



**2021년 우리나라 신대체 요법의 현황
– 인산 민병석 교수 기념 말기 신부전 환자 등록 사업 2021 –**

**KOREAN RENAL DIALYSIS SYSTEM
(KORDS) 2021**

**대한신장학회 등록위원회
KORDS Committee, Korean Society of Nephrology**



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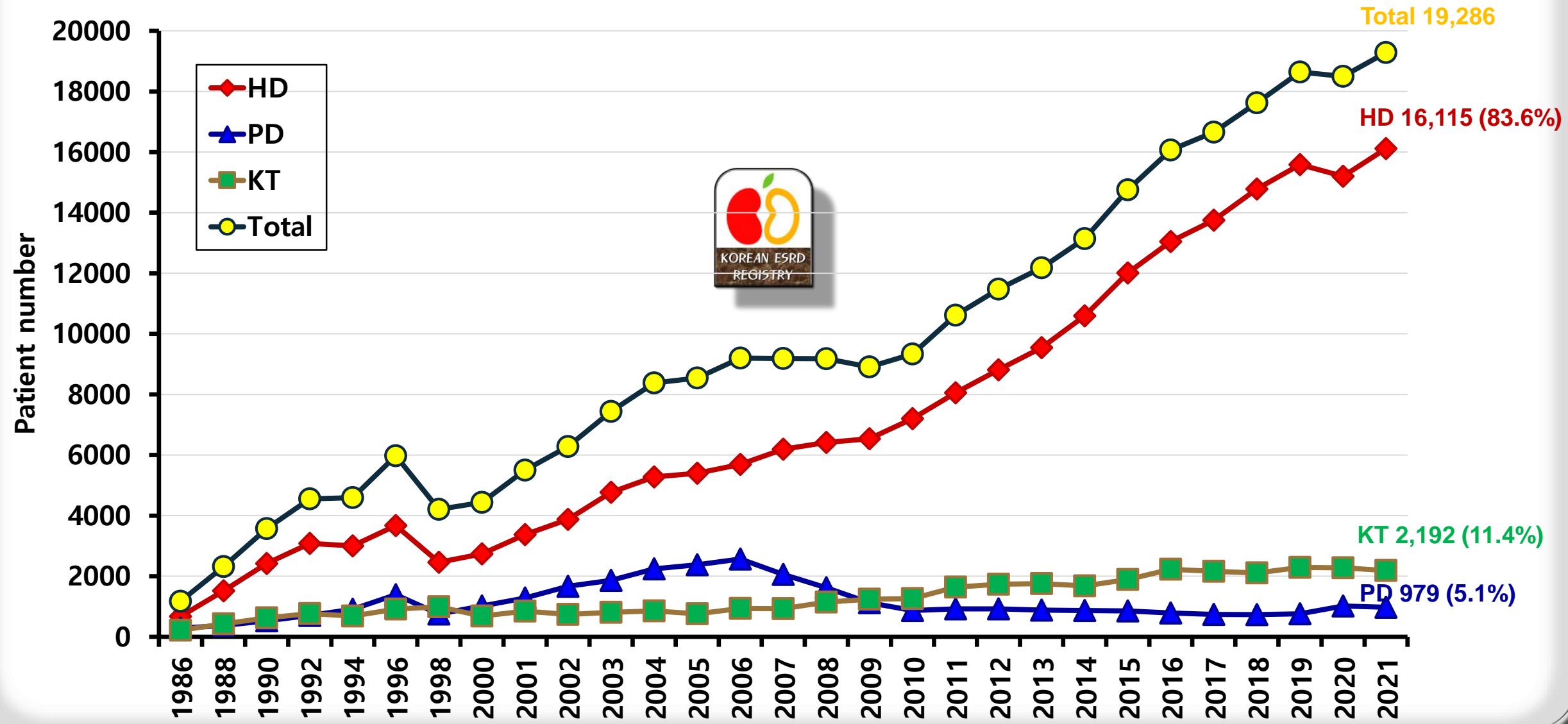
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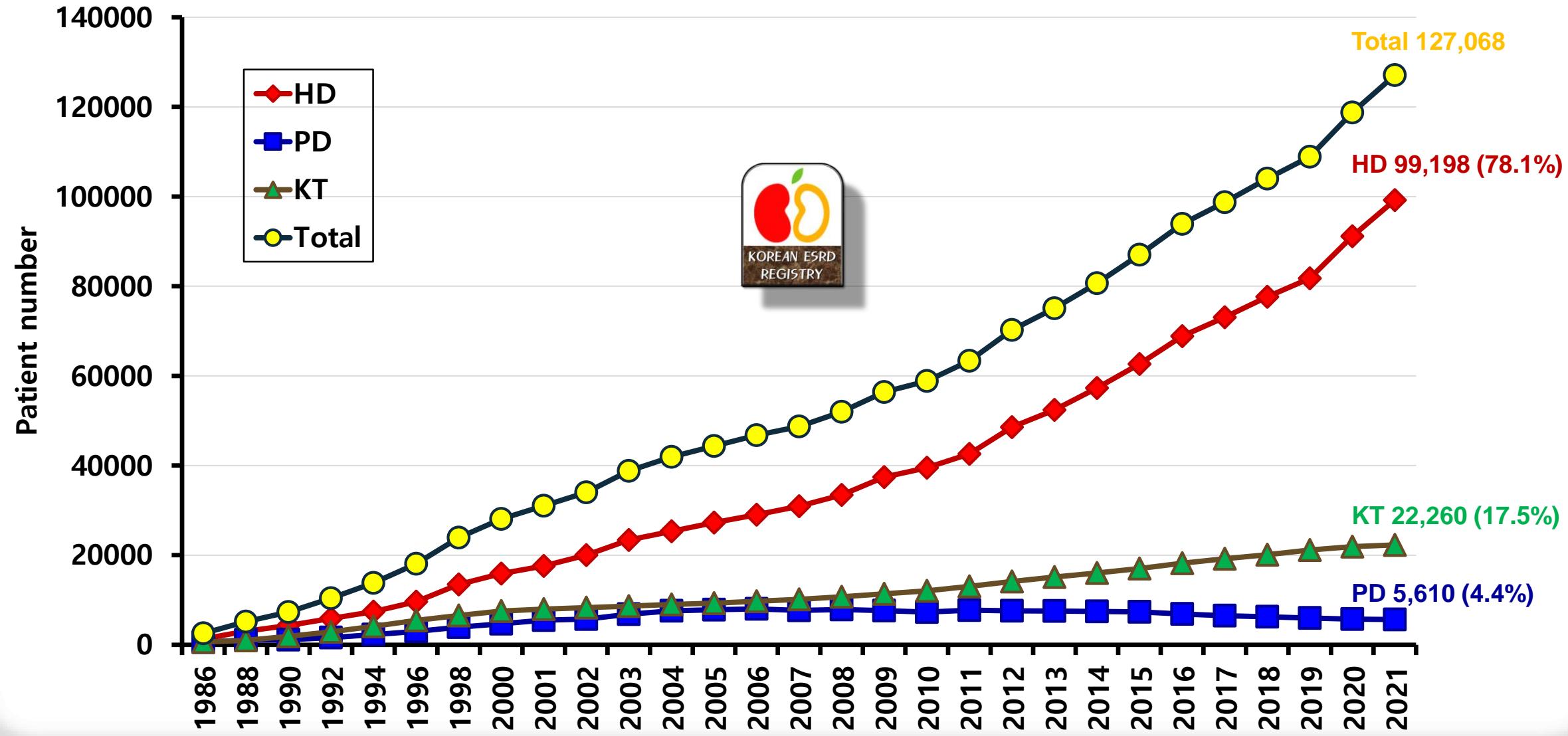


