

# URGENT START PD

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# Objectives

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- Understand the rationale for urgent start peritoneal dialysis
- Learn how to implement urgent start PD at your centre

Slides available at: <http://qx.md/urgent>

# HD vs PD

Which is better?

# Randomized Trials

## RCT data difficult to come by

*Kidney International* (2003) **64**, 2222–2228; doi:10.1046/j.1523-1755.2003.00321.x

Effect of starting with hemodialysis compared with peritoneal dialysis in patients new on dialysis treatment: A randomized controlled trial

JOHANNA C KOREVAAR, GW FEITH, FRIEDO W DEKKER, JEANNETTE G VAN MANEN, ELISABETH W BOESCHOTEN, PATRICK MM BOSSUYT and RAYMOND T KREDIET FOR THE NECOSAD STUDY GROUP<sup>1</sup>

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# Observational Data

- Conflicting: PD no difference, a relative benefit, or a relative adverse effect upon survival
- Many reasons related to study design
- PD may provide short term survival advantage

**Hemodialysis and peritoneal dialysis are associated with similar outcomes for end-stage renal disease treatment in Canada**

Karen Yeates<sup>1</sup>↓, Naisu Zhu<sup>2</sup>, Edward Vonesh<sup>3</sup>, Lilyanna Trpeski<sup>4</sup>, Peter Blake<sup>5</sup> and Stanley Fenton<sup>6</sup>

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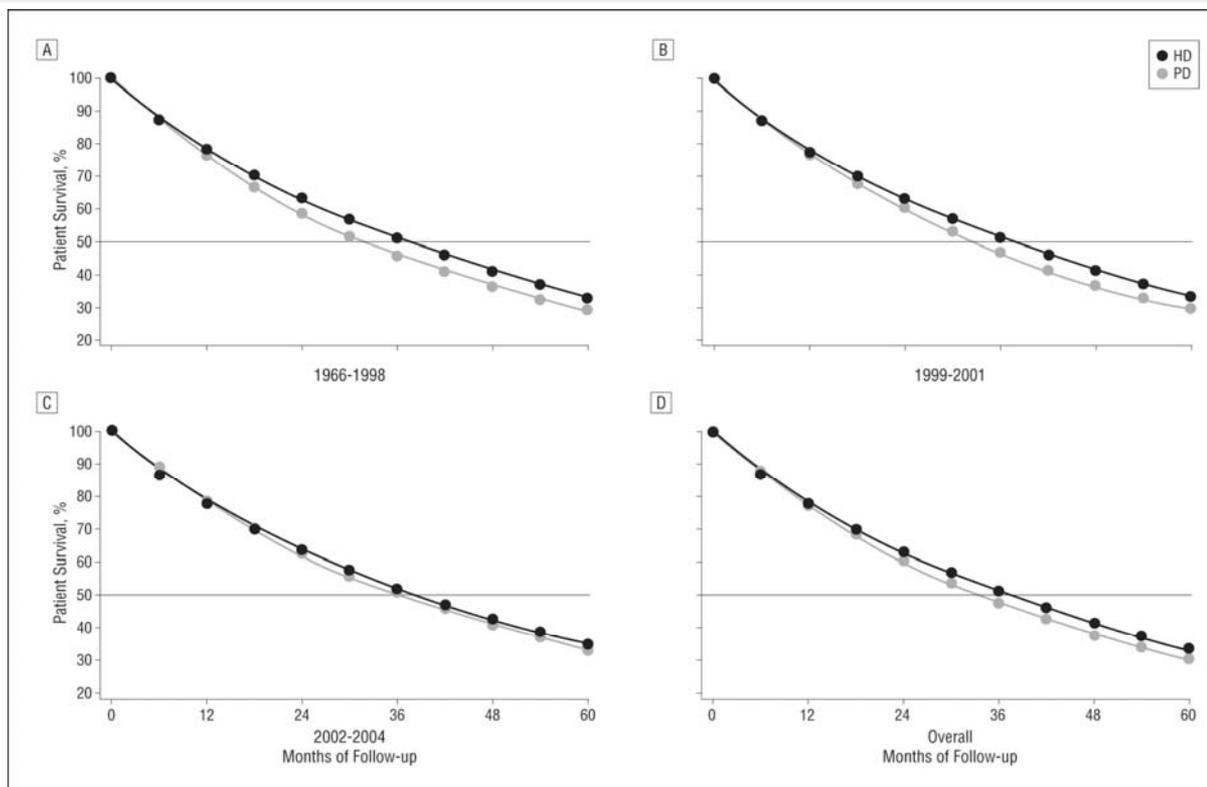
[Nephrol Dial Transplant](#). 2012 Sep;27(9):3568-75. doi: 10.1093/ndt/gfr674. Epub 2012 Mar 5.

