

PERITONEAL DIALYSIS ANNUAL DROP OUT MONITORING INCREASES PATIENT AND TECHNIQUE SURVIVAL

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INTRODUCTION
PD growth is limited by a high annual drop out (DO) up to 40-75%.

OBJECTIVES:
To compare annual 2015 and 2016 PD DO in a large international dialysis network.

METHODS

- Observational, prospective registry in 9 countries (FR, DE, HU, PL, RO, SE, AR, CL, UR) during 2 years.
- Only EU countries with ≥ 100 prevalent PD patients (pts) [RO, DE, PL, HU] are presented.
- All PD pts were tracked on a monthly basis for DO due to: TX, RRF recovery, Transfer to HD (due to peritonitis, exit site, catheter issues, UFF, low adequacy, burn out, others), Transferred to other centers, Death and Other reasons.

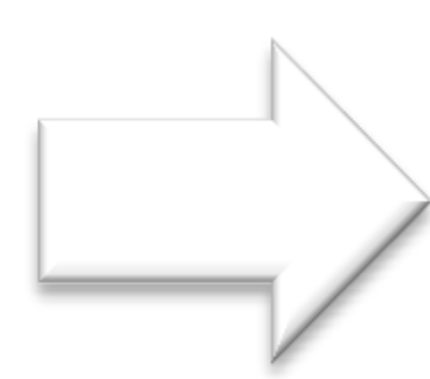
RESULTS

565 pts (372 prevalent, 193 incident) in 47 clinics, 2015 and **813** (623 prevalent, 190 incident) in 61 clinics, 2016. Net prevalent increase of +251 pt. (+230, RO)

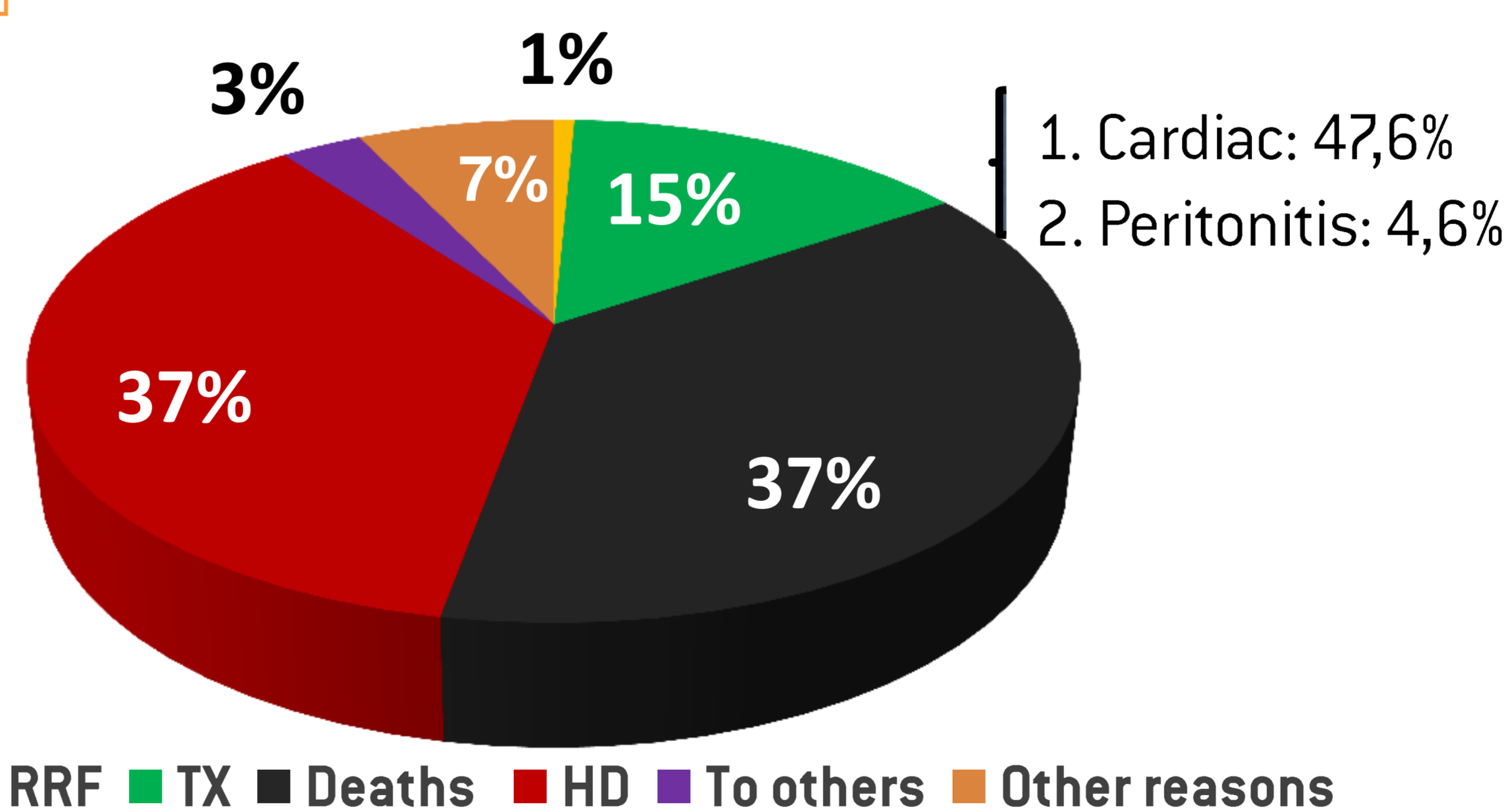
DO results (2016 vs. 2015):