I. 우리나라 말기 신부전 환자의 발병률 및 유병률 분석 (Incidence and Prevalence of ESKD patients in Korea, 2021)

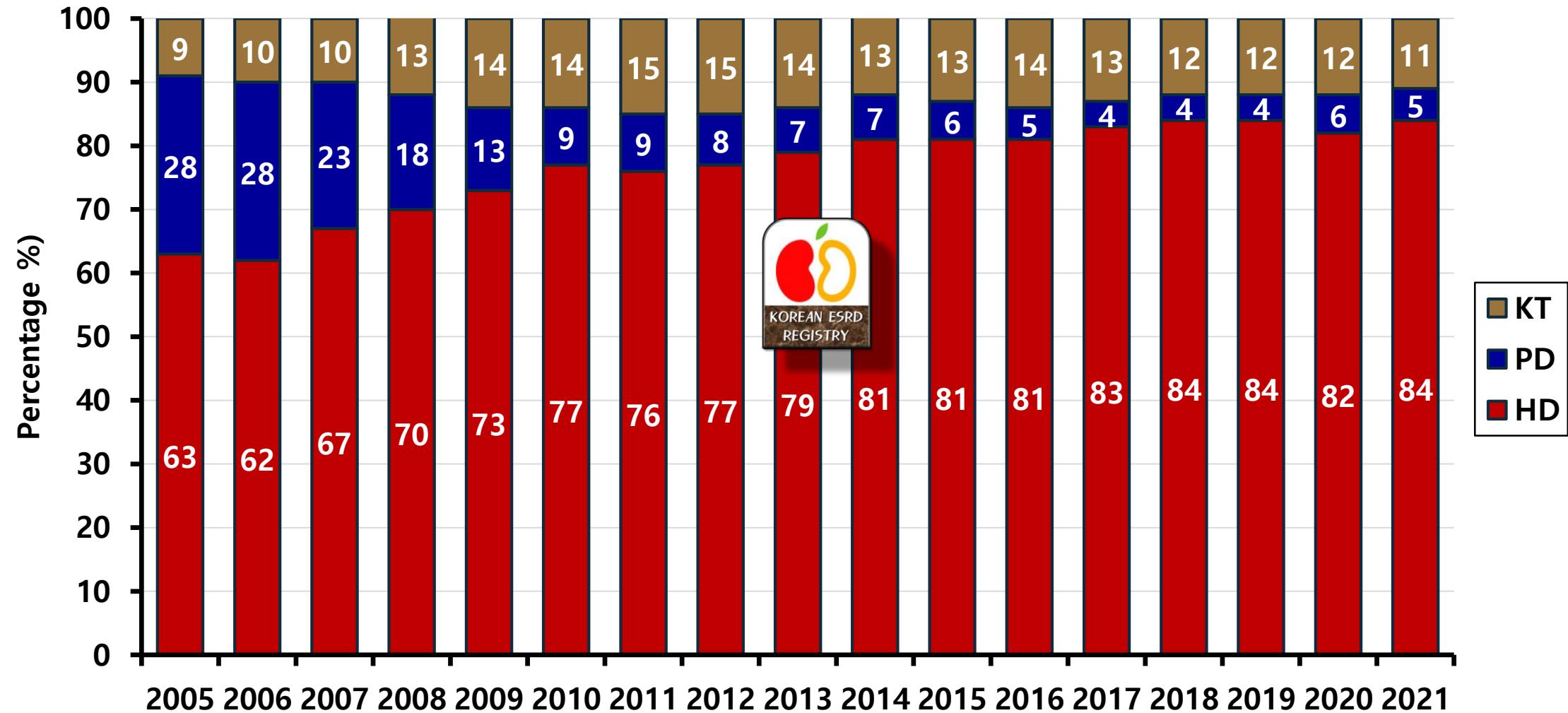
Incidence of ESKD



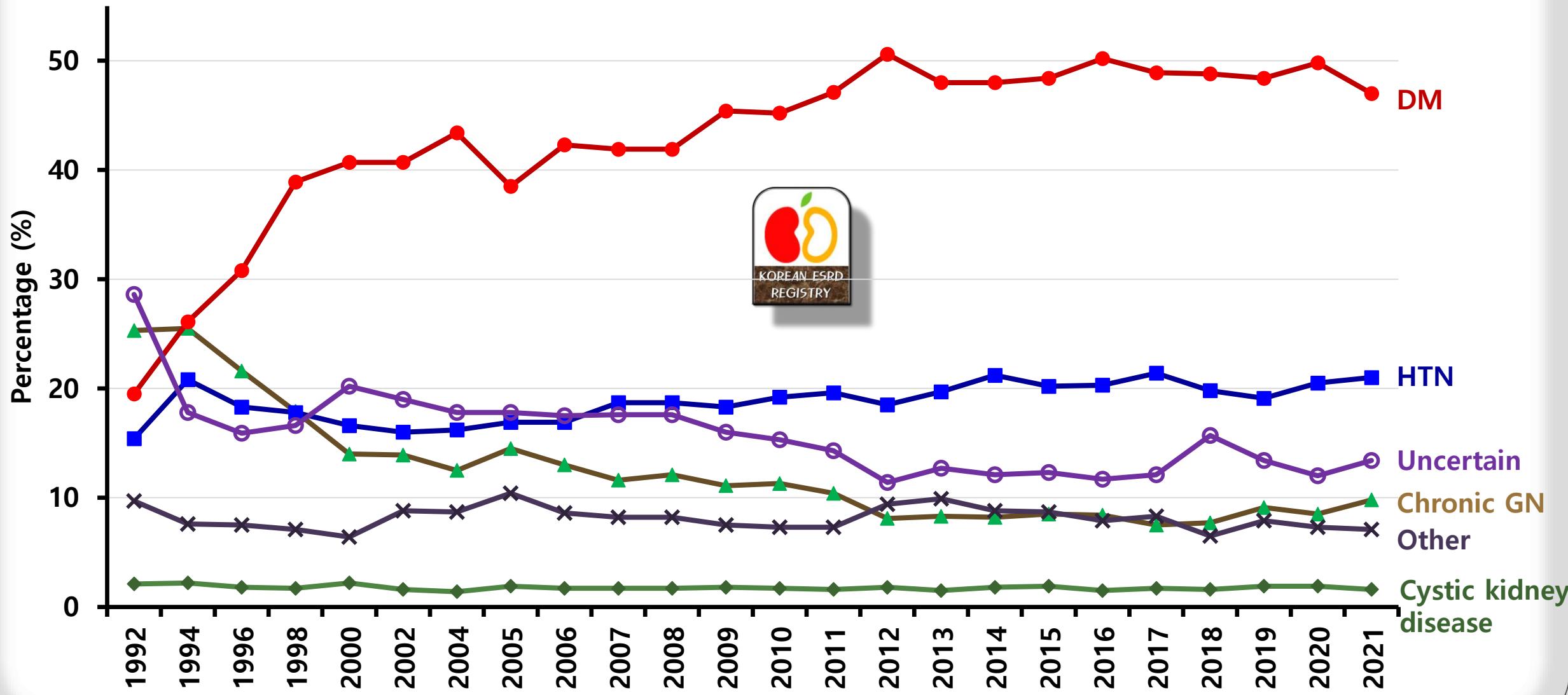
Prevalence of ESKD



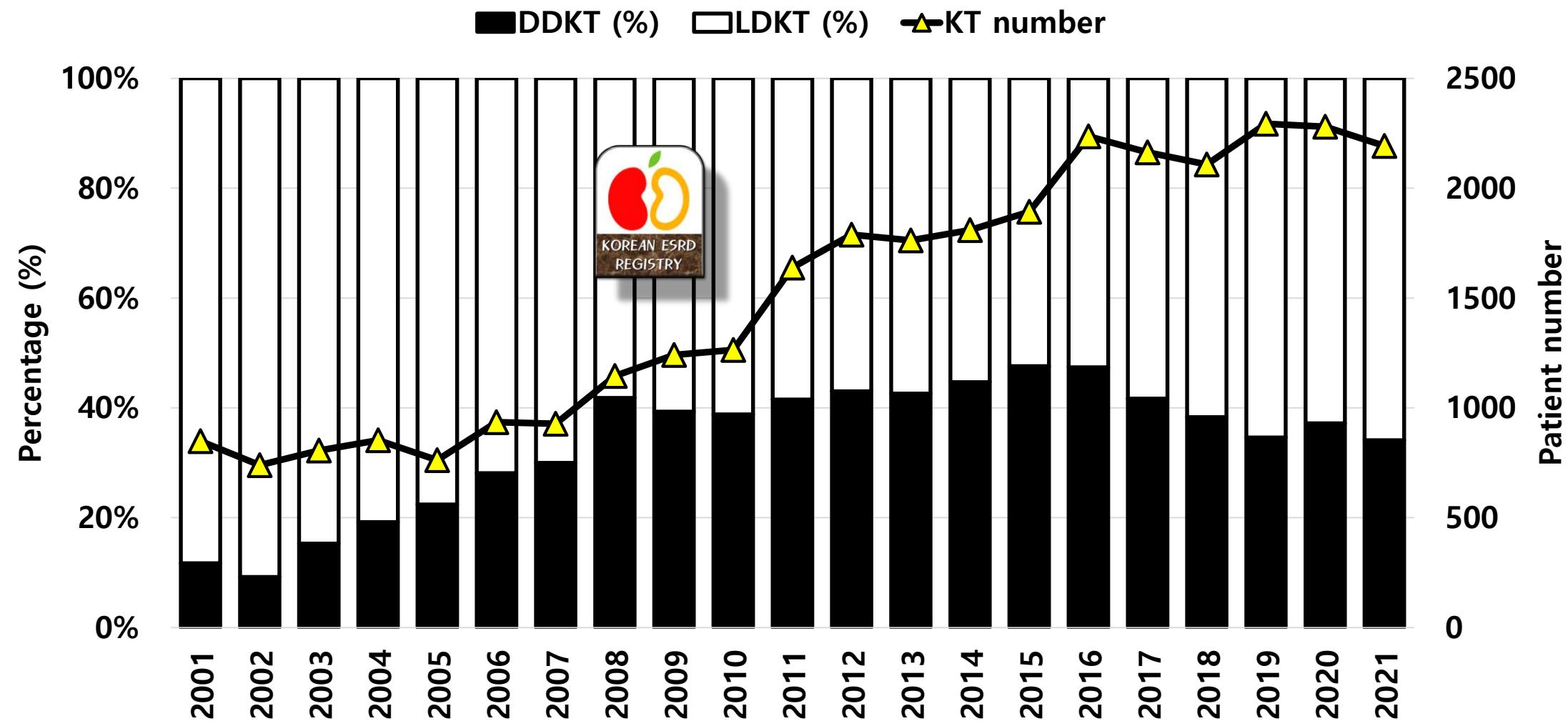
Proportion of Annual ESKD Incidence



Causes of ESKD



Current Status of Kidney Transplantation (KT)

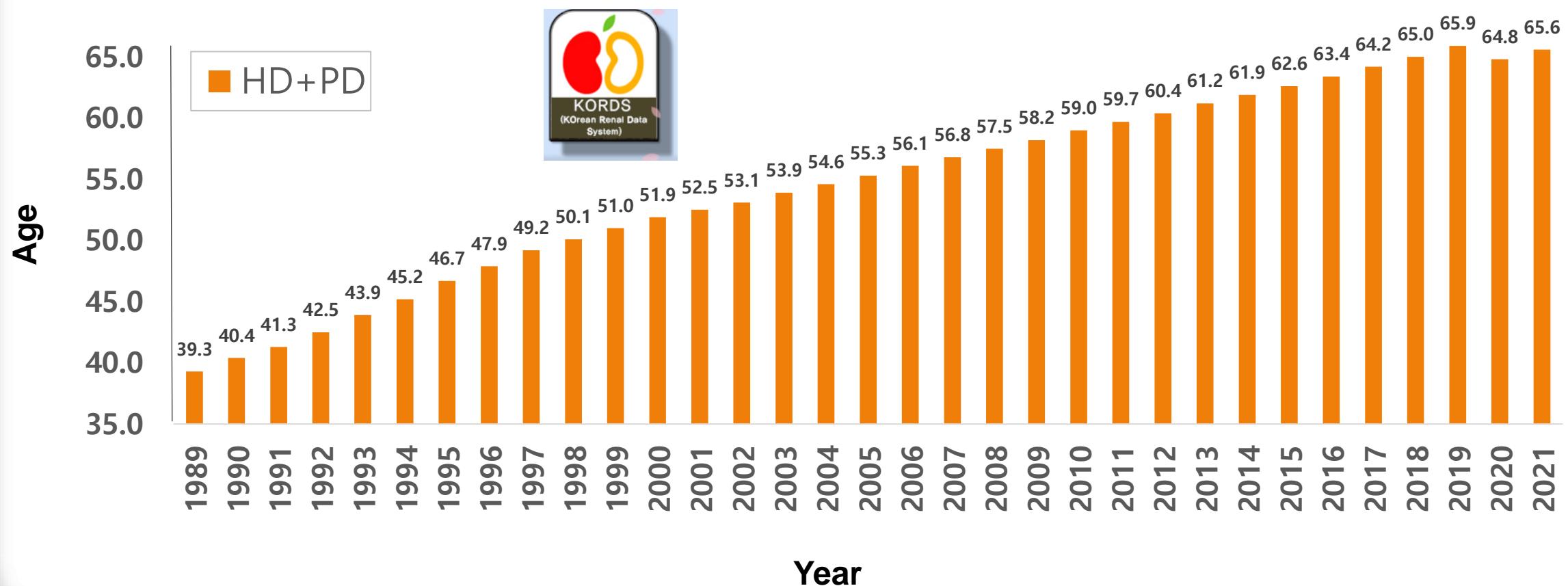




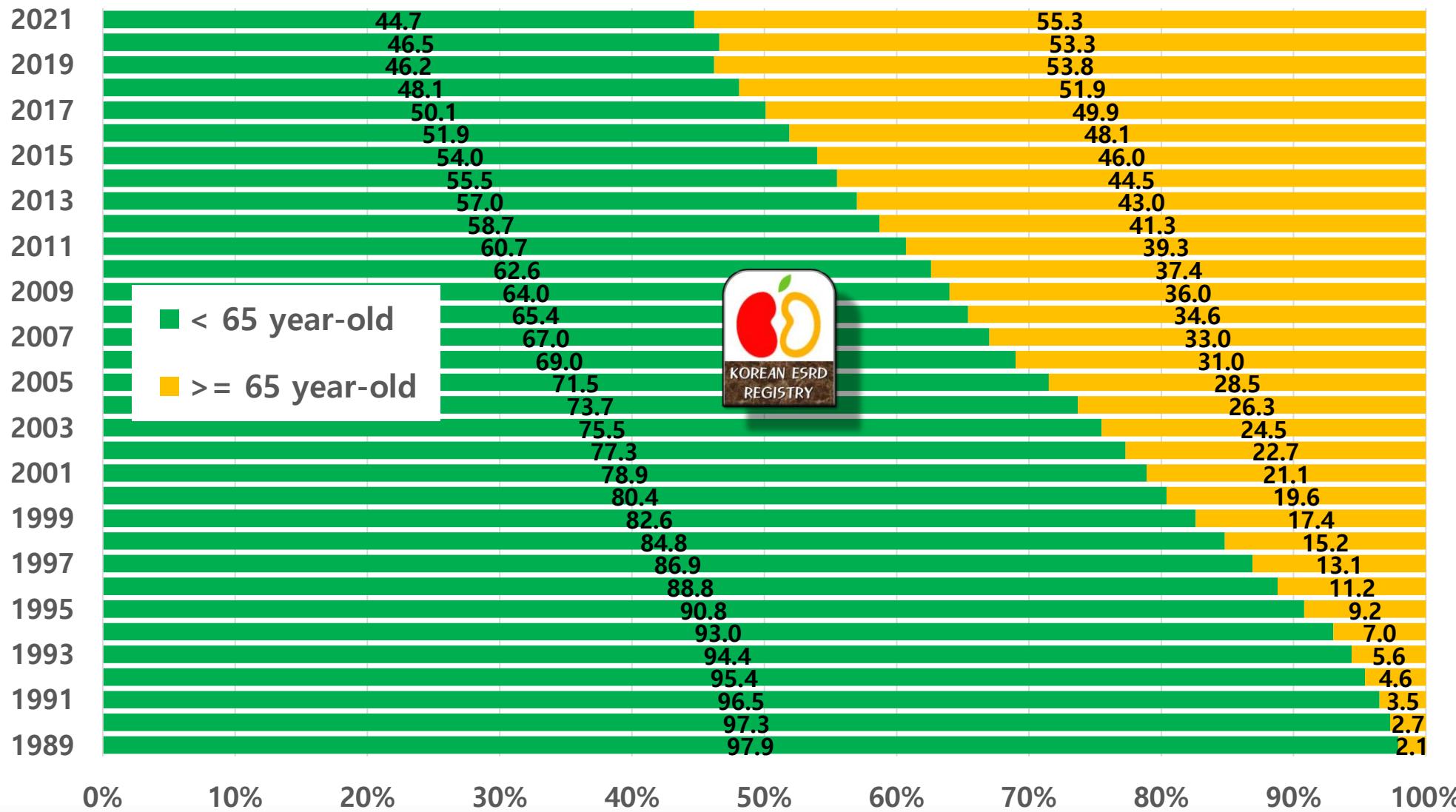
II. 우리나라 말기신부전 환자와 투석 치료의 특징 (Patients and Dialysis Characteristics of ESKD in Korea, 2021)

Trend of age in patients with ESKD

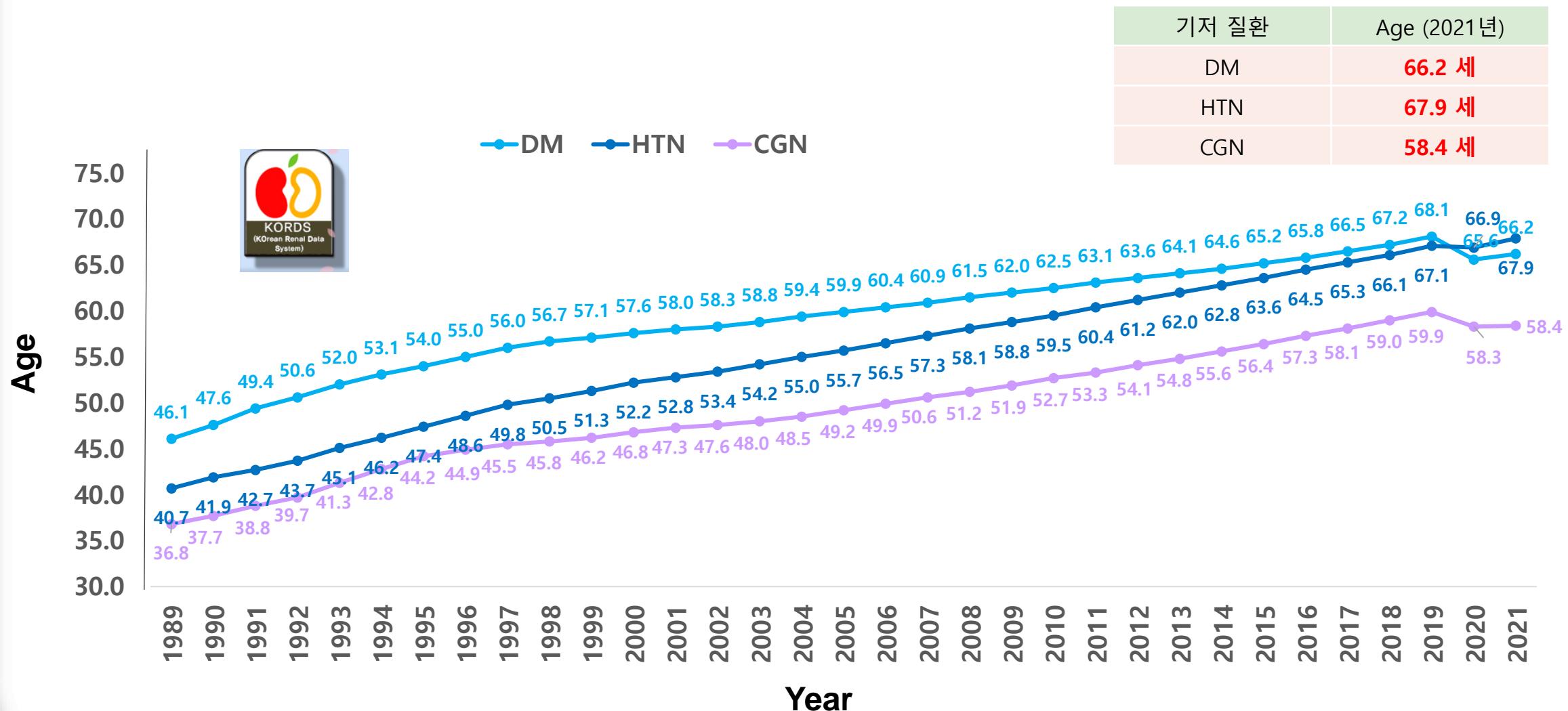
Age distribution of dialysis patients according to dialysis modalities



