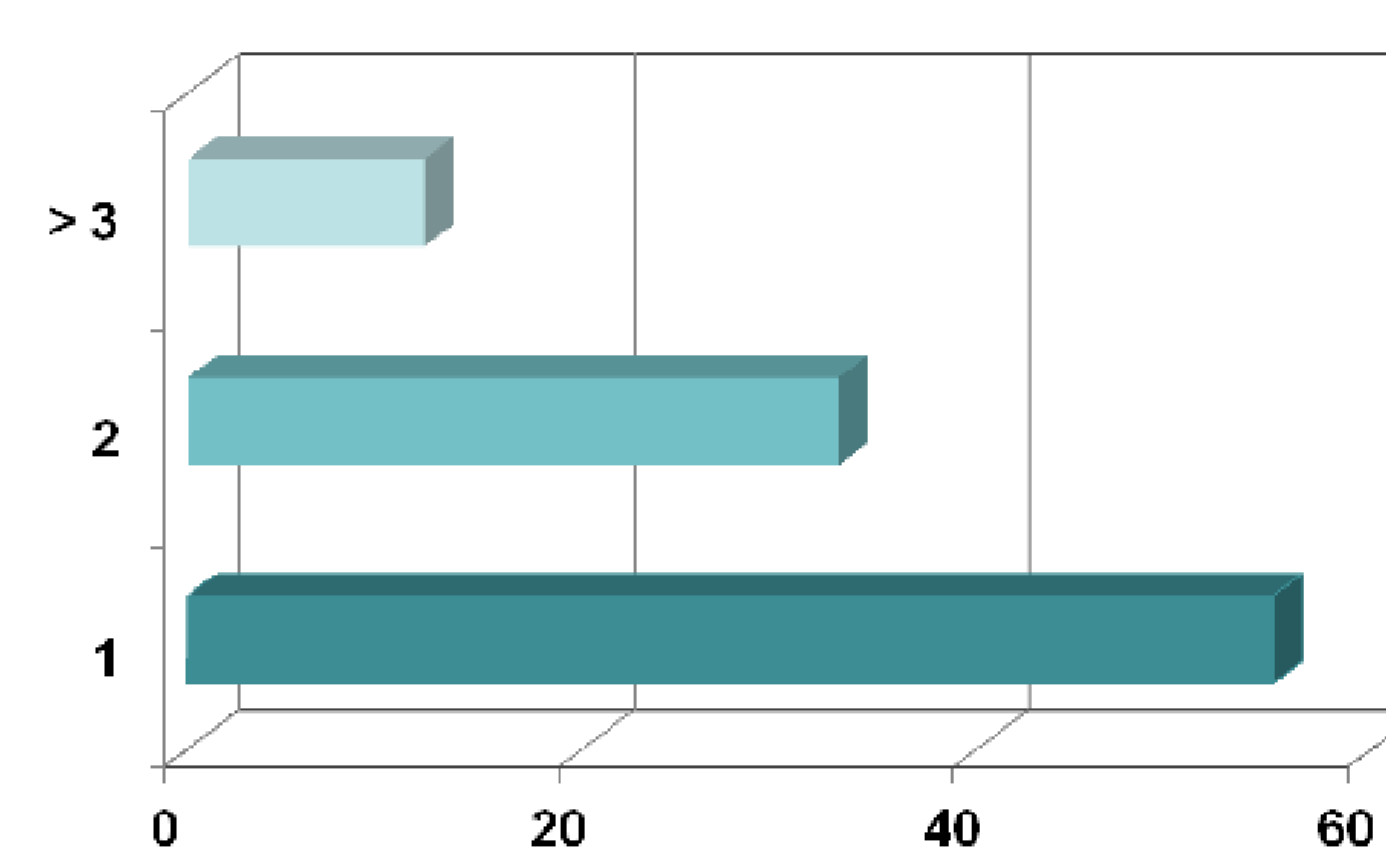
AIMS OF STUDY

EVALUATE THE CHARACTERISTICS AND EVOLUTION OF INCIDENT PATIENTS IN HEMODIALYSIS OLDER THAN 80 YEARS

OCTOGENARIANS PATIENTS	33 patients
Median age (years)	82 (IQR 80-89)
Sex (females)	58%
Cause of renal disease	Nephroangioesclerosis 33%: Unknown 19%: Diabetic neph 12%: Glomerulonephritis 9%: Amiloidosis 9%: Renovascular disease 3%: Others 15%
Followed in nephrology consults	64%; median, 13 months (IQR 3-95); 84% diuretics treatment
Started HD (mainly)	73% Progressive decline of renal function
Started HD	Acute renal failure 18%: Congestive heart failure 9%
Renal function at started HD	Cr 6.6 +/- 2 mg/dl: CICr 7+/-2 ml/min

Charlson Comorbidity Index (Median 8, IQR 7-16)

Comorbidities Association



Dialysis characteristics

Median time in HD: 19 month (IQR 3-102)