- total annual DO (41 vs. 49%)
- controllable DO (18.3 vs. 19.1%)

Fig. 1 Total DO = 41%
(n=244 pt.), 2016



- Peritonitis: 33%
- Catheters: 11%
- UFF: 13%
- Adequacy: 16%



2016 vs. 2015 → DO RESULTS BY CAUSES

Fig. 2 Transplantation
(5.9 vs. 9.3%)

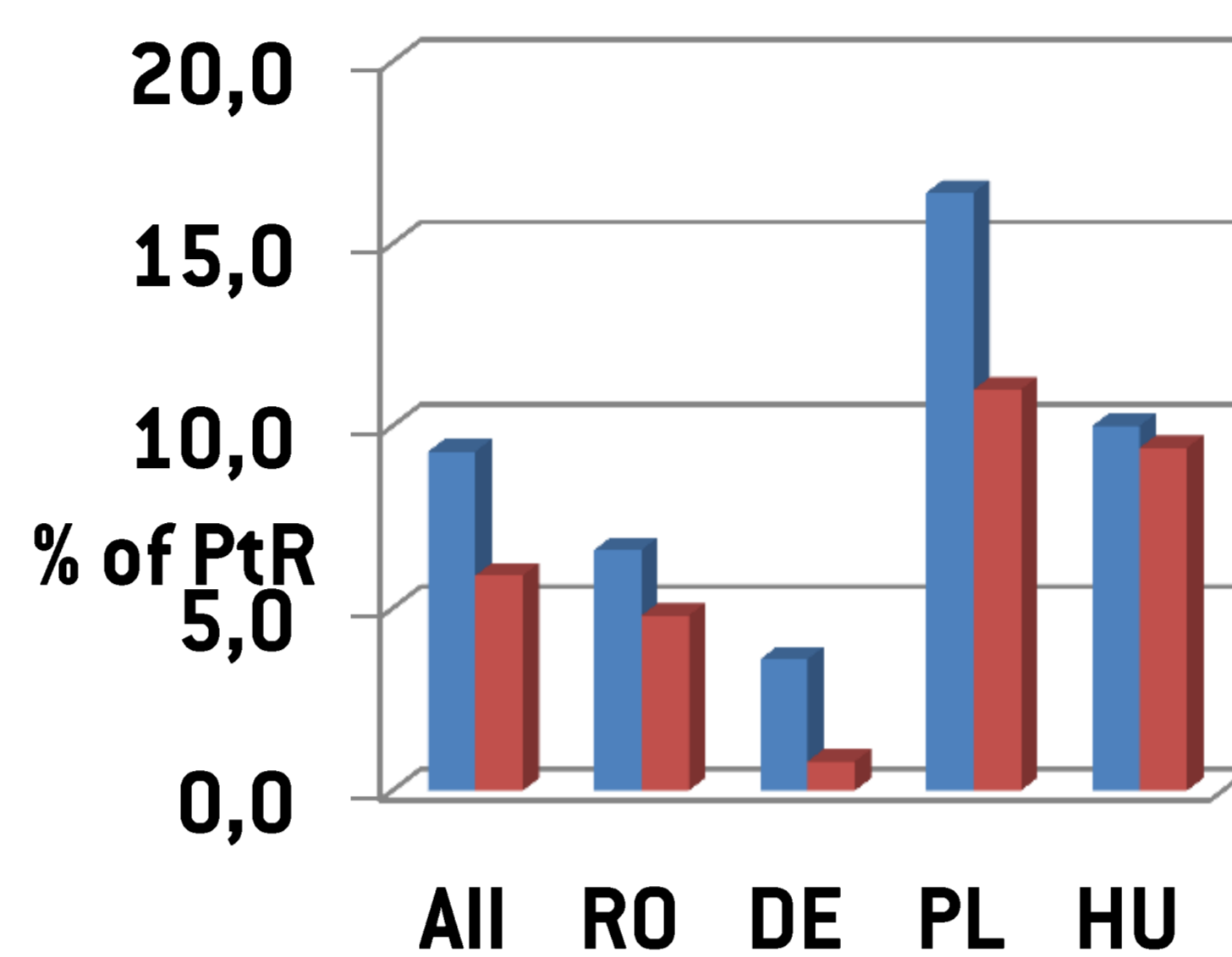


Fig. 3 RRF recovery
(0.3 vs. 0.5%)