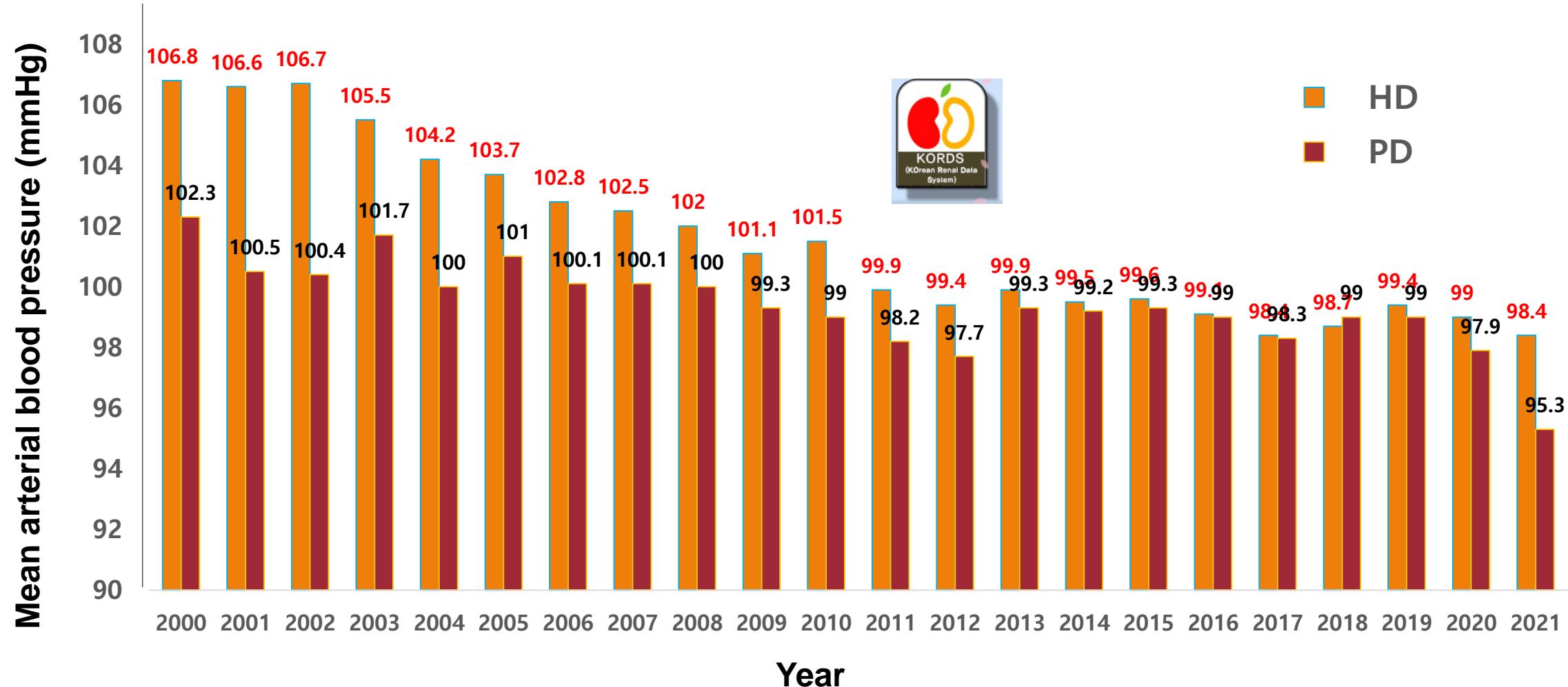
Trend in proportion of elderly patients with ESKD



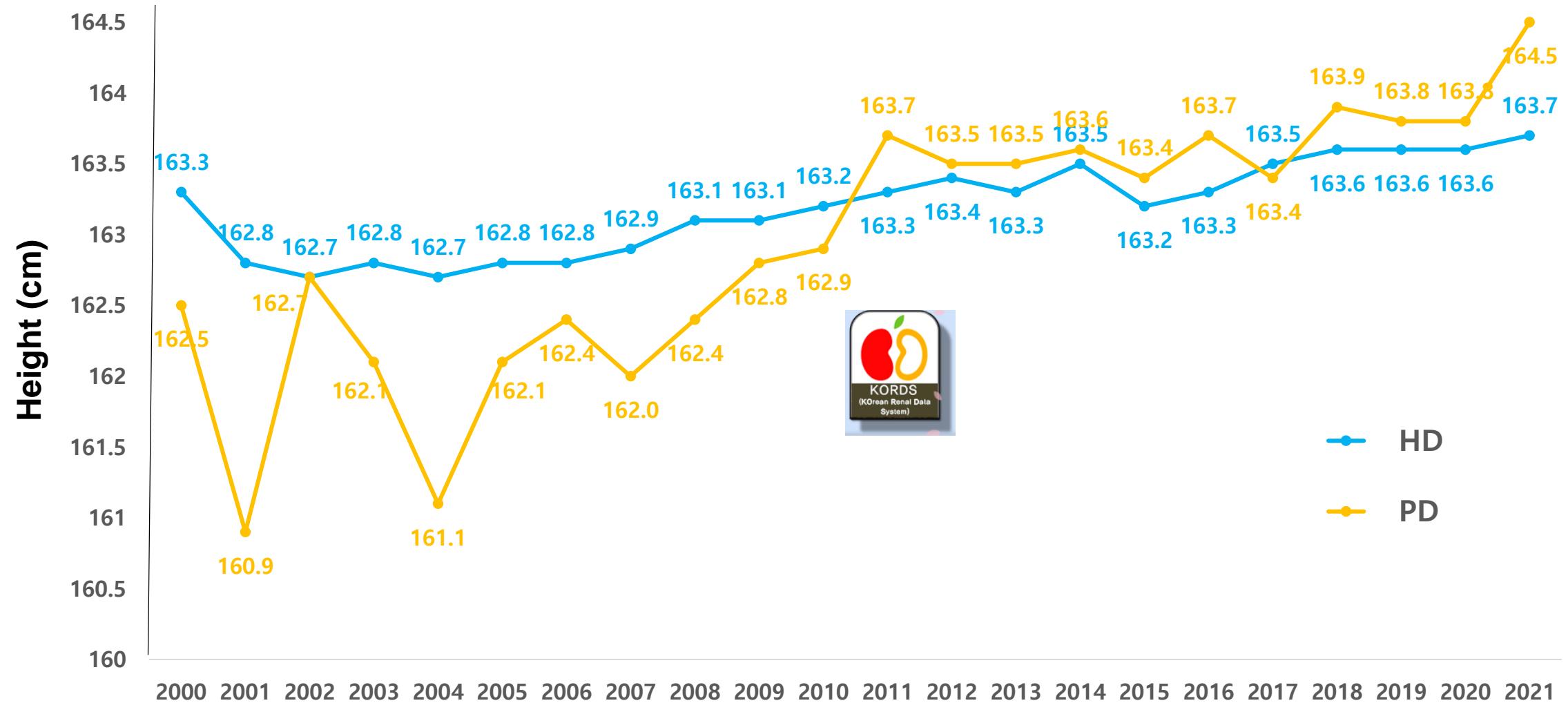
Age distribution of dialysis patients according to underlying diseases



