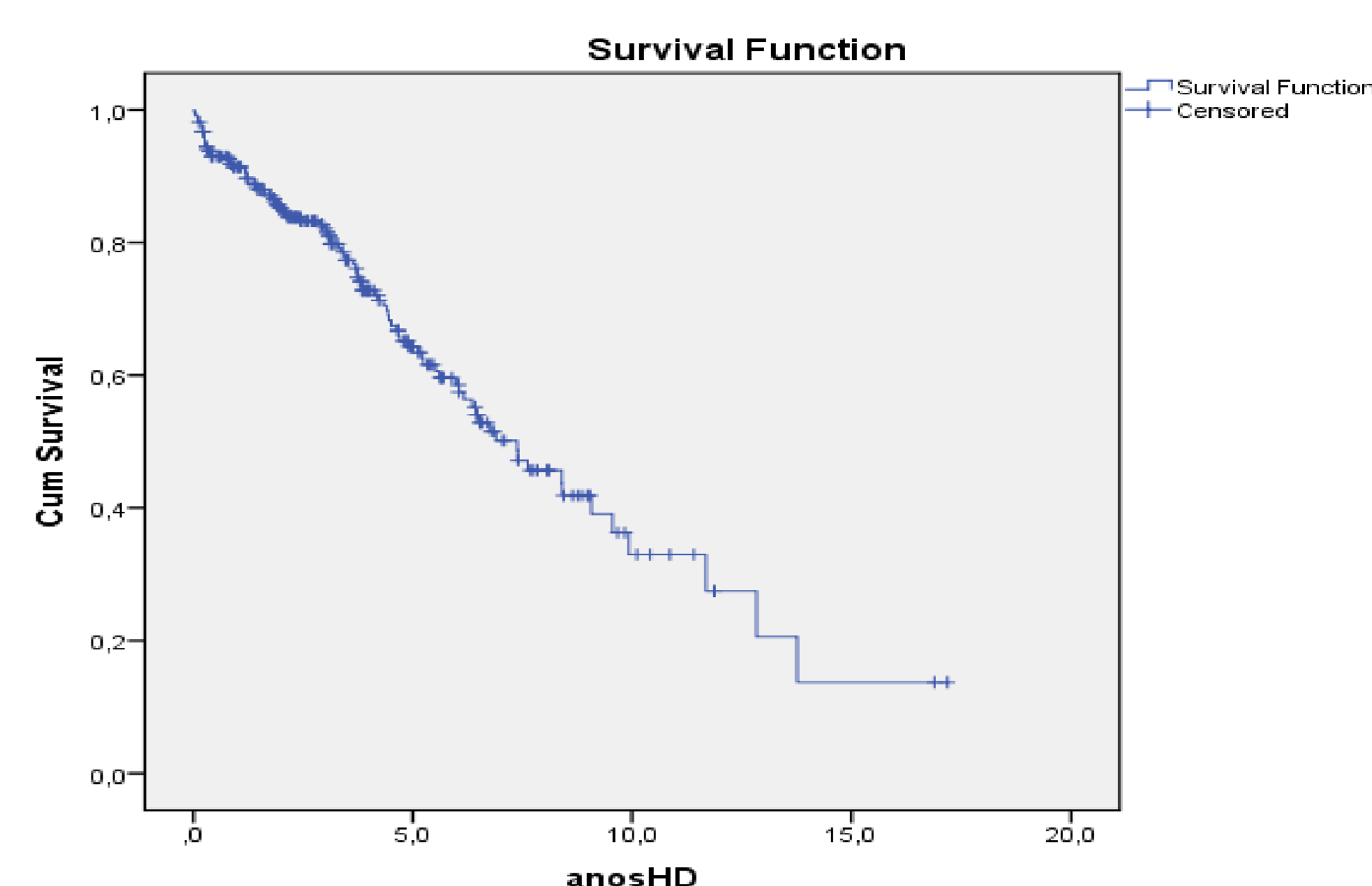


INTRODUCTION AND OBJECTIVES

Studies from the 1980s and 1990s showed that patients on hemodialysis had a high mortality rate, with an average survival at 5 years of 30-45% and at 10 years at 20-25%. However, this does not appear to be the current reality.

The aims of this study were to evaluate and analyze the survival rate of the patients who underwent hemodialysis treatments in a dialysis facility in the last 10 years.