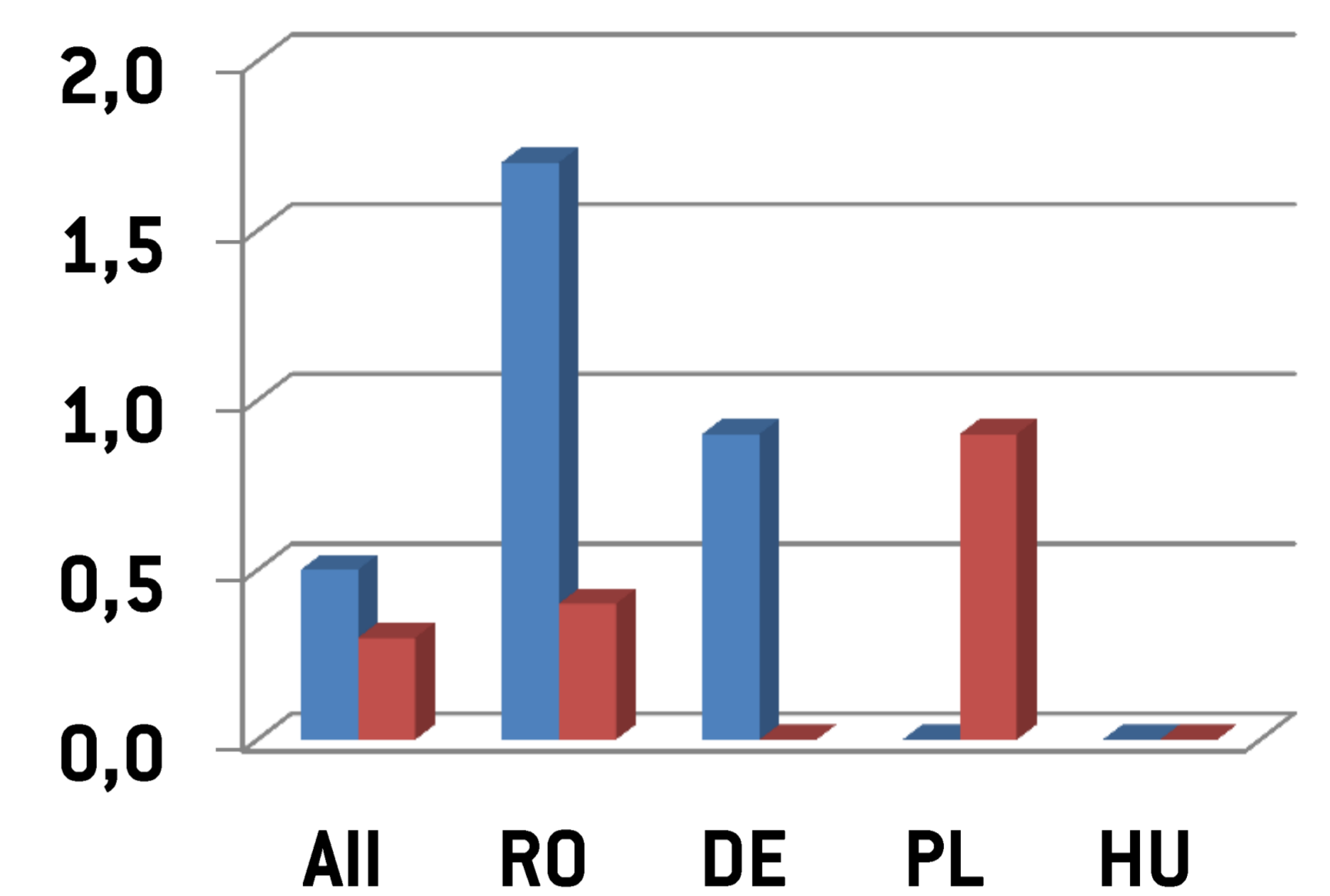