Distribution of mean blood pressure

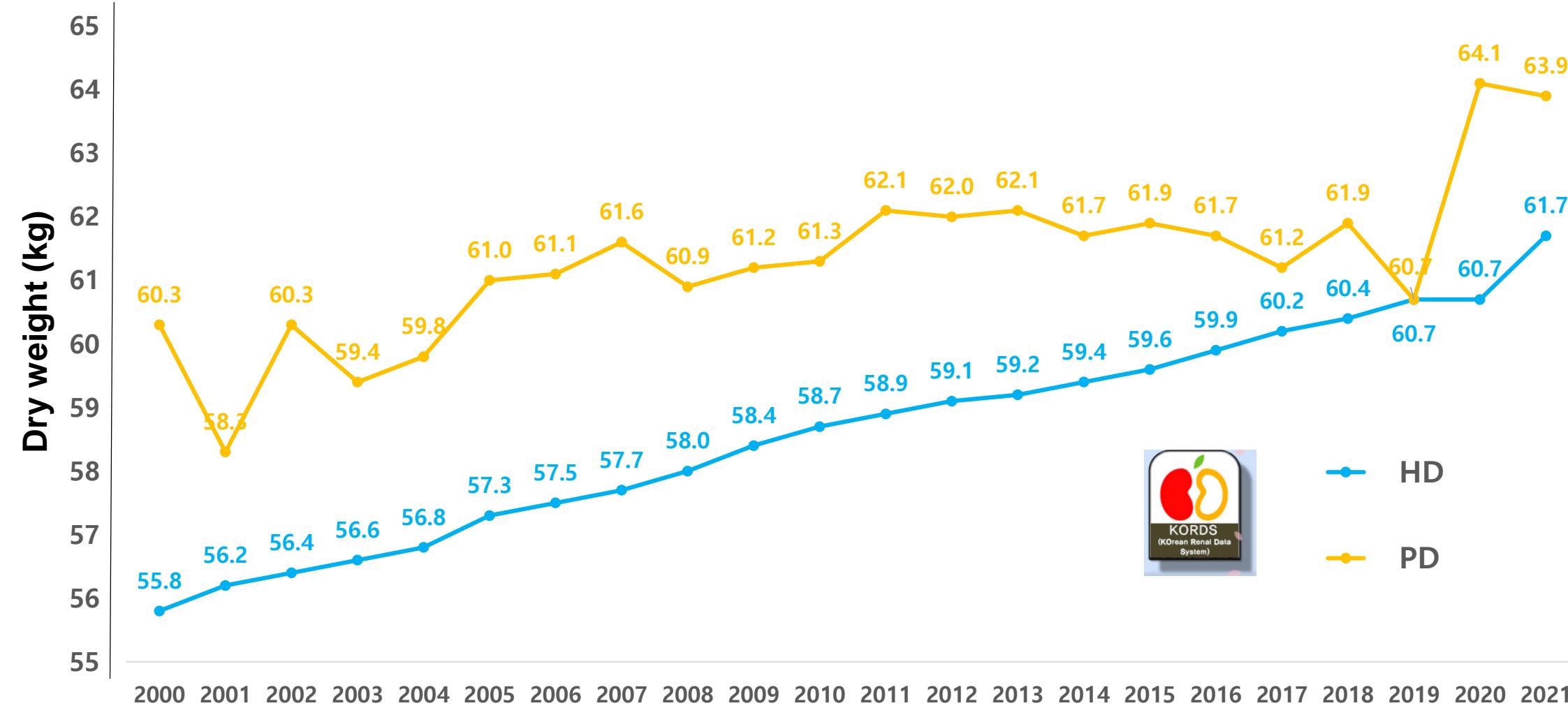


Distribution of Height



HD
PD

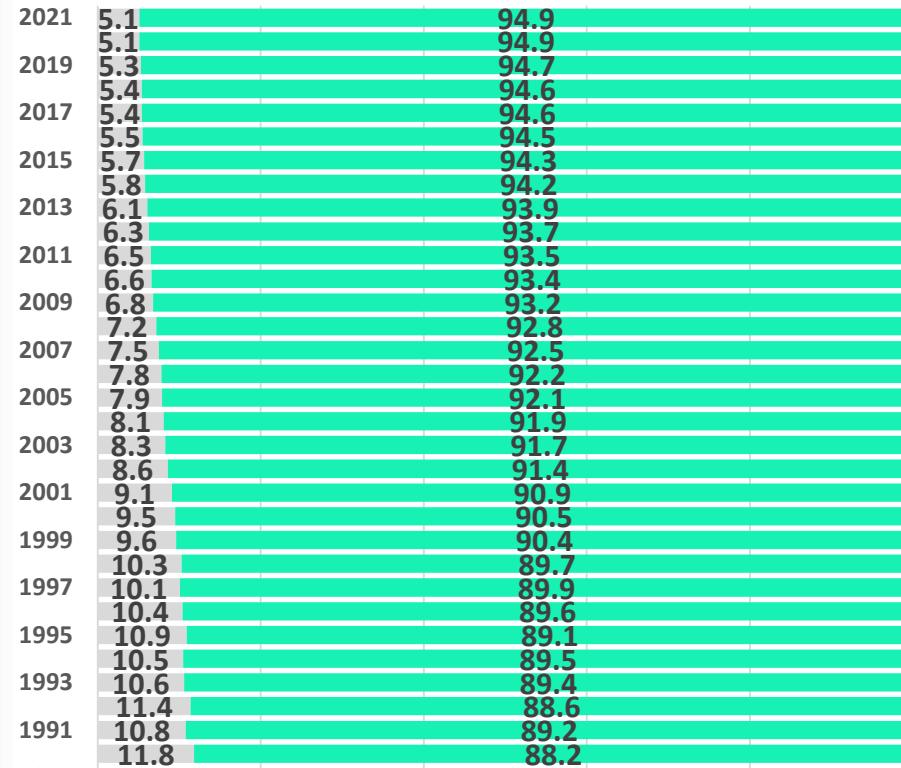
Distribution of Dry weight



Hepatitis B

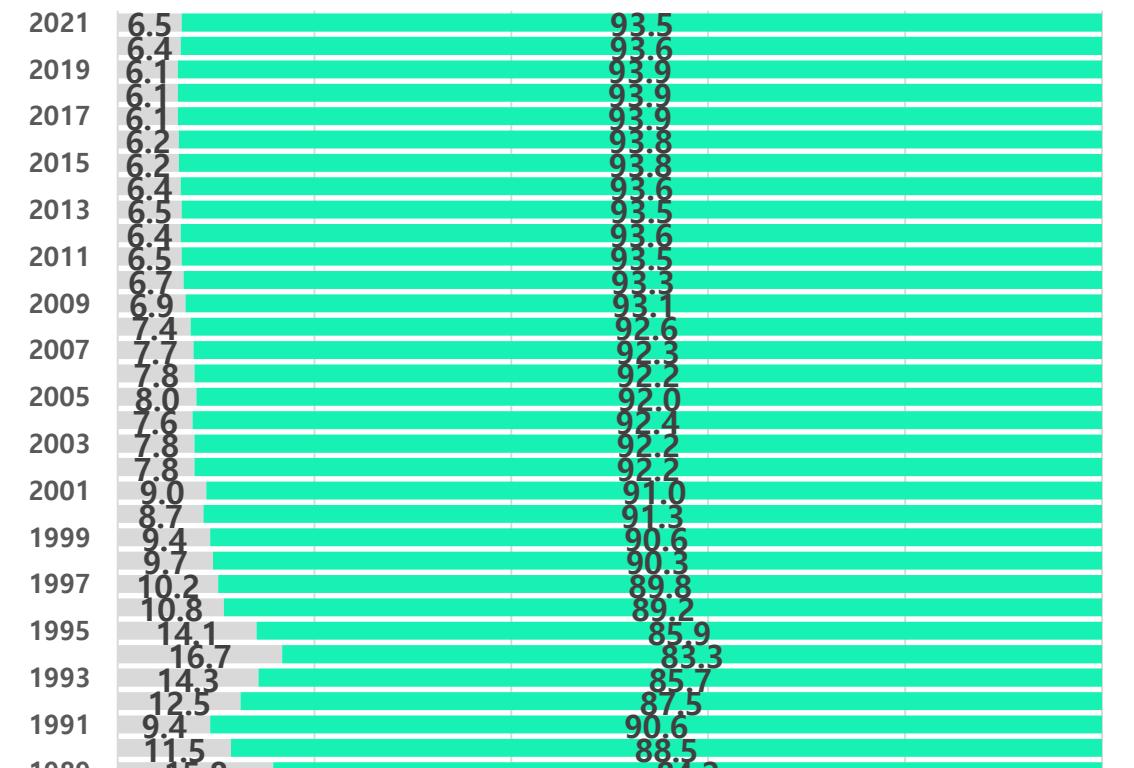
HD

HBs Ag of HD patients

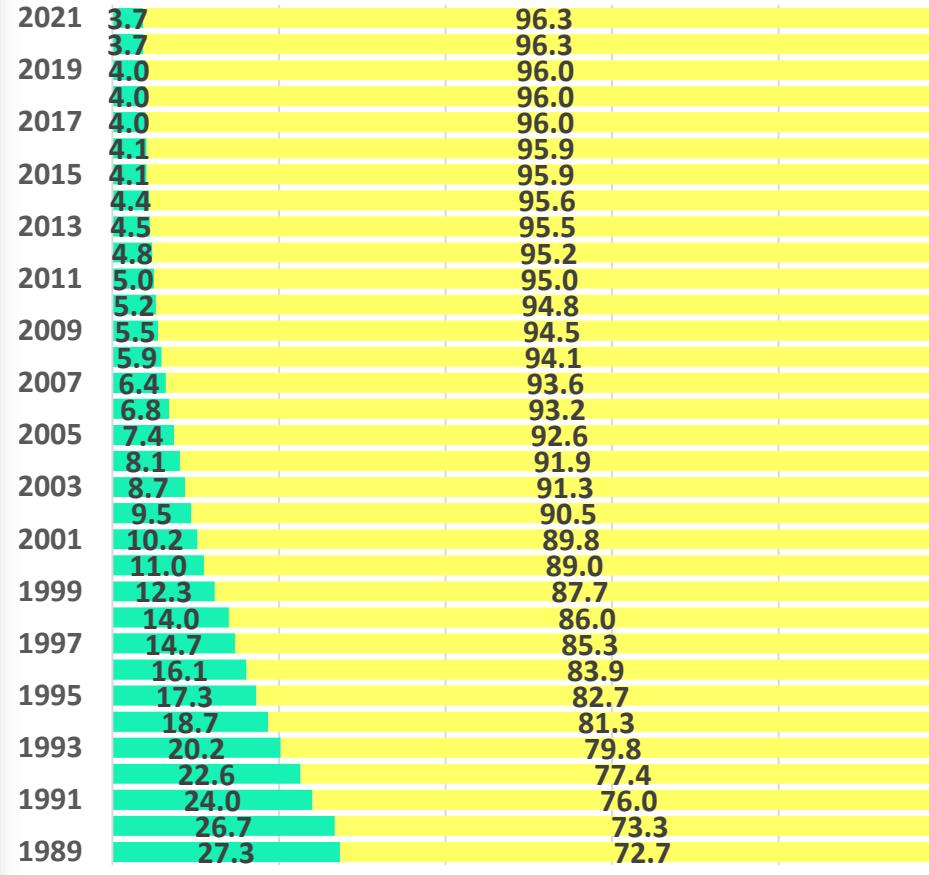


PD

HBs Ag of PD patients



Hepatitis C



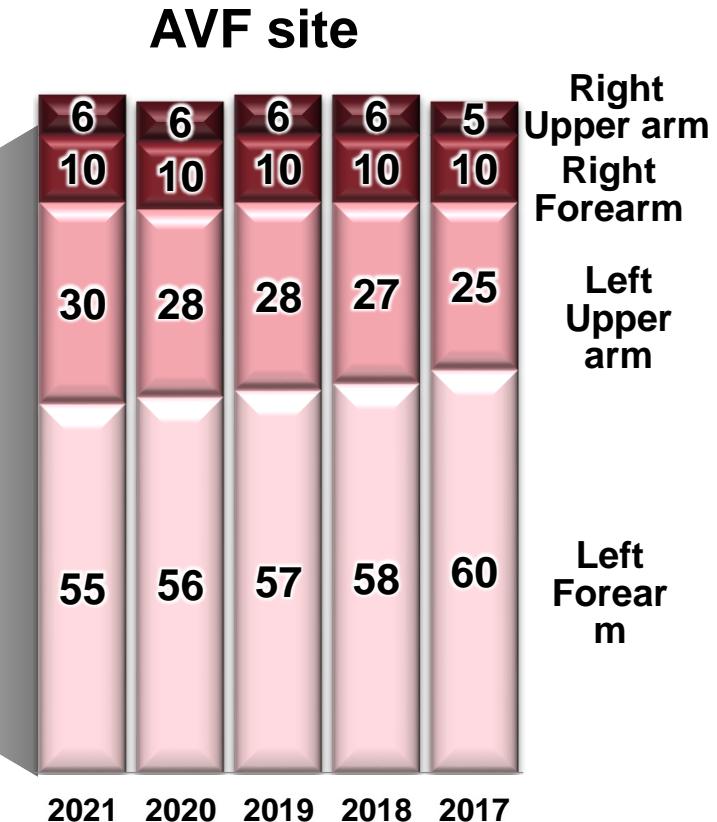
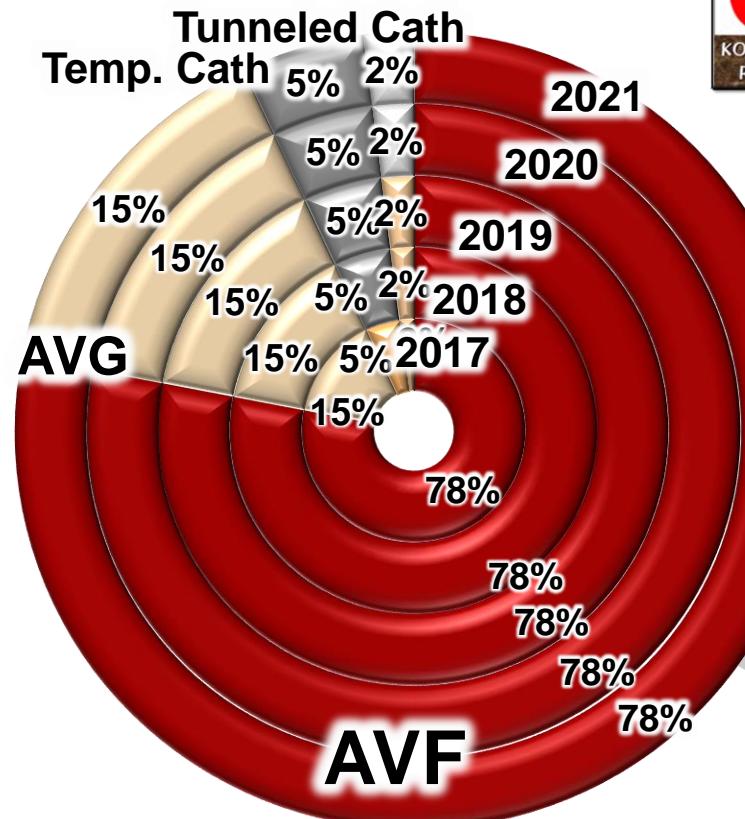
■ POSITIVE
■ NEGATIVE



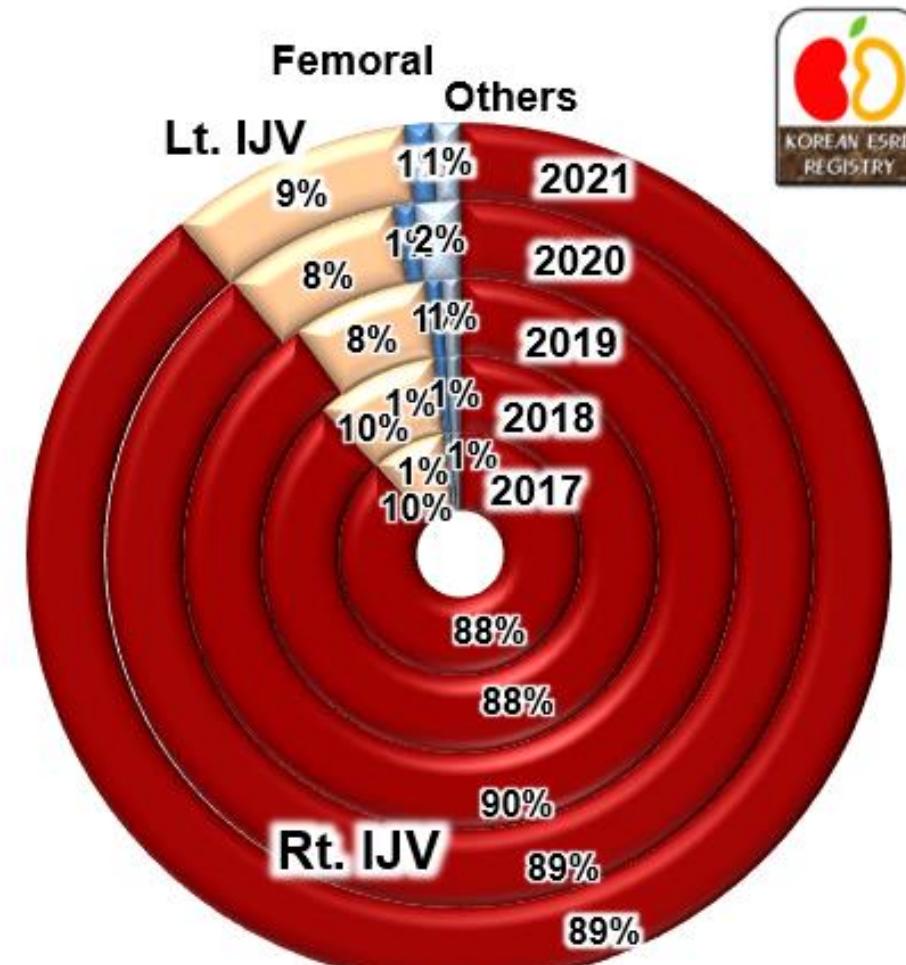


우리나라 혈액 투석 환자의 특징

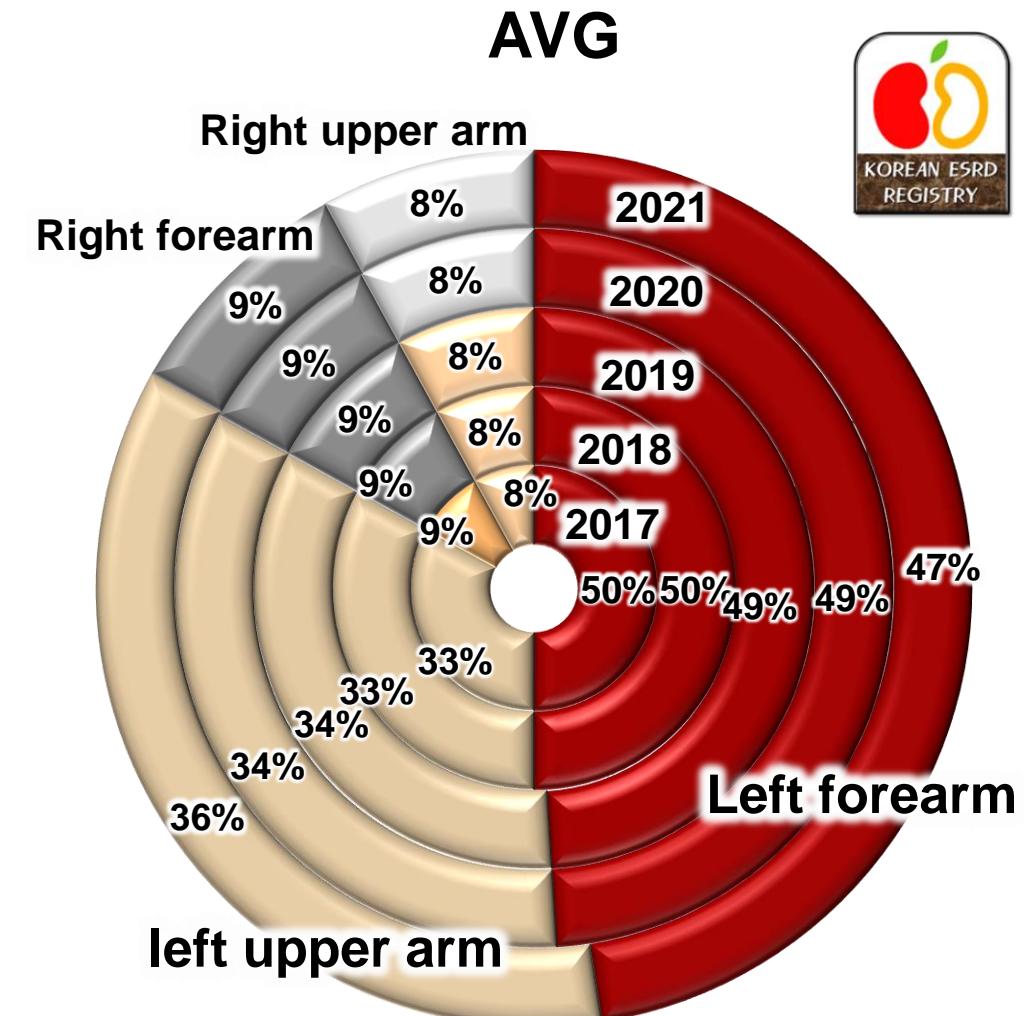
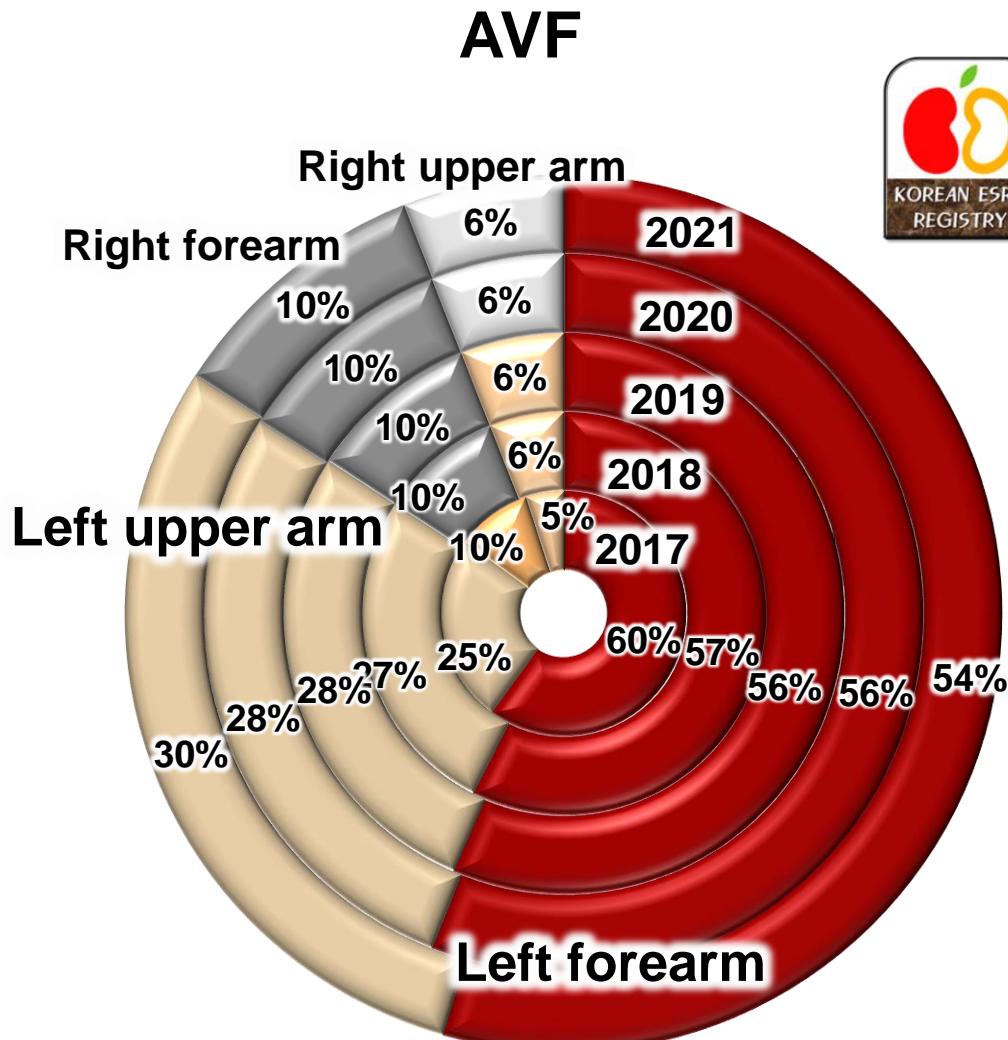
Vascular Access (1)-Distribution of access type



