Demographics and key clinical characteristics of hemodialysis patients from the Gulf Cooperation Council participating in DOPPS COLLABORATIVE FOR HEALTH

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Background / Objective

- Background
 - The Gulf Cooperation Council (GCC) is made up of Kuwait, Saudi Arabia (SA), Bahrain, Qatar, United Arab Emirates (UAE) and Oman with a total population of more than 50 million

Objective

 Present the first demographics and key clinical charactersitics data and relationship with outcomes from DOPPS GCC countries

Methods

- Study Population: ٠
 - 927 patients on dialysis > 90 days from 40 randomly selected units from across the GCC countries enrolled in DOPPS 5 (2012-2015)

Results

- Table 1 shows the key clinical characteristics of the general dialysis population in the GCC countries
- Table 2 shows some more clinical and psycho-social characteristics of the ٠ GCC patients participating in DOPPS

Results

Table 1: Population and ESKD information by GCC country (2014)

	Bahrain	Kuwait	Oman	Qatar	KSA	UAE
General Population						
Population size, n million ¹	1.5	4.1	4.2	2.2	30.9	9.0
Proportion of population that are citizens ¹ , %	46	31	56	13	67	12
Dialysis Population						
Total number of dialysis (HD / PD) patients (% HD)	595 (90.6)	1650 (89.5)	1530 (92)	700 (75)	15780 (90)	1870 (94)
Prevalence of Dialysis PMP	410	400	365	320	513	210
Prevalence of dialysis PMP, citizens only	800	960	640	1230	645	760
Dialysis population, % Citizens	91	74	98	49	84	40
Annual Dialysis Mortality	14.65	11.5	8	8	11	8.5
Number of Dialysis	5	9	21	5	187	33
Centers (Public)	(3)	(8)	(19)	(5)	(145)	(22)
% of ESKD Due to Diabetes	42	45	50	40	44	50
% HCV positive patients on dialysis	10.2	8	8	5	15.5	13
% HBV positive patients on dialysis	0.5	2	2	1	3.4	2

¹Secretariat General – The Cooperation Council for the Arab States of the Arabian Gulf. http://www.gcc-sg.org/eng/

Table 1: HD patient characteristics by DOPPS region (2012-2015)

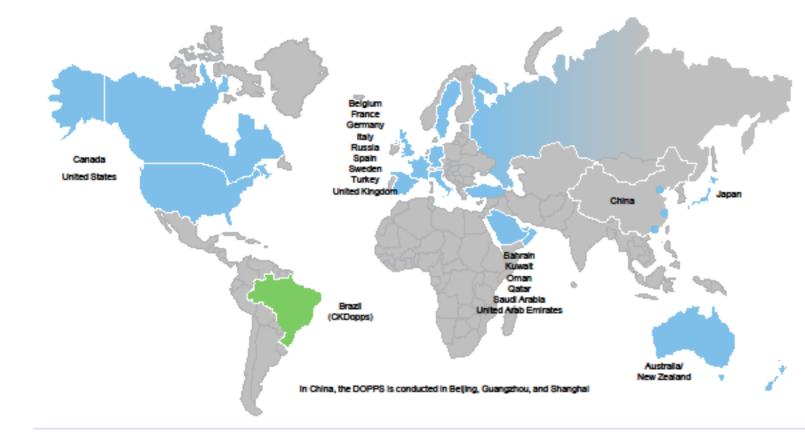
		North			
	GCC	Europe	America	Japan	
Demographics					
Age, years	54.4	66.7	63.4	65.8	
Male, %	56	61	57	64	
Married, %	72	59	50	71	
Living with Family or Friends, %	96	74	74	86	
Diabetes as ESKD cause, %	41	25	43	35	
Hypertension as ESKD cause, %	31	19	26	6	
Glomerulonephritis as ESKD cause, %	10	20	13	40	
Body Mass Index, kg/m ²	26.3	26.2	28.5	21.4	
Comorbidities					
Peripheral Vascular Disease, %	22	27	27	13	
Cancer, %	1	16	15	10	
Neurologic Disease, %	8	10	11	6	
Psychologic Disorder, %	2	15	22	4	
Patient reported measures					
Physical Component Summary (PCS) Score	37.6	35.2	35.1	42.6	
Mental Component Summary (MCS) Score	44.3	43.7	47.2	45.1	
CES – D > 10 Depressive Symptoms - %	36	44	29	38	
Statistics shown as mean or prevalence					

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Summary / Conclusion

- GCC countries are the top 6 countries in the world with more males than females in the population.
- Number of expatriates in GCC countries is large and in some it exceeds the number of local citizens. Access of expatriates to dialysis services is limited. Consequently, many of these expatriates leave the GCC upon reaching end-stage kidney disease (ESKD) and return to their home country. Therefore, dialysis incidence and prevalence rates in each country for citizens are much higher than dialysis incidence and prevalence rates for the total population
- Despite being young, the GCC dialysis population is plagued with diabetes and hypertension.
- Prevalence rates for ESKD are high, and diabetes is the leading cause.
- Hemodialysis is the dominant modality and hepatitis C still represents a challenge.
- Cancer rates in this region are low.
- Patients' reported quality of life in the GCC is comparable to other DOPPS regions.

- H S The Dialysis Outcomes and Practice Patterns Study



Abstract #: XXXXX

DOPPS is an international prospective cohort study of hemodialysis treatment and patient outcomes:

- DOPPS 1 (1996-2001): 308 dialysis facilities and 17,034 patients in 7 countries (France, Germany, Italy, Japan, Spain, UK, and US)
- DOPPS 2 (2002-2004), DOPPS 3 (2005-2008), DOPPS 4 (2009-2011): > 300 facilities and 11,000 13,000 patients per study phase in 12 countries (DOPPS 1 countries + Australia, Belgium, Canada, New Zealand, and Sweden)
- DOPPS 5 (2012-2015): ~500 facilities and 17,000 patients in nine new countries (Bahrain, China, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, Russia, and Turkey) in addition to the 12 countries represented in DOPPS 4
- The DOPPS Program is supported by research grants from Amgen (founding sponsor, since 1996), Kyowa Hakko Kirin (since 1999, in Japan), AbbVie Inc. (since 2009), Sanofi Renal (since 2009), Baxter Healthcare (since 2011), and Vifor Fresenius Medical Care Renal Pharma, Ltd (since 2011). Additional support is provided for specific projects and/or countries by a number of organizations. Additional information and slides available at www.dopps.org.
- Support for the DOPPS Program is provided without restrictions on publications.
- The DOPPS is coordinated by Arbor Research Collaborative for Health, Ann Arbor, MI USA.

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