RESULTS



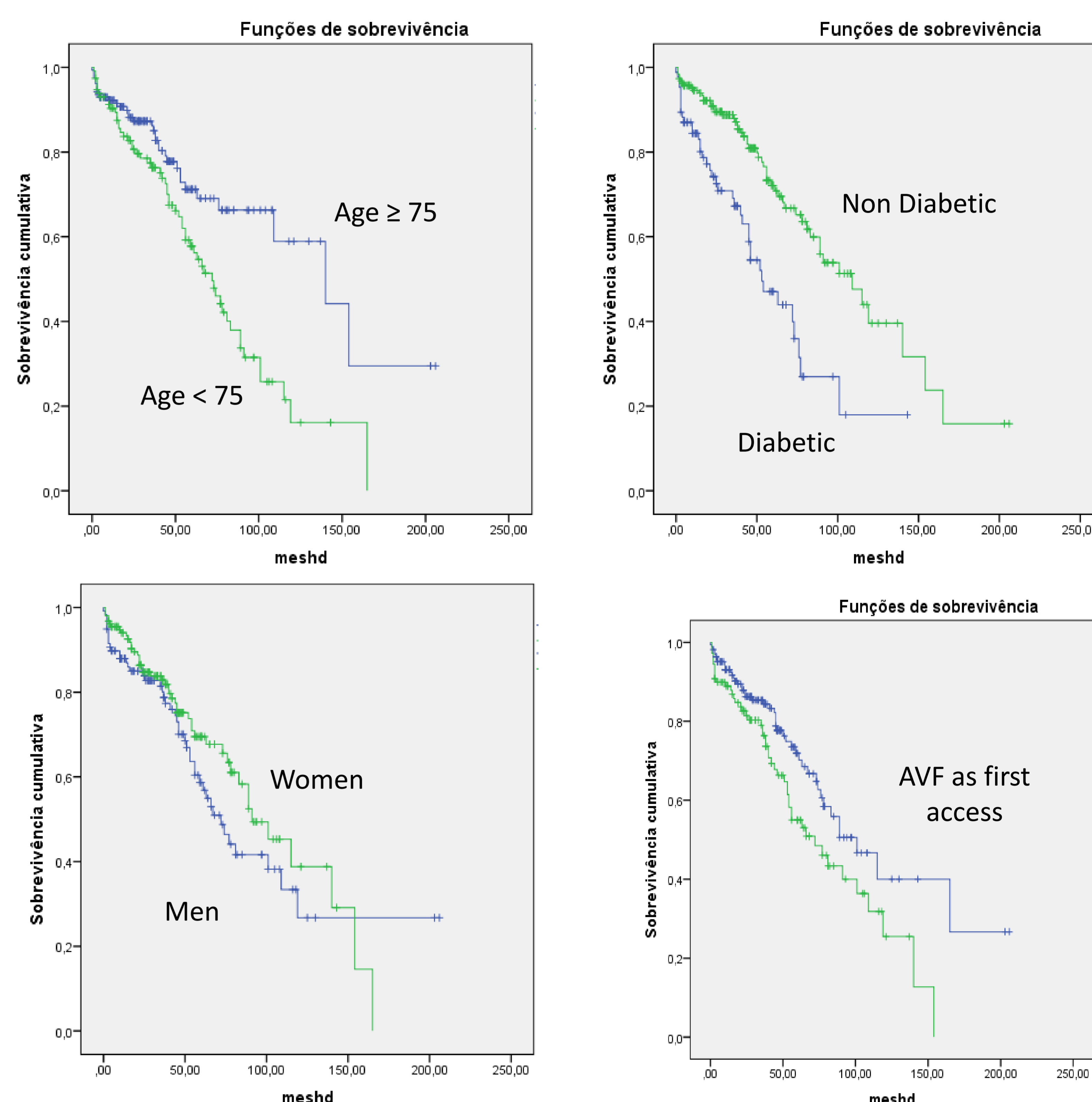
The Kaplan-Meier analysis showed that the **mean survival of patients was 8 years**. At **5 and 10 years**, survival was **greater than 60% and 30%**, respectively.

MATERIALS AND METHODS

Population of 274 patients who attended the hemodialysis facility in the last 10 years. Retrospective analysis of medical records, with data collection:

Age
Gender
Funcional status
Etiology of Kidney Disease (diabetic, chronic glomerulonephritis, ischemic, undetermined etiology, others)
Time on Hemodialysis
Causes of loss of follow-up (deaths, transplants, transfers)
Vascular access at first dialysis
Comorbidities: Hypertension, Isquemic Cardiopathy, Congestive Heart Failure, Cerebrovascular Disease, Diabetes Mellitus, Cancer

Survival analysis by the Kaplan-Meier method. Construction of Cox Regression models to identify variables associated with higher mortality risk



Patients **aged > 75 years** had significantly **lower survival rates** (6.4 vs. 10.3 years, $p > 0.05$) **as did diabetic patients** (6.6 vs. 9.4 years, $p < 0.05$). There were no gender differences. Patients who had a **fistula as first access** had a **greater survival** (9 vs. 5.3 years, $p < 0.05$).

CONCLUSIONS

Greater knowledge on the management and treatment of risk factors, increased prevalence of AVF as privileged access, new guidelines on dialysis adequacy, new machinery and modalities of the technique and differentiated staff are important factors to explain the best survival rates in the last decade.

A change in the patient-type profile (young, few comorbidities) to the elderly with high comorbidity burden probably contributed to the occurrence of most of the deaths in the early years.