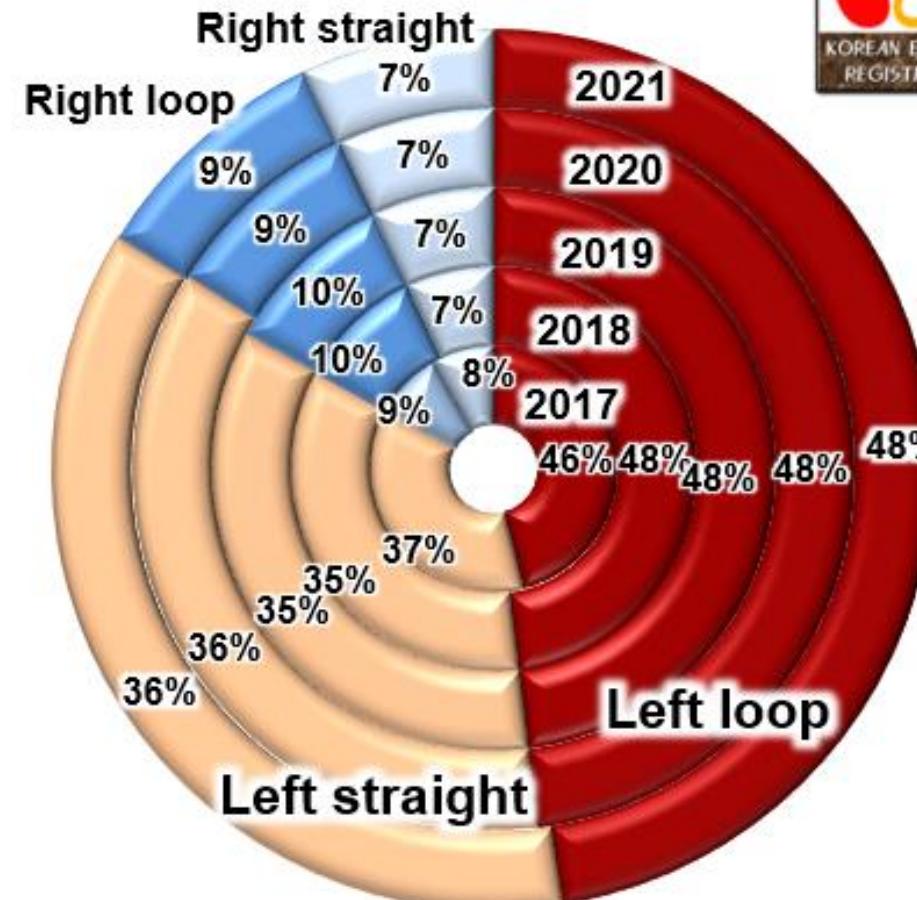
Vascular Access (2)-Location of catheter for HD



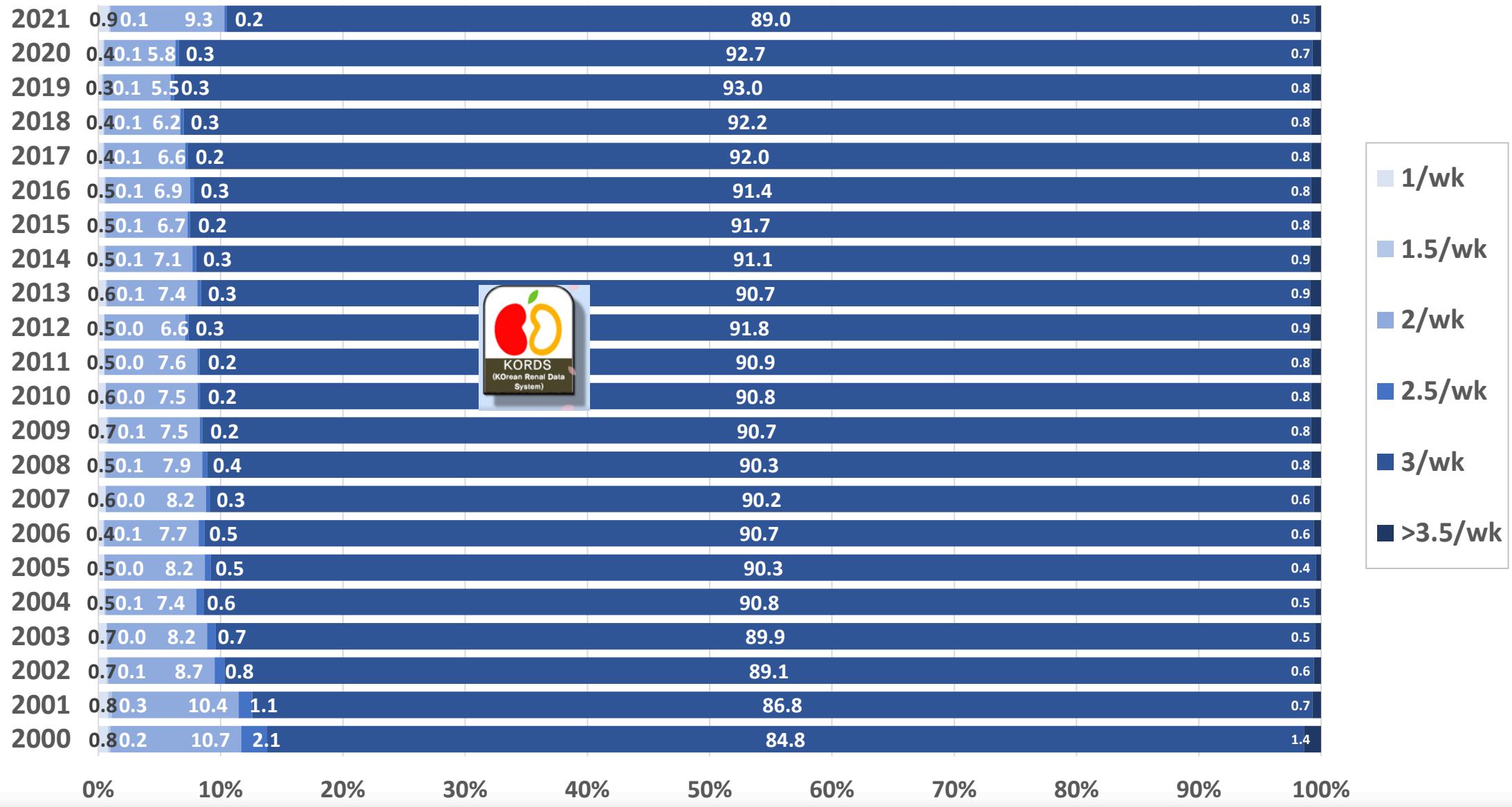
Vascular Access (3)-Distribution of OP site



