

Maintaining a peritoneal dialysis programme – addressing the reasons for therapy drop out – single centre experience from the UK

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Introduction:

Peritoneal dialysis (PD) is an underused dialysis modality worldwide. Several studies have demonstrated that PD has higher early survival rates compared to haemodialysis (HD). These favourable outcomes are observed not only in elderly population, but also in patients with unplanned starts on dialysis. Despite this, there has been a constant decline in the rate of peritoneal dialysis utilization. Even in units where the initial rate of PD uptake is high it is difficult to maintain a balance of patients commencing and dropping off therapy. Objectives: Transfer to HD is thought to be the major consequence of PD dropout and we aimed to identify our local PD dropout rate at 6, 12 and 24 months and to explore the reasons behind this dropout

Methodology:

All patients who were commenced on PD at our centre between 2008 and 2014 were identified from our local renal data base and were included in this retrospective study. The data include age, sex, and ethnicity, primary renal disease; date of peritoneal dialysis initiation, PD dropout rate at 6, 12 and 24 months

after commencing treatment, in addition to the reasons of dropout. The data collected from case notes and electronic database review. Any patients who were transferred to other centres were excluded.

Results:

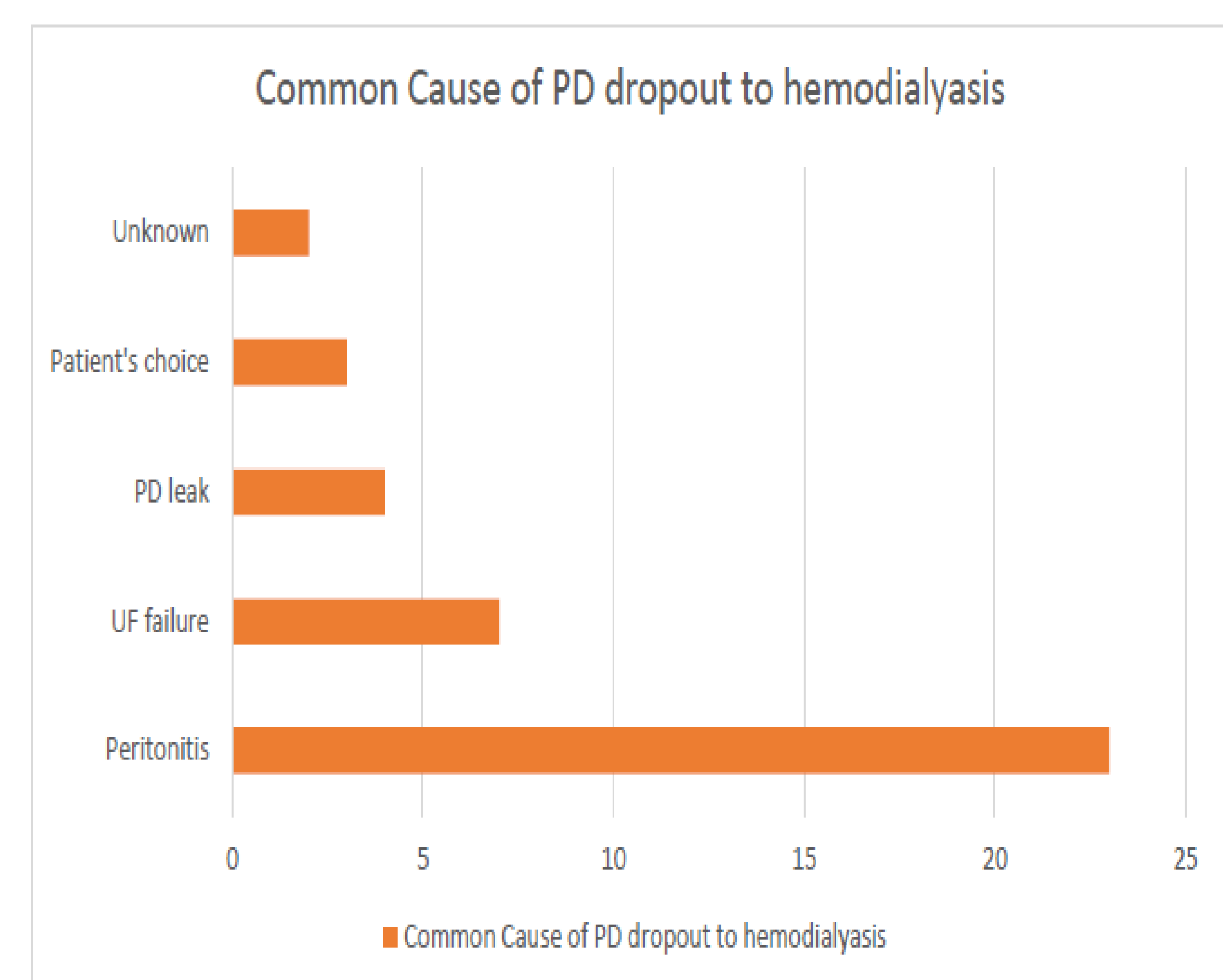
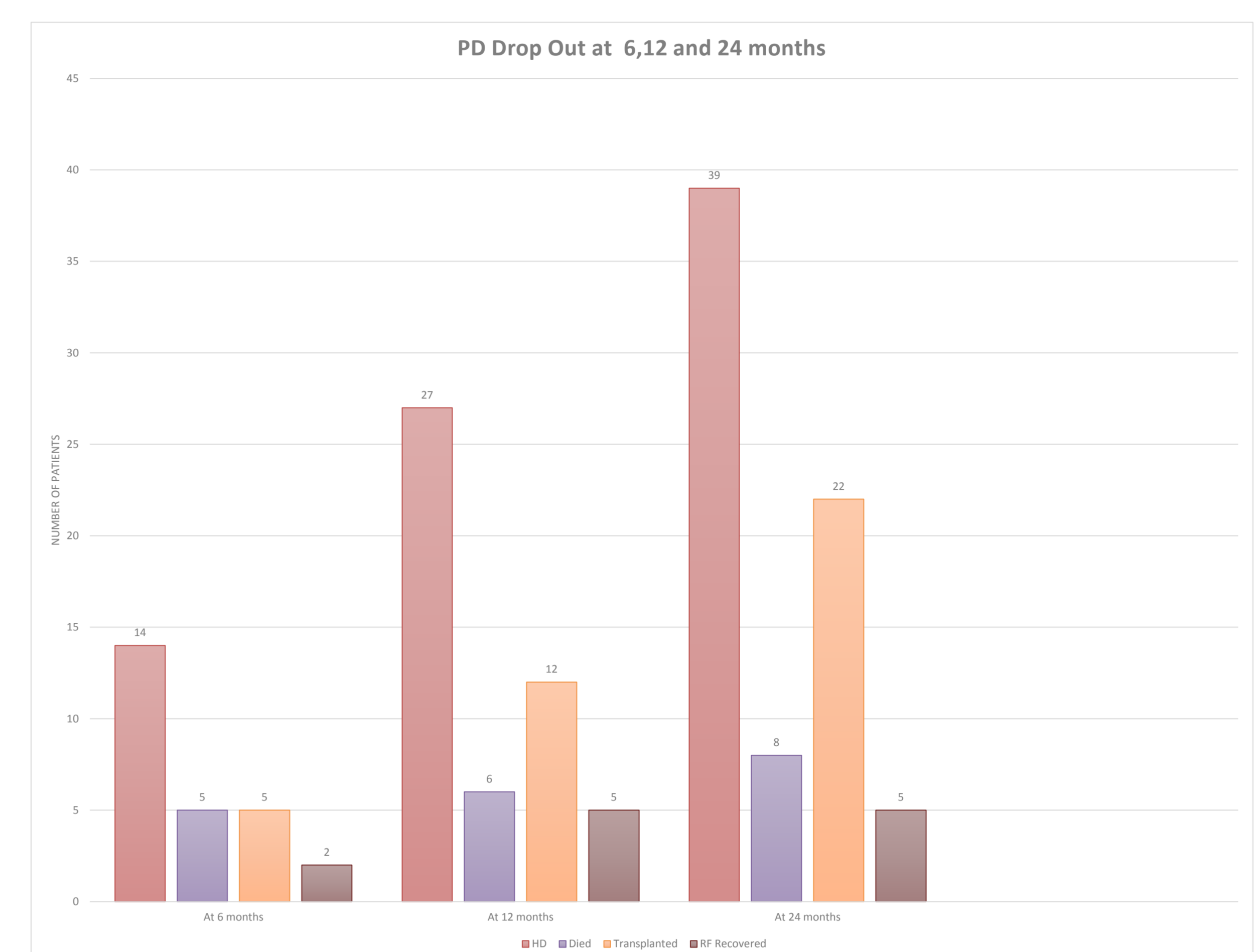
100 patients were included in the study (Male= 68, Female=32, Caucasians 74% diabetics 31% and mean age 60 years). At

6 months follow up the total dropout rate was 26% this included: 14% transferred to HD, 5% had renal transplant, 5% died and 2% renal failure recovered. At 12 months follow up the dropout rate doubled to 50%. During that period, patients transferred to HD

increased to 27%, patients who had renal transplant were 12%, death rate was 6% and patients with recovered renal function were 5%.

At 2 years follow up the dropout rate was 74 % (39 patients transferred to HD, 22 patients had renal transplant, 8 patients died, 5 patients became off dialysis). The reasons for PD dropout to HD were multi-factorial, that is, modality related, patient related and system related.

The most common reason for modality related drop out was infection (61.5%), ultra filtration failure (20.5%), PD leak (10%) and patient choice (8%).



Conclusion and Key points

- The incidence of PD dropout rate increased significantly during the period of 6 months to 24 months after treatment initiation.
- The main reason of PD drop out is transfer to HD because of infection (peritonitis or exit site infection).
- Strategies to prevent and manage peritonitis, ultra-filtration failure, PD leak and education of patients may all help with maintaining the patient on PD.