

SURVIVAL OUTCOMES OF INCIDENT ELDERLY HEMODIALYSIS PATIENTS: PROVIDING PROGNOSIS FOR DECISION MAKING IN GERIATRIC NEPHROLOGY

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INTRODUCTION AND OBJECTIVES

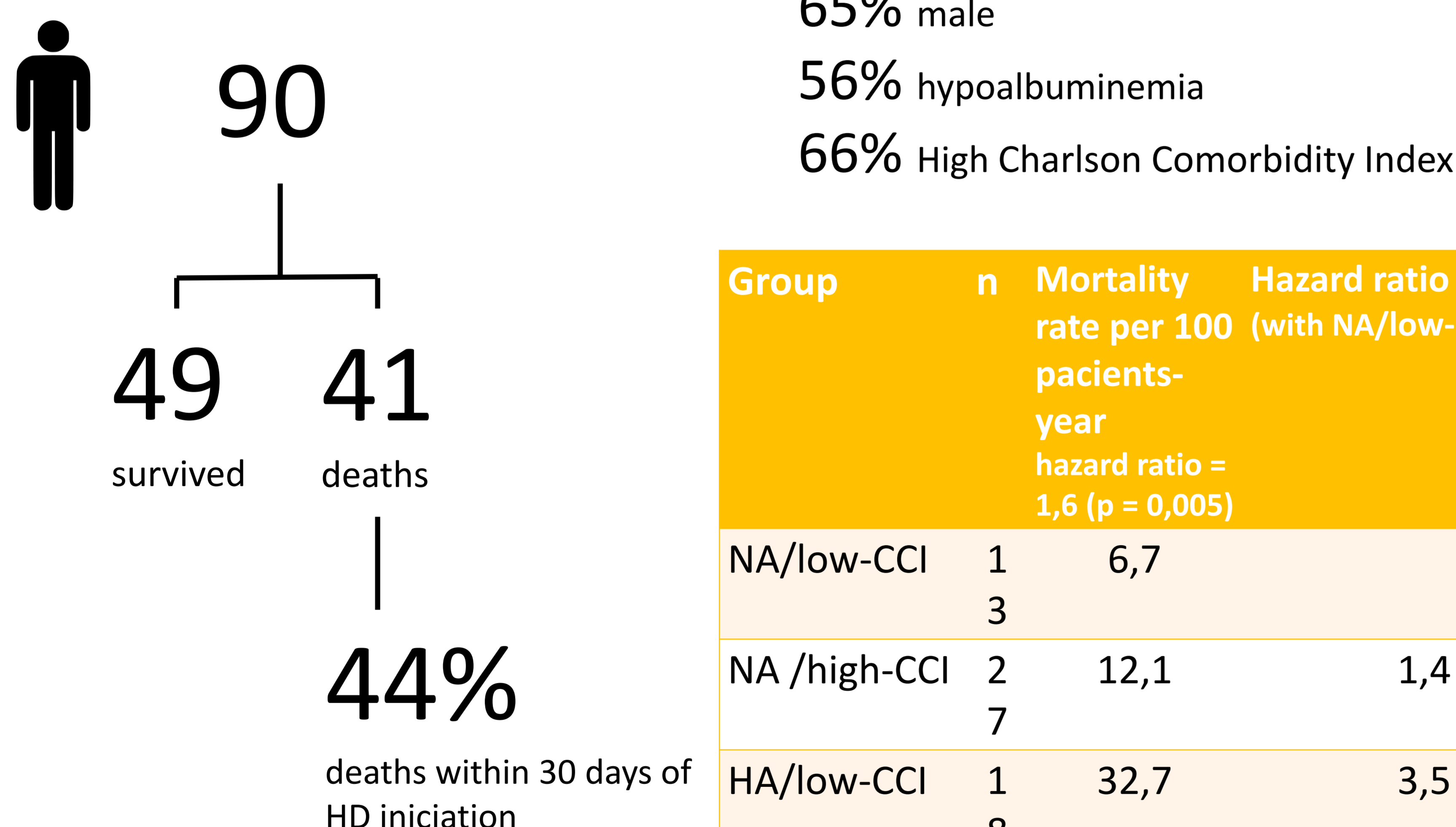
Elderly patients constitute a significant and growing fraction of the end-stage renal disease (ESRD) population. To facilitate decision-making of whether to initiate dialysis or not, patients should have their prognosis estimated and discussed. The aim of this study is to clarify the prognostic value of malnutrition and patient comorbidity in geriatric incident hemodialysis patients.

METHODS

Subjects included all incident elderly (≥ 75 years) hemodialysis patients starting dialysis therapy between January 1, 2014, and December 31, 2014 in our hospital center. Comorbidity was scored according to the Charlson Comorbidity Index (CCI, low <8 vs high ≥ 8). Nutritional status was evaluated according to serum albumin levels at time of dialysis initiation (low <2.5 g/dL vs normal ≥ 2.5 g/dL). Patients were classified in 4 groups: normoalbuminemia-low CCI (NA/low-CCI), normoalbuminemia-high CCI (NA/high-CCI), hypoalbuminemia-low CCI (HA/low-CCI), and hypoalbuminemia-high CCI (HA/high-CCI). Patients who recovered renal function, changed over to peritoneal dialysis, or underwent kidney transplantation were excluded. The survival outcomes by the end of follow up (December 31, 2016) of this cohort of 90 patients were analyzed according to a Cox's proportional hazards model for survival-time and Kaplan-Meier survival curves. Statistical analysis was performed using STATA software and $p < 0.05$ was considered statistically significant.

