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Urgent-Start PD: How does it compare with urgent-start HD in the first year of dialysis?

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Abstract

Despite efforts to prepare patients with advanced chronic kidney disease (CKD) for renal replacement therapy (RRT), 60% of incident end-stage renal disease (ESRD) patients start dialysis without an established access or plan for dialysis therapy. When urgent dialysis is needed, hemodialysis (HD) using a central venous catheter (CVC) is the default dialysis modality offered to most patients. 90-day and 1-year mortality and morbidity for patients urgently started on HD is exceedingly high as compared to other ESRD populations and is mainly attributed to the complications of CVCs. However, several recent reports have described the feasibility of urgent-start peritoneal dialysis (PD) in unplanned ESRD patients using low volume recumbent PD soon after PD catheter placement. In this prospective, observational study, we compared 90-day and 1-year clinical outcomes (dialysis adequacy, hemoglobin, iron saturation, calcium, phosphorus, parathyroid hormone, albumin), complications (access-related and infectious) and hospitalizations in a cohort of 81 patients (53 HD, 28 PD) that started either PD or HD urgently at our dialysis unit over a 2-year period (1/1/2011 to 12/31/2012). While there were no statistically significant differences in 90-day or 1-year clinical outcomes between the two groups, frequency of access-related complications, infectious complications, and hospitalizations favored the urgent-start PD group ($p<0.05$). There were 2 deaths in the urgent-start HD group with no deaths in the urgent-start PD group. These results suggest that unplanned patients urgently started on PD have fewer complications, hospitalizations and potential decreased first-year morbidity and mortality as compared to patients urgently started on HD.

Biography

Arshia Ghaffari is Assistant Professor of Clinical Medicine in the Division of Nephrology at the USC Keck School of Medicine and the Medical Director of the USC-DaVita Kidney Center. He is the pioneer of “Urgent-Start Peritoneal Dialysis”, a model of care that allows late-referred patients with chronic kidney disease to be directly started on peritoneal dialysis (PD). Dr. Ghaffari is actively involved in outcomes research and has published several articles about urgent-start PD. His other interests include studying and minimizing the inefficiencies of the economics of ESRD healthcare delivery.