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Theme : Rehabilitation, Quality of Life and Survival

The Risk of Death on PD is Higher with Previous HD

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Many patients start PD after a period on HD which might have a negative impact on residual kidney function [RKF] and infection risk (bacteremia from HD catheters). We compared survival of patients starting PD de novo to those who began with HD and then transferred to PD.

All adult patients on PD at one center between 1/1/99 and 1/1/06 were included (n=196). Time on PD was from day 1 of training to transfer to HD, transplant, death, return RKF, or 1/1/06. S_{alb} , age, and Charlson Comorbidity Index (CCI) were determined at start of PD. Group 1 consisted of patients on PD with no immediate previous HD. Group 2 began PD after a period on HD (49% were on HD \leq 1 month prior to PD). Deaths within 30 days of transfer to HD were accounted as PD deaths. Statistical analysis included MannWhitney U test, Kaplan Meier survival analysis with log rank tests, and multiple regression with rates of death compared by Poisson analysis.

Results: CCI, S_{alb} , gender, age, %DM were not different for the two groups

	Group 1	Group 2	
	De novo PD	HD then PD	p
Patients, n	147	49	
CCI, median	4 (2-14)	5 (2-10)	0.91
S_{alb}	3.7	3.7	0.73
White	126 (85%)	31 (63%)	<0.001
PD time, mo	17.6 (0.1-223)	12 (0,3-90)	0.008
Deaths/1000yr	74.5	176.3	<0.0001

Survival was significantly better for Group 1, $p=0.048$ (2 y survival 84% and 71% respectively). By multiple regression, CCI, S_{alb} , and Group were all significant predictors of survival, $p<0.0001$ (controlling for race).

We conclude that there is an increased risk of death for PD patients who start with HD. The best outcomes for PD patients are seen when PD is the initial therapy, supporting the integrated care approach.