

THE CKD PRE-DIALYSIS REGISTER: A USEFUL TOOL IN PREVENTIVE NEPHROLOGY – A PILOT MULTIDISCIPLINARY STUDY

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Introduction and objectives:

The aim of this study was to implement a CKD Electronic Pre-dialysis Register in our hospital by including all the patients with documented CKD stages > 3, in order to obtain a better control on their surveillance schedule, evolution under treatment, dialysis initiation moment and preparation.

Methods:

During a 2-years multidisciplinary effort (nephrology, cardiology, diabetology, internal medicine), we enrolled all the hospital and ambulatory presentations of non-dialysis patients with eGFR < 60 mL/min/1.73m² more than 3 months, dynamical listing all their CKD specific biochemical parameters, medication doses, hospitalization episodes and complications; the dialysis initiation moment and modality was also noted.

Results:

The proportion of late referral dialysis patients (anterior and, respectively, after the CKD Pre-dialysis Register implementation) decreased from 26.8% to 7.25% ($p < 0.001$), with lower dialysis access complications ($p < 0.001$) and 78.8% of patients starting hemodialysis on native arteriovenous fistula; the average hospitalization duration was 7.23 ± 3.6 days in the study group.

Conclusions:

Implementing a hospital, regional or national CKD Pre-dialysis Register may be an useful tool in the management of CKD patients, also contributing to a more organized attitude, multidisciplinary care and a better prediction for the dialysis necessary in that territory.