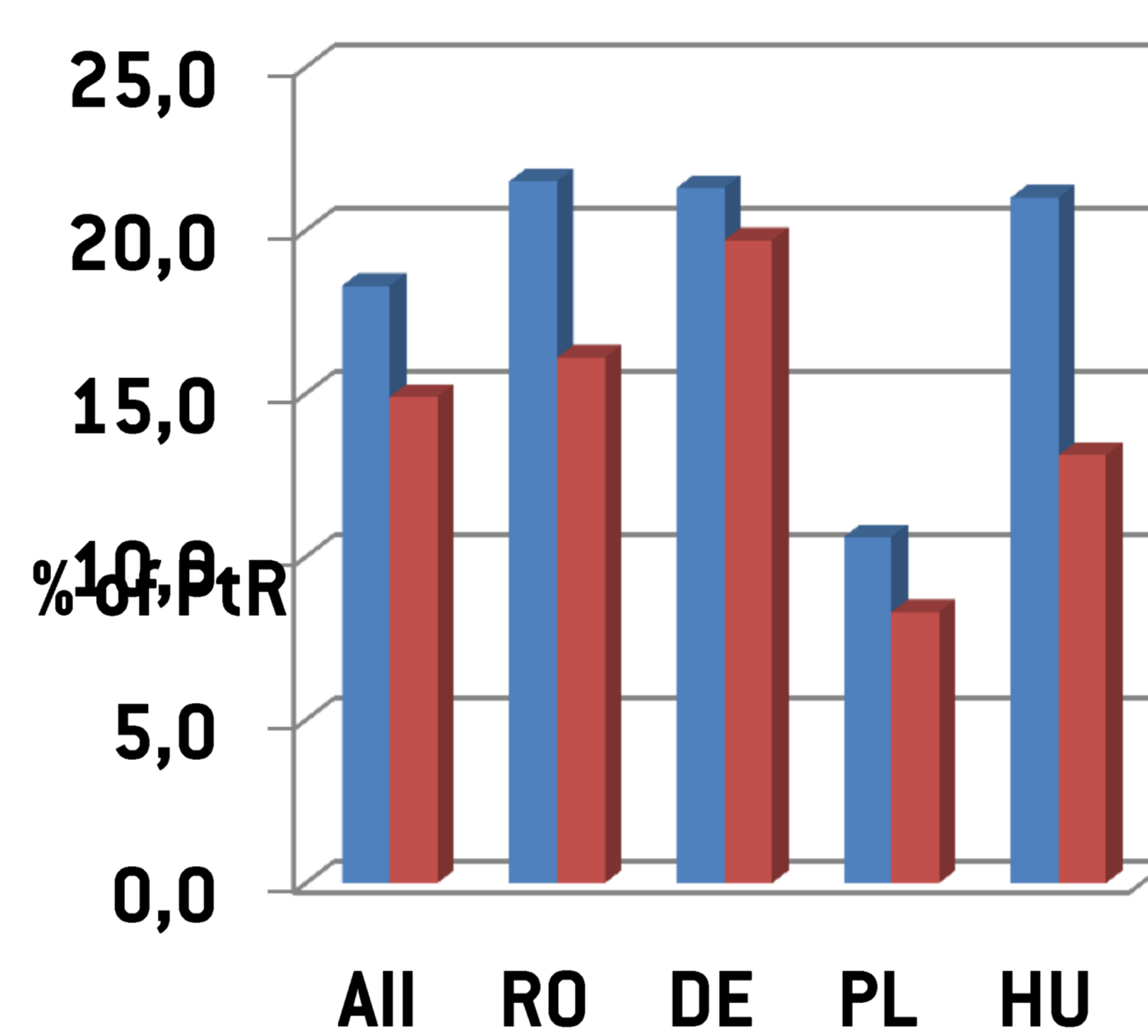