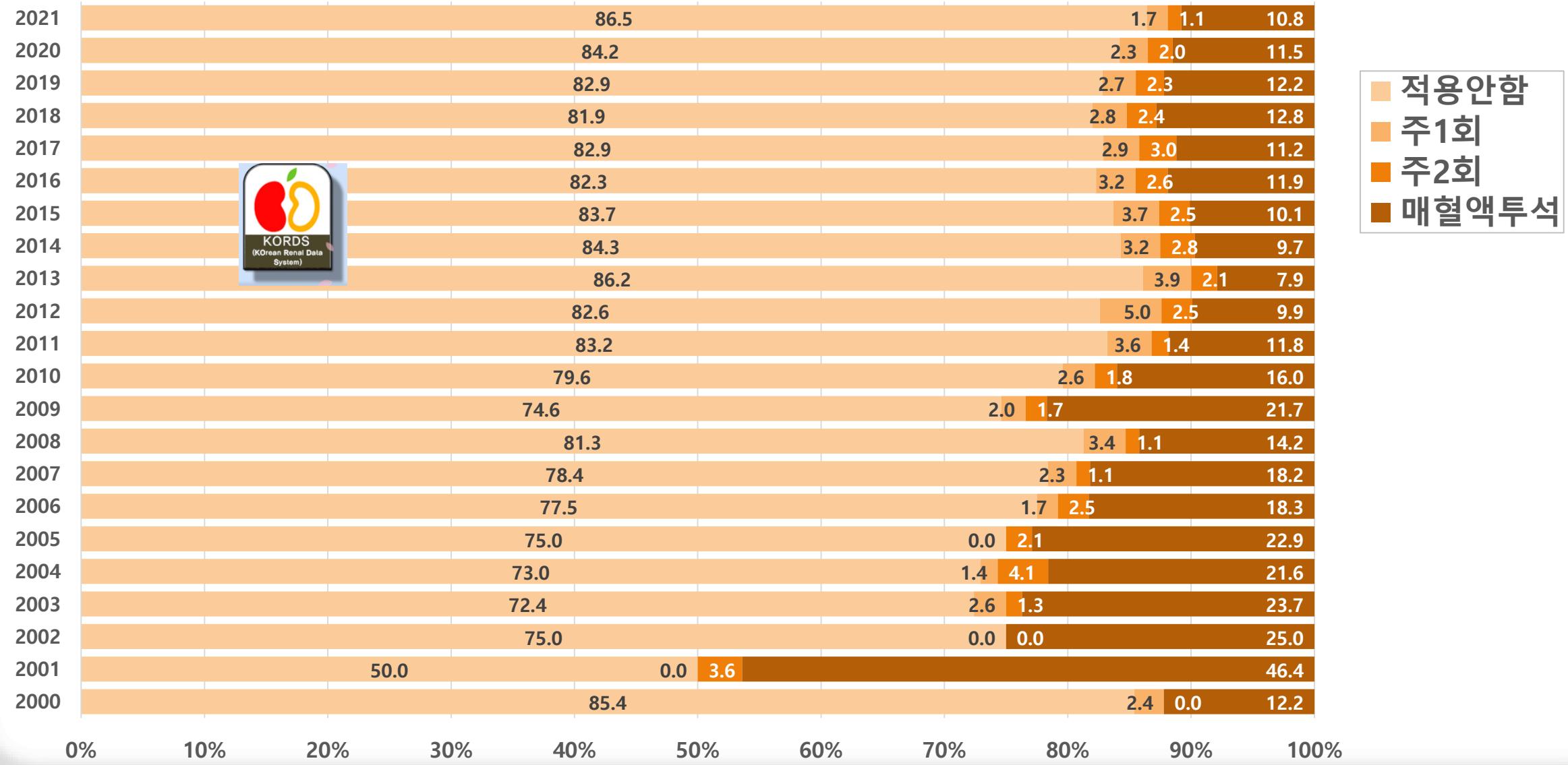
Vascular Access (4)-Type of AVG



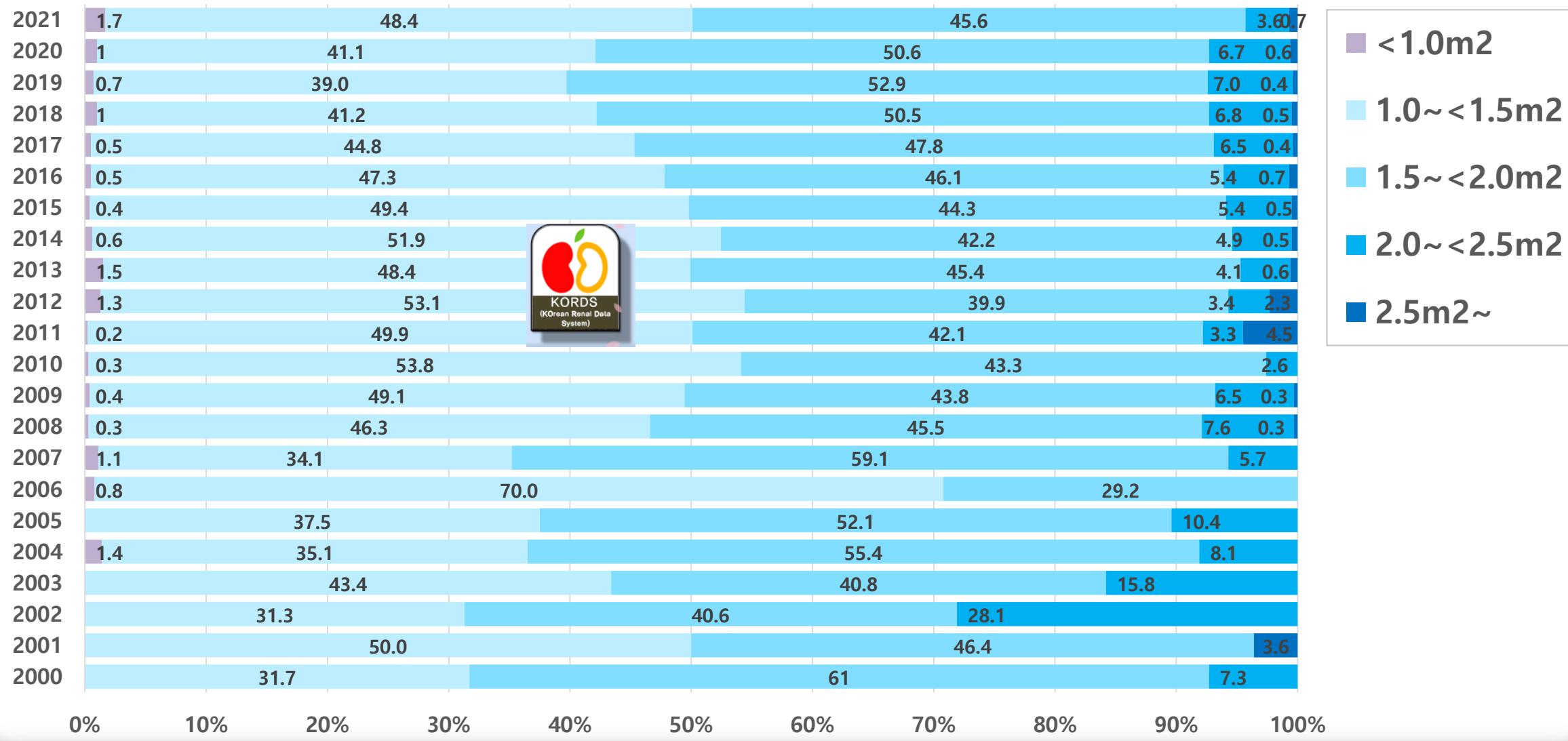
Frequency of HD (**session/week**)



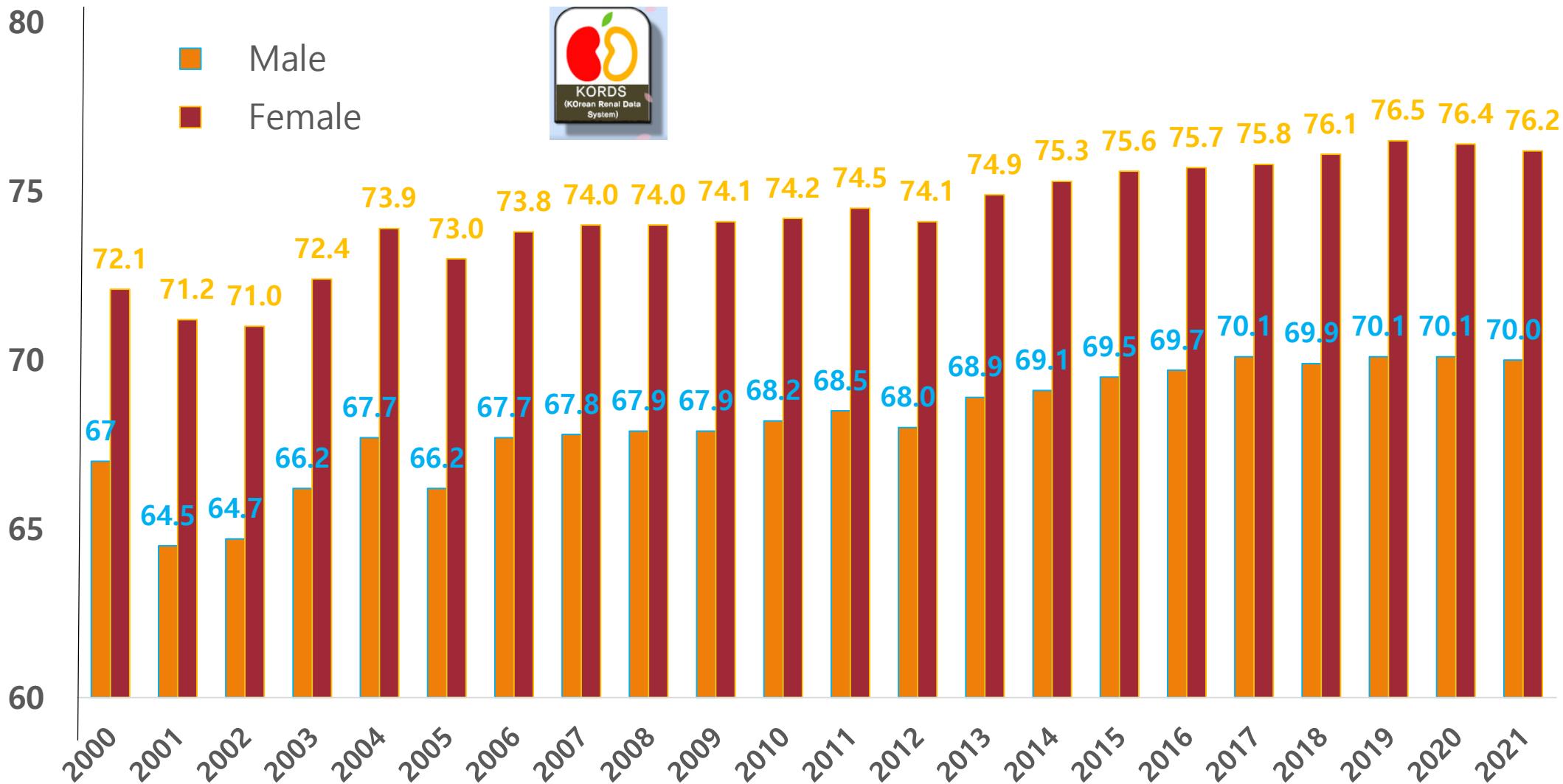
Proportion of HDF



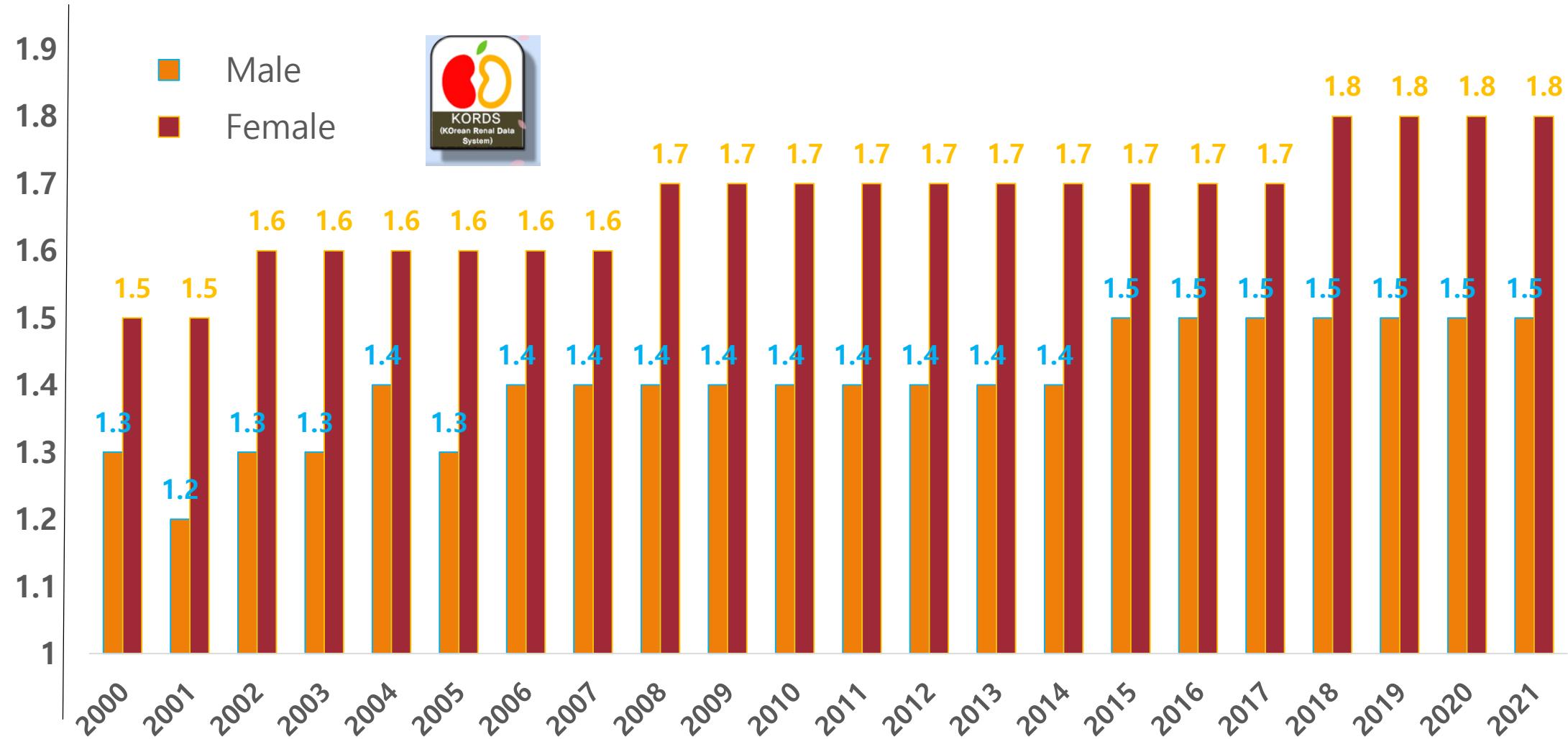
Percent of patients according to the using dialyzer membrane surface area



Adequacy of HD (Urea Reduction Rate)



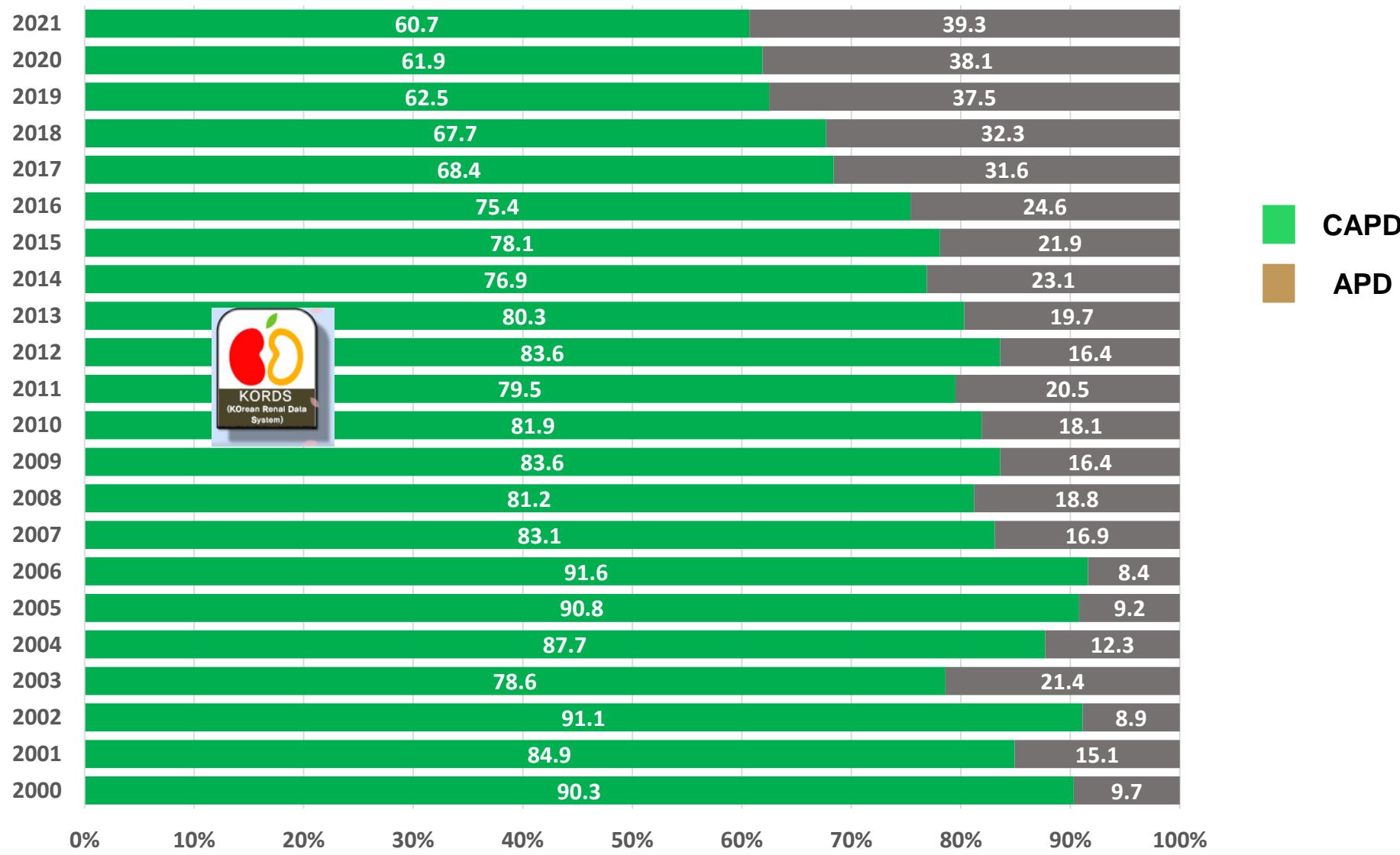
Adequacy of HD (spKt/V)