RESULTS

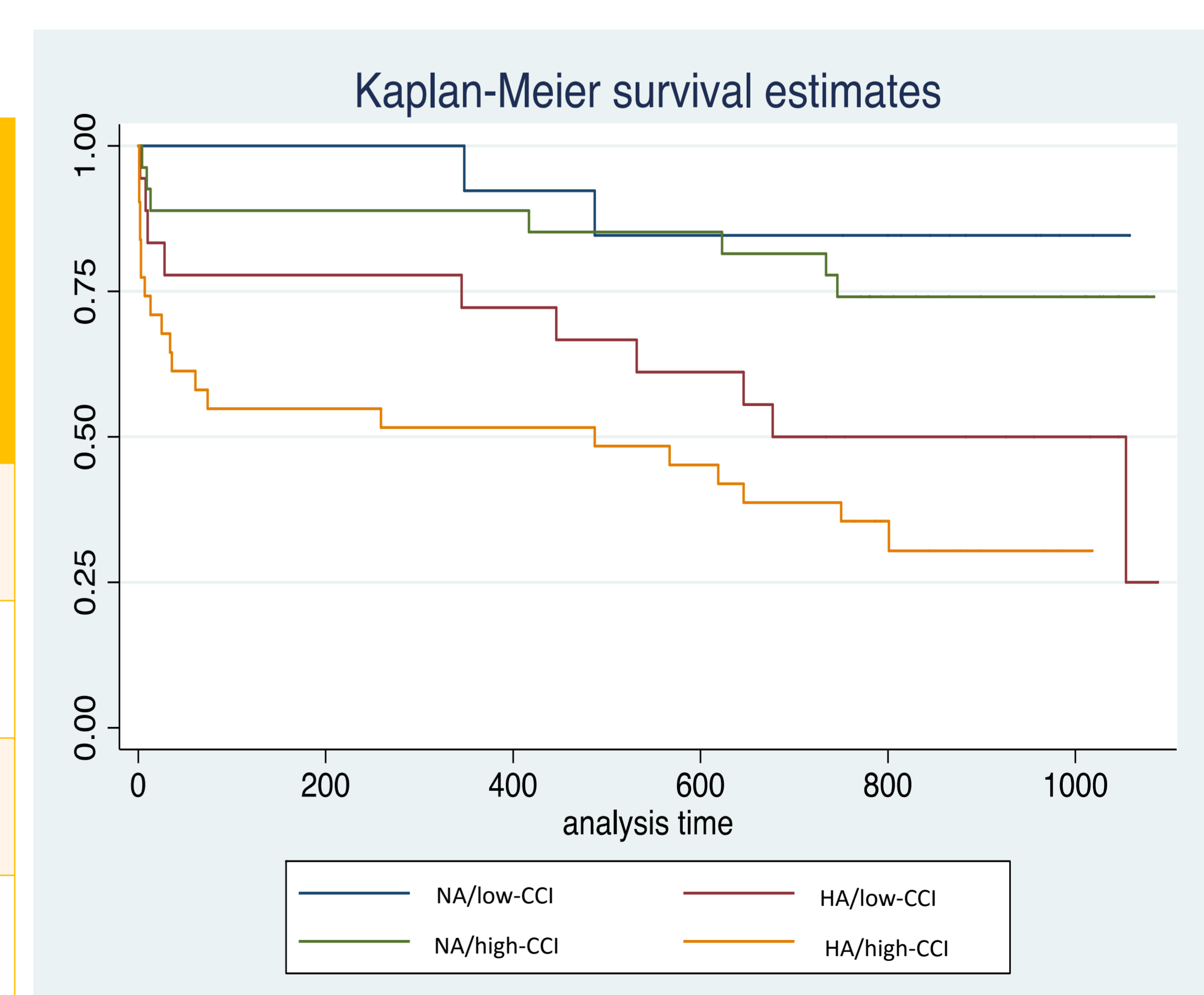
End of follow-up: December 31, 2016



708 days- Median follow-up

Group	n	Mortality rate per 100 patients-year	Hazard ratio for death (with NA/low-CCI as reference)
NA/low-CCI	1 3	6,7	NA
NA /high-CCI	2 7	12,1	1,4 (p> 0,05)
HA/low-CCI	1 8	32,7	3,5 (p> 0,05)
HA/high-CCI	3 2	57,4	7,3 (p = 0,007)

hazard ratio = 1,6 (p = 0,005)



CONCLUSION

Hypoalbuminemia and patient comorbidity have a major significant impact on the survival outcomes of incident geriatric hemodialysis patients. While the ability to predict survival of individual patients remains limited, our results improve the recognition of the limitation of hemodialyses as a life-sustaining treatment in an increasing subset of ESRD patients.