From: **Similar Outcomes With Hemodialysis and Peritoneal Dialysis in Patients With End-Stage Renal Disease**

Arch Intern Med. 2011;171(2):110-118. doi:10.1001/archinternmed.2010.352

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**Figure Legend:**

Adjusted population survival curves comparing the outcome of peritoneal dialysis (PD) and hemodialysis (HD) patients with incident end-stage renal disease in the United States stratified by cohort period. A, 1966-1998 Cohort: adjusted median life expectancy, 37.2 months for HD patients and 31.7 months for PD patients; B, 1999-2001 cohort: adjusted median life expectancy, 37.3 months for HD patients and 33.0 months for PD patients; C, 2002-2004 cohort: adjusted median life expectancy, 38.4 months for HD patients and 36.6 months for PD patients; and D, overall: adjusted median life expectancy, 37.6 months for HD patients and 33.7 months for PD patients.

# CVC impacts association between modality and survival

- 1-year mortality
  - ▣ HD-AVF/AVG and PD similar
  - ▣ HD-CVC 80% higher than PD
- Use of CVCs in incident HD patients largely accounts for the early survival benefit seen with PD

Hemodialysis Vascular Access Modifies   
the Association between Dialysis Modality  
and Survival

Jeffrey Perl<sup>\*†</sup>, Ron Wald<sup>\*†</sup>, Philip McFarlane<sup>\*†</sup>, Joanne M. Bargman<sup>†‡</sup>,  
Edward Vonesh<sup>§</sup>, Yingbo Na<sup>||</sup>, S. Vanita Jassal<sup>†‡</sup> and Louise Moist<sup>¶</sup>

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# What do patients want?

50% chose PD

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# Costs of PD vs HD

Single payer perspective

3-year cumulative costs

- PD-only \$58,724

- HD-only \$175,996

## Health Care Costs of Peritoneal Dialysis Technique Failure and Dialysis Modality Switching

[Betty K. Chui, MD, MSc](#) , [Braden Manns, MD, MSc](#), [Neesh Pannu, MD, SM](#), [James Dong, MS, MSc](#), [Natasha Wiebe, MMath, PStat](#), [Kailash Jindal, MD](#), [Scott W. Klarenbach, MD, MSc](#)

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# Costs of PD vs HD

Single payer perspective

3-year cumulative costs

- PD-only \$58,724
- HD-only \$175,996
- HD-to-PD \$114,503

## Health Care Costs of Peritoneal Dialysis Technique Failure and Dialysis Modality Switching

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# Getting it right the first time

Cost effective

# Optimal care?

- Avoid CVC start, Divert to PD start
- Advantages
  - ▣ Consistent with patient wishes
  - ▣ Cost effective
  - ▣ Better outcomes

# Patient in front of you

- Wanted to start HD with an AVF
  - ▣ GFR now 7 and AVF hasn't matured
- Planned on starting PD but now not sure
  - ▣ Has no permanent AV access
- Patient presents with new onset renal disease, GFR 6, K/HCO<sub>3</sub> normal, volume status OK, anorexia, fatigue

# Urgent Start PD an Option

- Buy in from the team
- Access to rapid education/orientation
- Access to rapid PD insertion
- Access to IPD post insertion

# The slides available online

<http://qx.md/urgent>