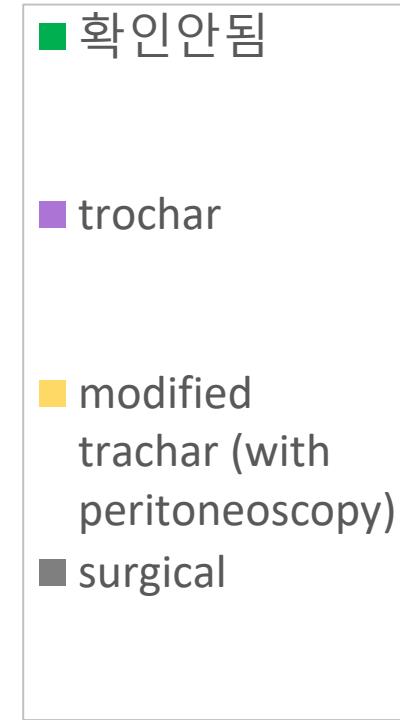
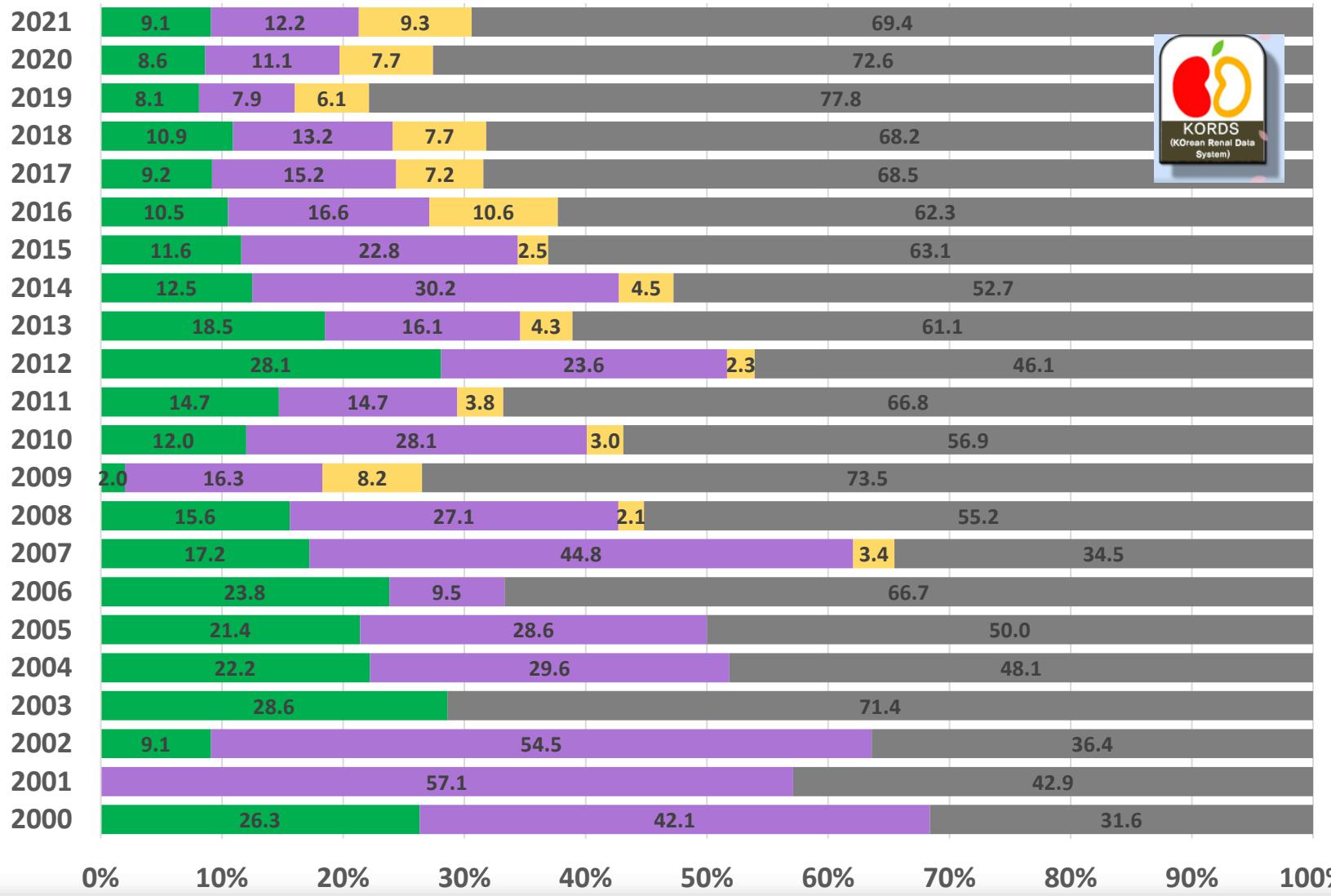


우리나라 복막 투석 환자의 특징

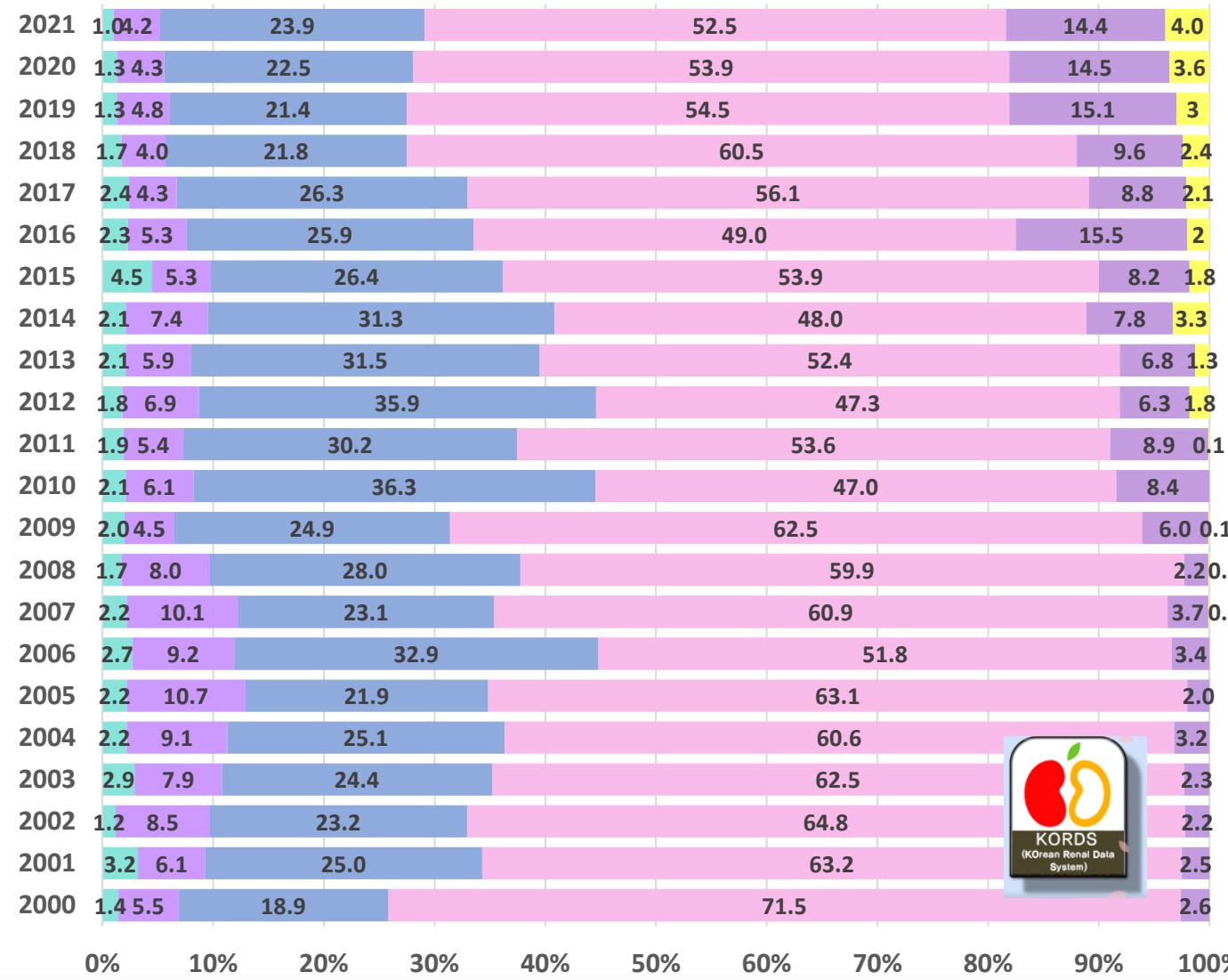
Trends in type of peritoneal dialysis (PD)



