

PATIENTS AND TECHNIQUE SURVIVAL IN PATIENTS ON CHRONIC AMBULATORY PERITONEAL DIALYSIS. A EIGHT-YEAR LONGITUDINAL STUDY.

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Background:

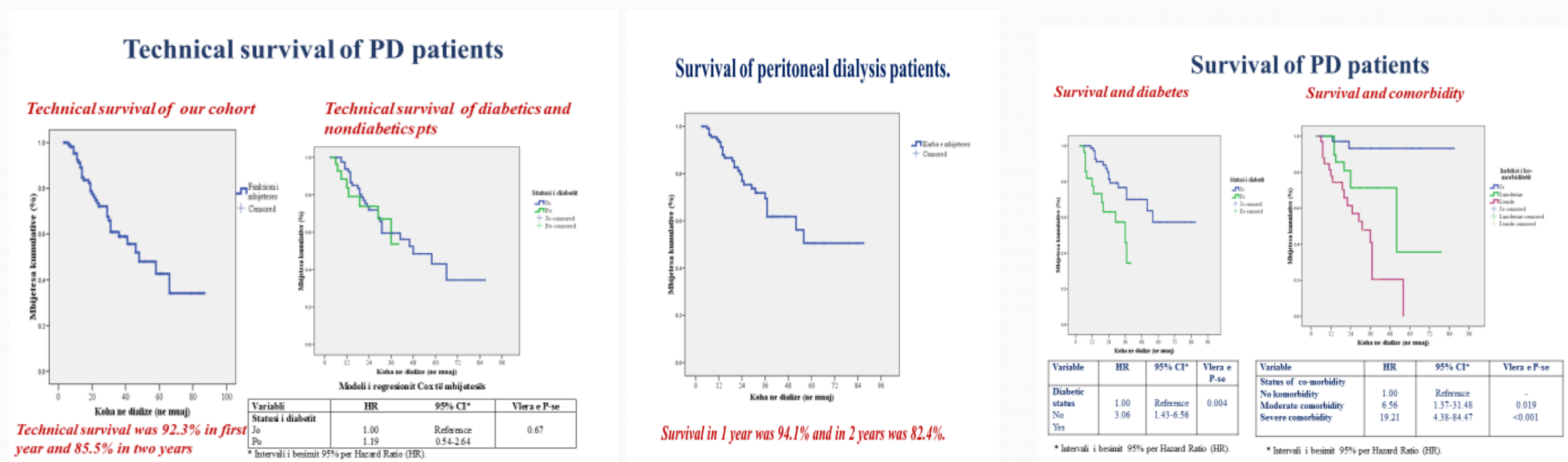
Technique failure (TF) in peritoneal dialysis (PD) patients is an important metric to track and understand. It can be used as an indicator of the quality of PD care in dialysis programs and is also a mean to identify barriers to expanding PD utilization among dialysis population. The aim of this study was to determine the relative importance of baseline patient characteristics to mortality and technique failure in patients starting peritoneal dialysis.

Methods:

One hundred and seventeen consecutive new patients who had more than 3 months in therapy were included in this prospective cohort study (52.1 % males; mean age 53.50 ± 15.22 years and mean time in therapy 25.59 ± 17.87months). Cox regression model for survival was used to predict mortality and technique failure.

Results:

There were 28 deaths and 33 technique failures. The two-year patient survival was 82.4%, and the two-year technique survival was 85.5%. Albumin level [HR= 3.72 (1.19-11.6) p= 0.024], SGA M+S [HR= 4.25 (1.71-10.6) p=0.002] and Davies index score [HR=8.39 (1.81-38.9) p=0.007] were independent predictors of mortality after adjusted Cox regression model of survival for age, sex, diabetes, Davies index score and for referral. The number of peritonitis [HR= 2.44 (1.59-3.74) p<0.001]; high transporter type of membrane [HR=1.6 (0.5-5.09) p=0.061]; and late referral [HR= 2.33 (1.10-4.95) p=0.027] were independent predictors of technique failure after adjusted Cox regression model of survival for the same above variables. We didn't found diabetes after adjusted the two models of survival as an independent risk factor nor for mortality neither for technique survival.



Conclusions:

In our cohort we didn't found diabetes as an independent risk factor for mortality and technique survival. Malnutrition and comorbidity were an independent predictor of mortality. The type of membrane, number of peritonitis, late referral were independent predictors for technique survival.