Fig. 4 Death
(14.9 vs. 18.3%)



- Cardiac events deaths decreased from 50 to 47.6% (n=42 pts)
- Fatal peritonitis from 6 to 4.6% (n=4 pts)

Fig. 5 Transfer to HD
(14,8 vs. 15,4%)

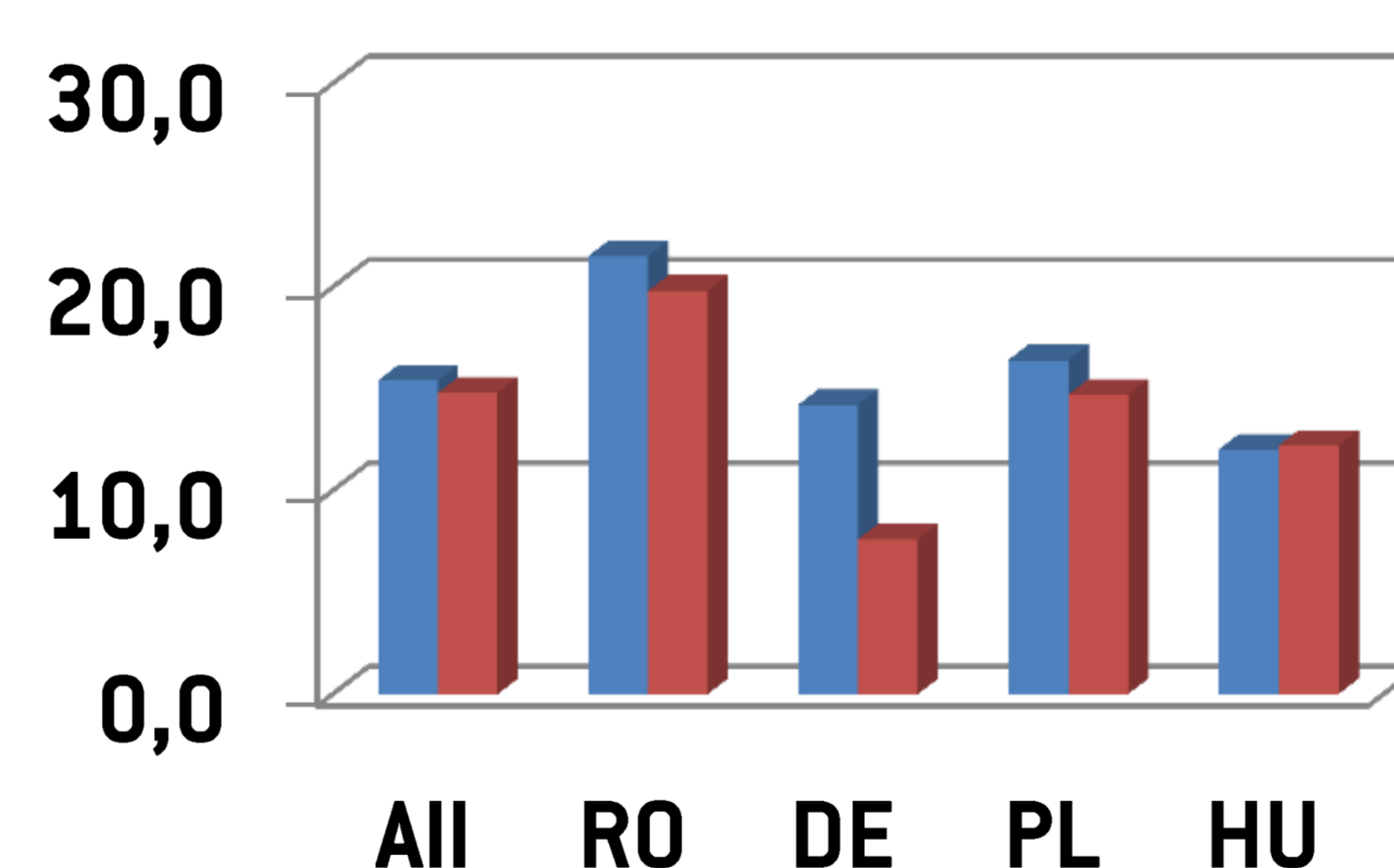