Median time each session: 250 minutes (3 sessions per week)

Variable (median)	Start HD	End follow-up	P
Vascular access: CATHETER	82%	85%	N
Dry weight (kgr)	65	58	0.0
Systolic / Dyastolic BP (mmHg)	140 / 70	130 / 60	0.001 /
Hgb (g/dL) / Hematocrit (%)	11 / 32.6	11.5 / 36.1	NS / 0
Ca / P (mg/dL)	8.6 / 5.4	9.4 / 3.4	0.001 /
PTH (pg/mL)	384	124	0.0
Uric acid (mg/dL)	5.9	4.9	0.0

Echocardiogram characteristics

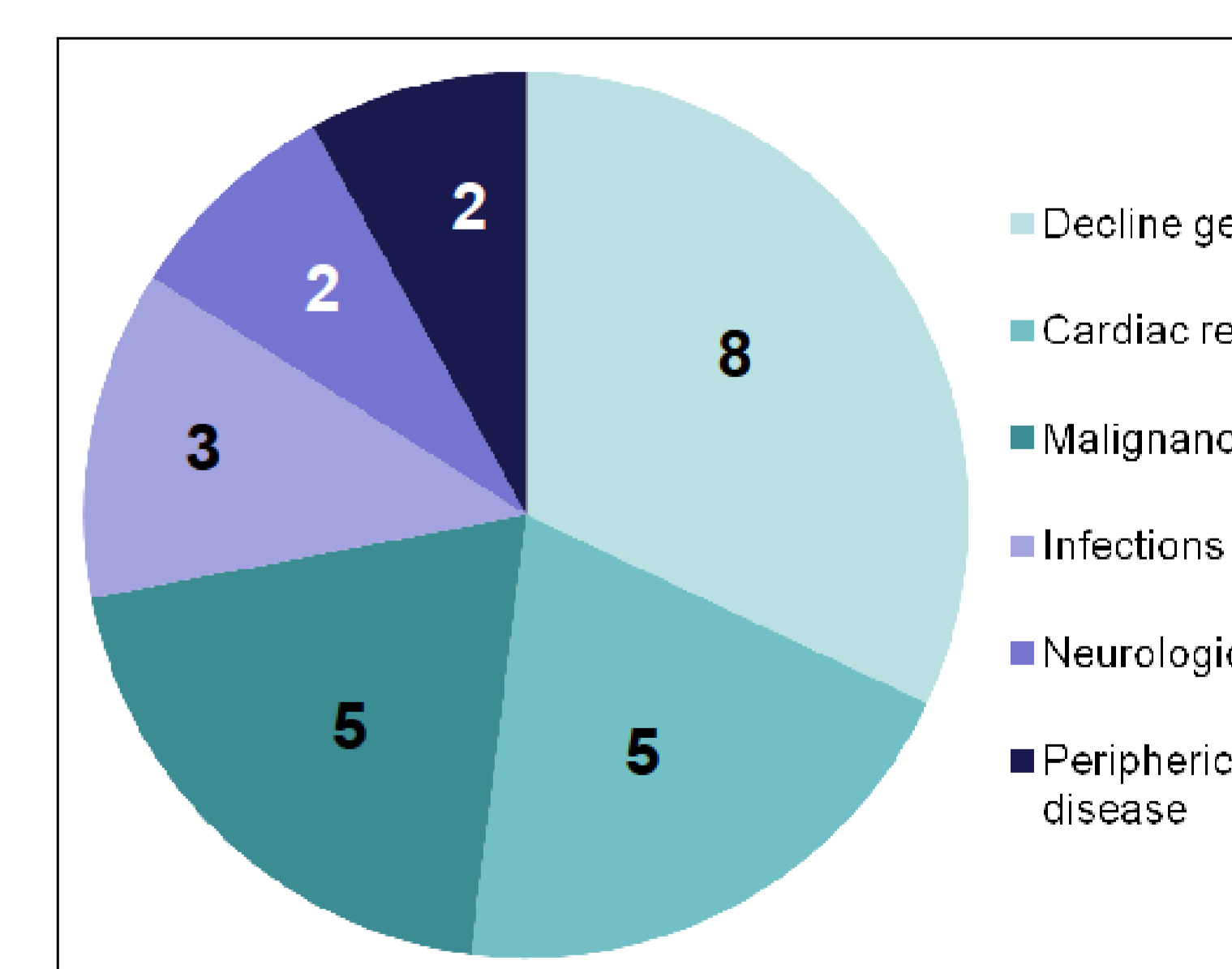
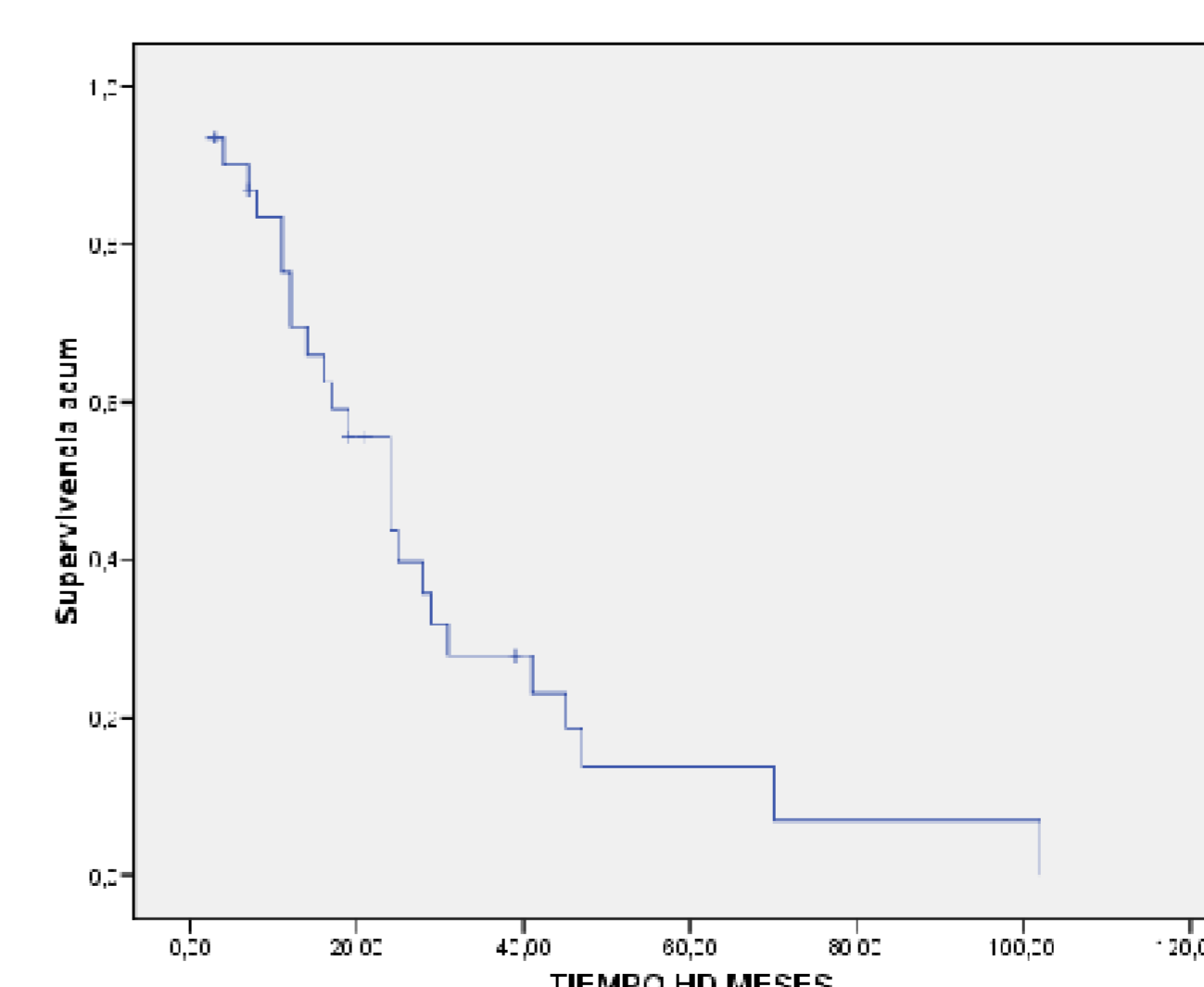
Dyastolic Disfunction	67% pacientes
Pulmonary Hypertension	24% pacientes

Hospitalization characteristics

Median admission	2.5 / patient
Median Hospitalization	39 days / patient
Causes:	26%, Problems vascular access 21%, Infection diseases 11%, General status decline

FINAL EVOLUTION (Median follow up 69 months (IQR 3-102))

DIED	25 PATIENTS (76%)
CONTINUE IN HD	5 PATIENTS (15%)
TRANSPLANT	1 PATIENT (3%)
LOST TO FOLLOW UP	2 PATIENTS (6%)



MONTHS	%
6 months	87%
12 months	66%
24 months	28%

In total: 42.5% patients withdrawal HD

CONCLUSIONS

- OUR OCTOGENARIANS PATIENTS CAN BE INCLUDED IN RRT.
- CAN BE OBTAINING A SURVIVAL MORE THAN 50% AT FIRST YEAR.
- CAN BE OBTAINING APPROPRIATE CONTROL OF BLOOD PRESSURE AND DIALYSIS PARAMETERS (mainly, anemia and mineral metabolism)
- THE MORTALITY WAS DETERMINED BY MULTIPLE COMORBIDITIES FACTORS.
- THE MAIN CAUSE OF DEATH, WAS DECLINE OF GENERAL STATUS AND WITHDRAWAL HEMODIALYSIS.

