"The last will be first…" - A flexible approach for restarting home haemodialysis.

Authors Martina Ferraresi, Maria Cristina diVico, Federica N Vigotti, Maria C Deagostini, Stefania Scognamiglio, Valentina Consiglio, Roberta Clari, Irene Moro, Elena Mongilardi and Giorgina B Piccoli.

Hospital SS Nephrology, Department of Clinical and Biological Science, San Luigi Gonzaga Hospital Orbassano, University of Turin, Italy.

Objectives:

The **present revival of interest in home haemodialysis (HHD) is due to lower costs and more frequent/efficient or "intensive" treatments**.
Nevertheless, HHD is still underdeveloped and development strategies are needed.

Aim of the study is to **report on the results obtained in the period 2010-2012 with a new flexible HHD program**, open also to fragile and elderly patients.

Methods:

Period of study 2010 (start of the program) – 2012. Patients enrolled and followed up by the same Centre, with dedicated nurse and nephrologist, skilled in home haemodialysis.

The program is characterized by:
- **flexibility of training** (duration and number of caregivers)
- implementation of **daily dialysis**, and **individualized schedules**
- **personalization of controls**
- **easy access to hospital** facilities
- **no discrimination for age or comorbidity.**

The study reviews the patient's charts, as for ESRD, comorbidity, reasons of choice, reasons of drop-out.

Results:

In the period of study, 19 patients were enrolled and 2 are waiting to join the program:
- **13 patients were sent on HHD – group A.**
- **6 patients dropped-out from training – group B**: 3 for unavailability of the partner; 2 for difficulties in the A-V fistula; 1 for housing problems (presently hosted by relatives). Of them, 4/6 perform self-care dialysis in the Center.

The patients in group A were older [median age: 58 years (38-76)] **and with a higher comorbidity rate** (11/13 with comorbidity: multiple in 4 cases, including 6 cardio-vascular, 3 diabetes, 2 collagen diseases, 2 neoplasia, 3 other). One of them died during the follow up.
The patients in group B were younger [median age: 44.5 years (24-63)] **and with a lower comorbidity rate** (only 1 had vascular comorbidity).

Of note, in group A 10/13 patients had contraindications for wait-listing for a kidney graft (in 3 cases temporary: 2 BMI >33; 1 recent angioplasty).

Main reasons for choice were: easier adaptation to the working schedule (5 patients); family choice for spending more time together (5); easier travelling (3 cases).
The partner was the wife/husband in all cases but one who employed a payed nurse.

Dialysis started with incremental schedule, usually together with the training. Training lasted 3-12 months.
Dialysis schedules were very flexible, and ranged from 2 to 7 sessions/week, 2-6 hours/sessions. Last median equivalent renal clearance: 14.5 mL/min.

Conclusions:

When HHD is offered with a flexible, open selection, it may represent a good choice for elderly patients and for patients with multiple comorbidities (often considered as "the last" candidates for HHD), not suitable for a kidney graft.
Working and family reasons, in particular in elderly couples, are the main driving forces for this choice. **Attention to "the last ones", and flexibility in facing their needs, may improve the development of HHD**.

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Federica Neve Vigotti
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