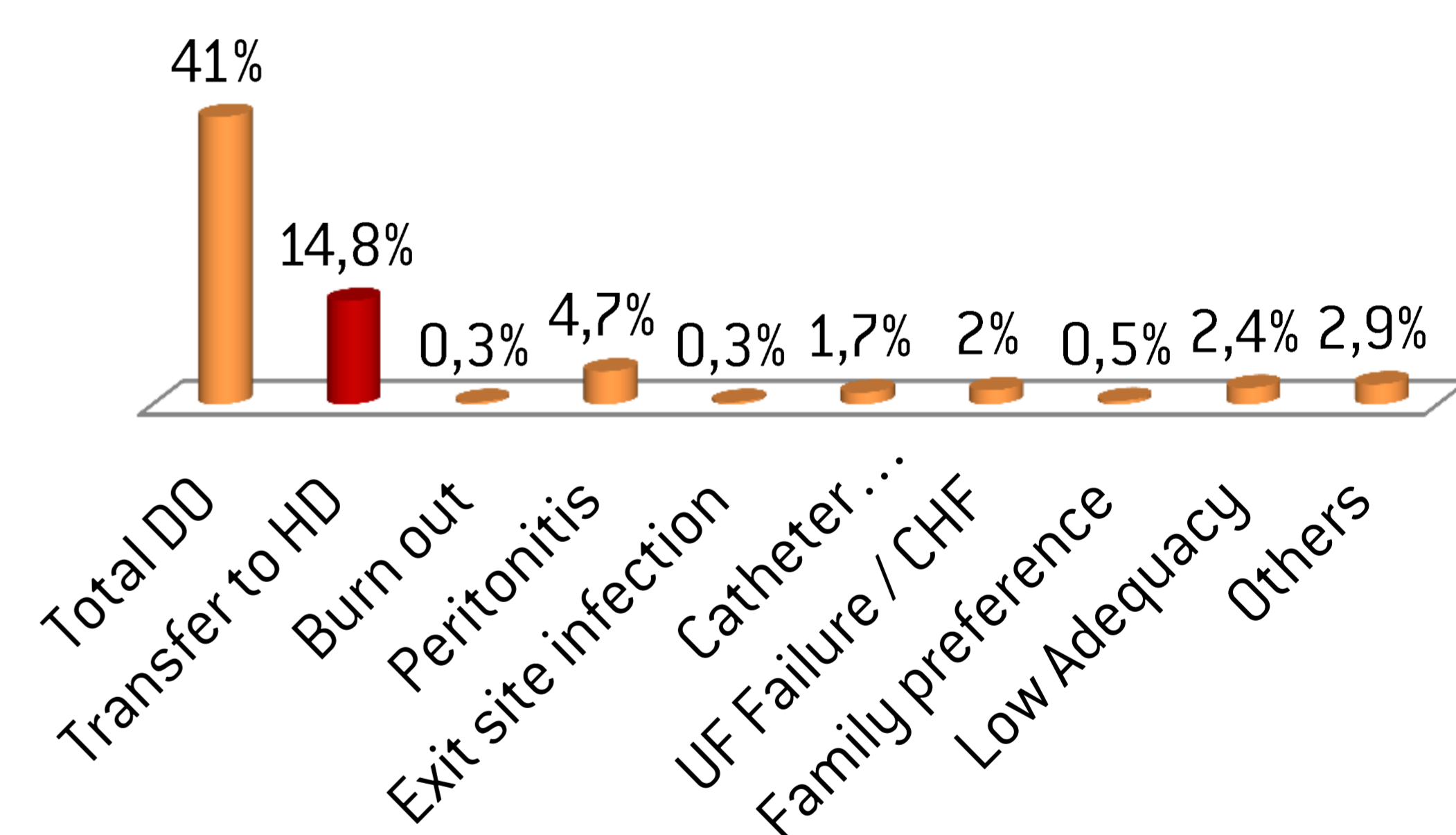


Fig. 6 Causes of HD transfer, 2016



CONCLUSIONS

Annual DO monitoring increased quality in PD, comparisons across countries and resulted in a decreased mortality and HD transfer DO rate.