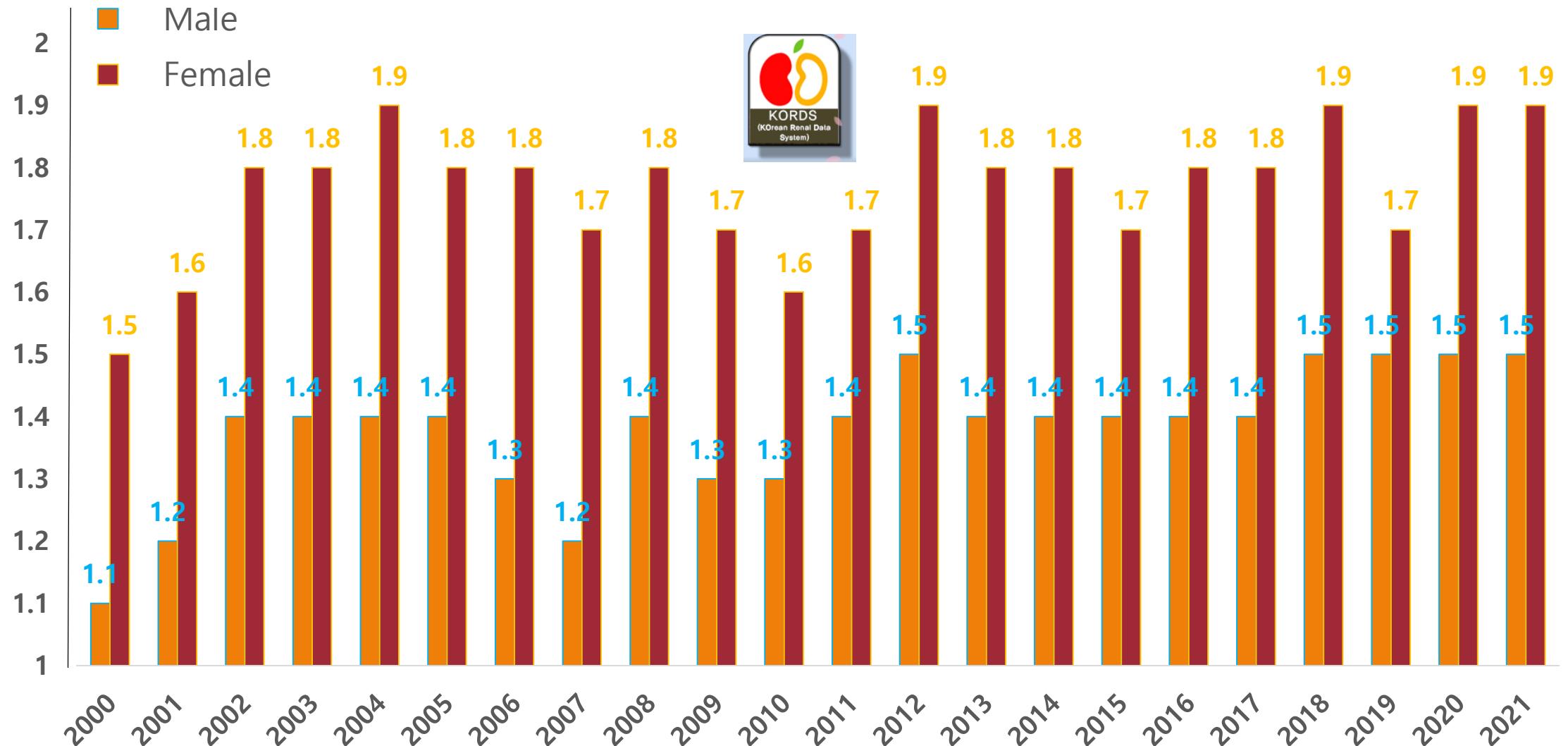
PD Catheter Insertion Method



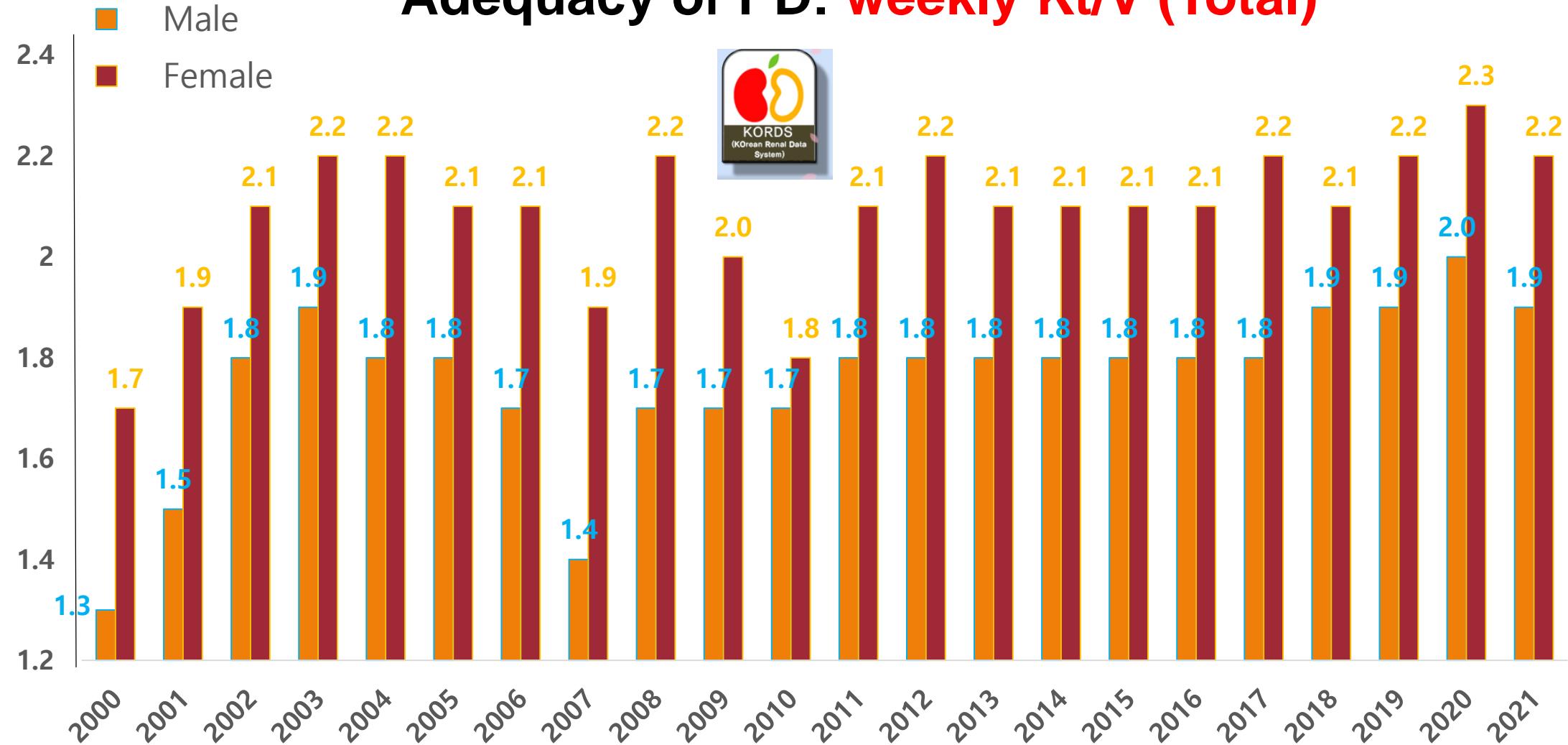
Prescriptions of PD dose per day



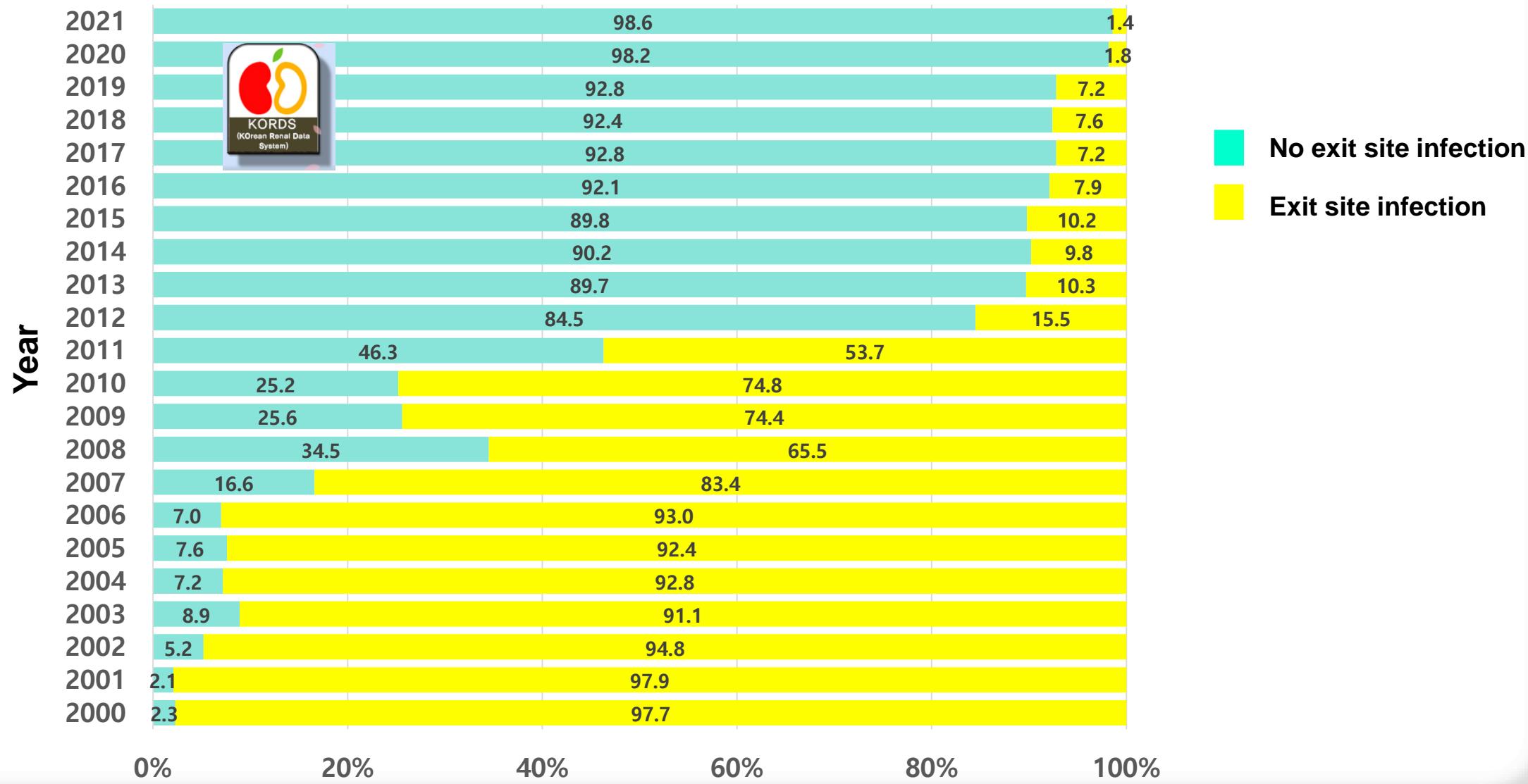
Adequacy of PD: weekly Kt/V (Dialysate)



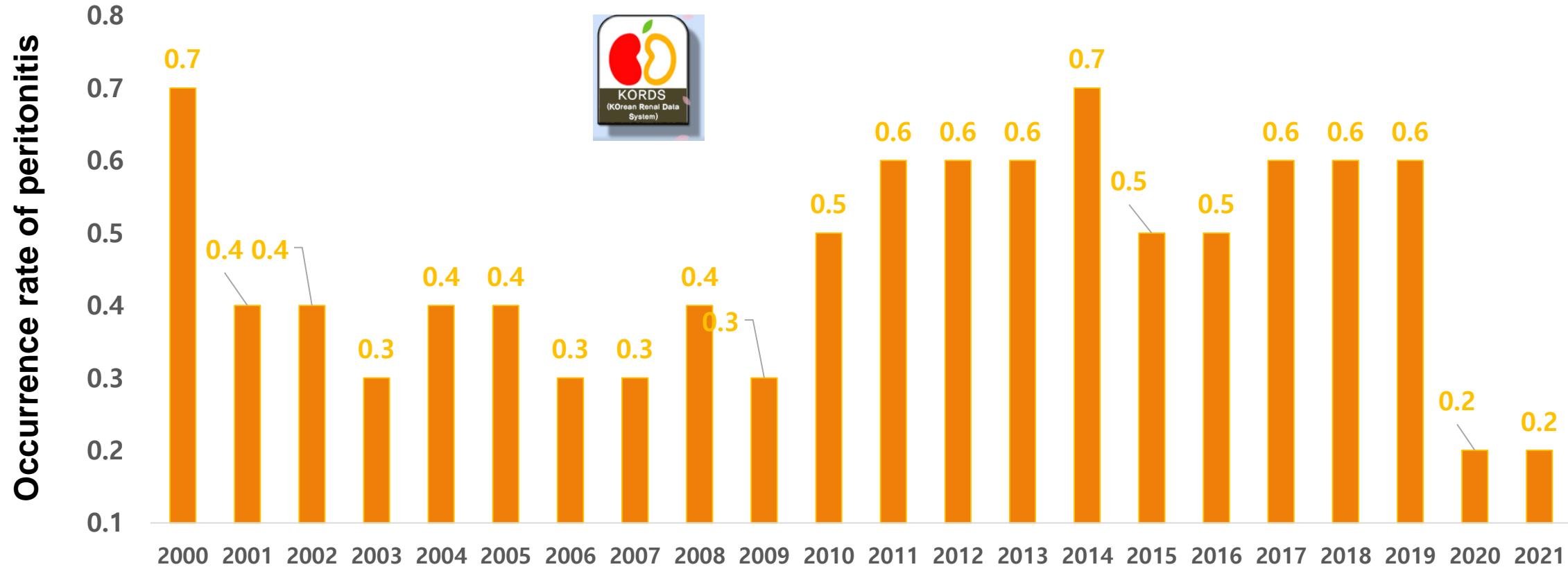
Adequacy of PD: weekly Kt/V (Total)



Trends in Exit infection of PD patients (%)



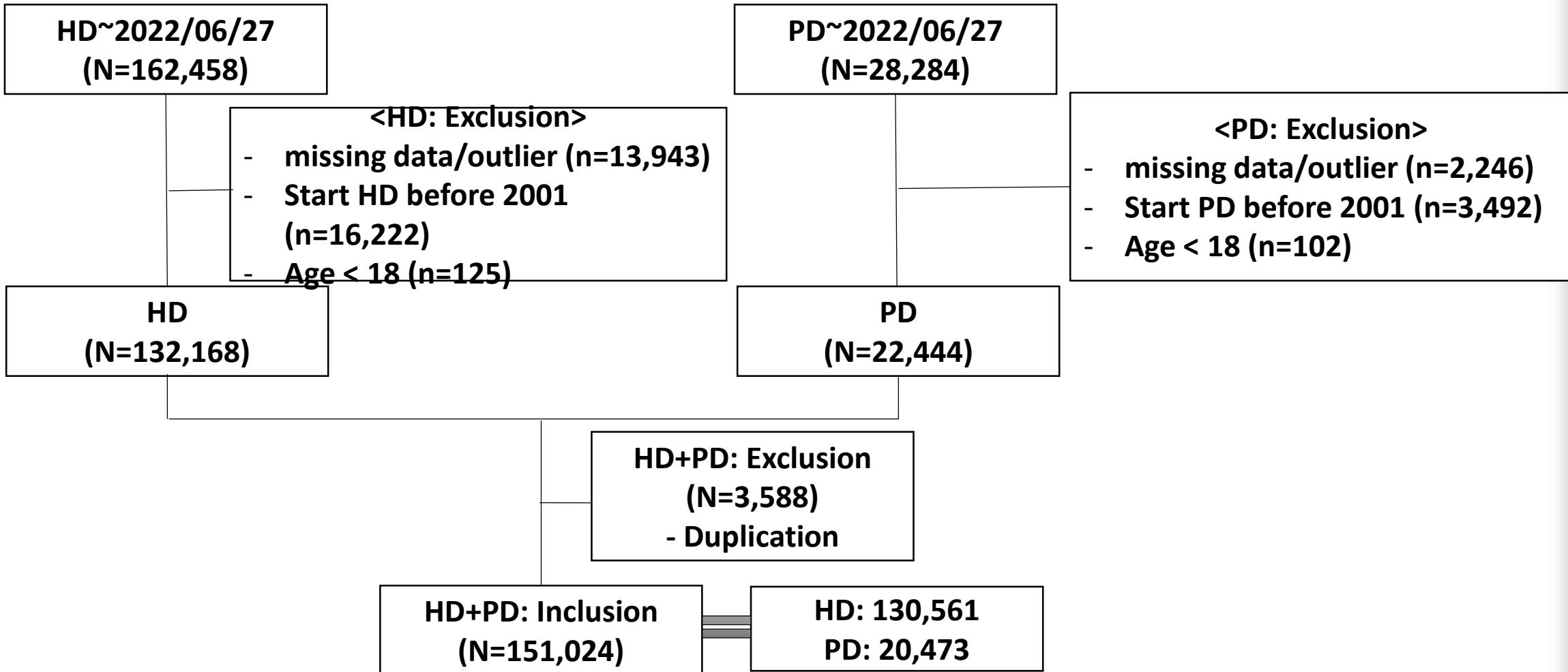
Trends in the occurrence rate of PD-related peritonitis





III. 우리나라 말기신부전 환자의 생존율 변화와 위험인자 (Mortality analysis of ESKD patients in Korea)

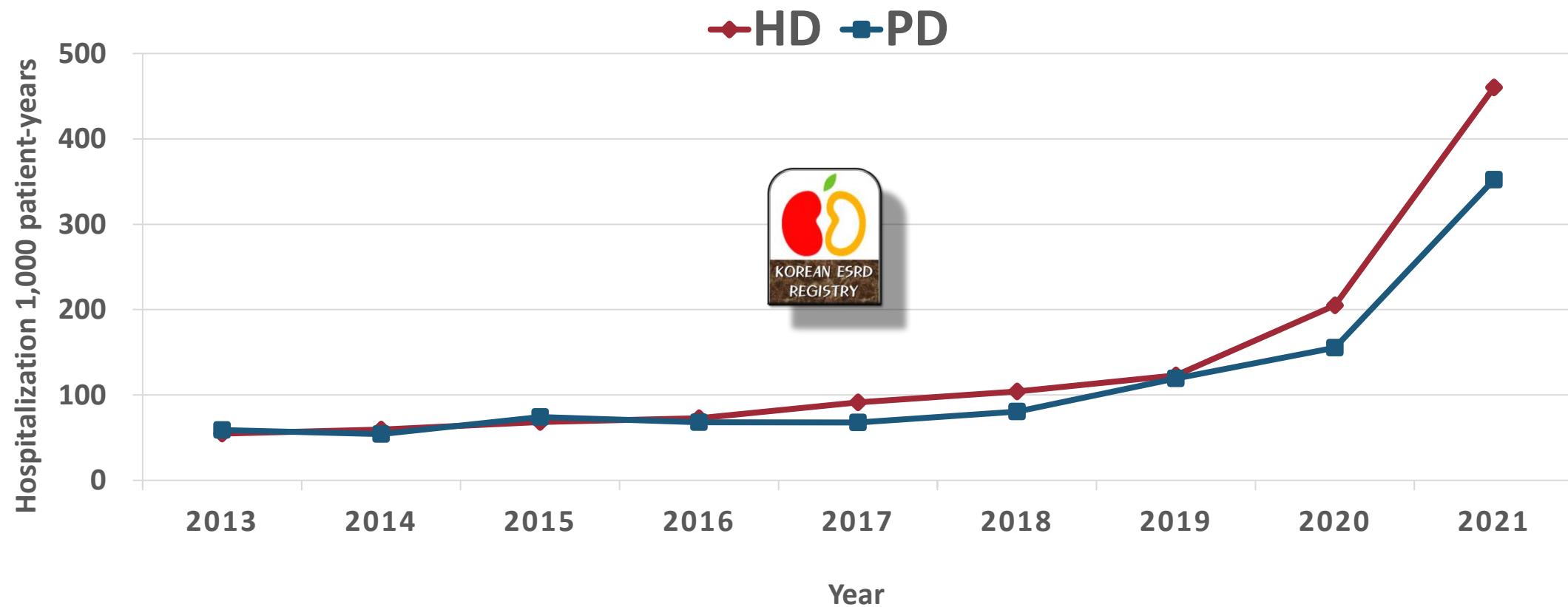
Flow chart of patient selection for the cohort



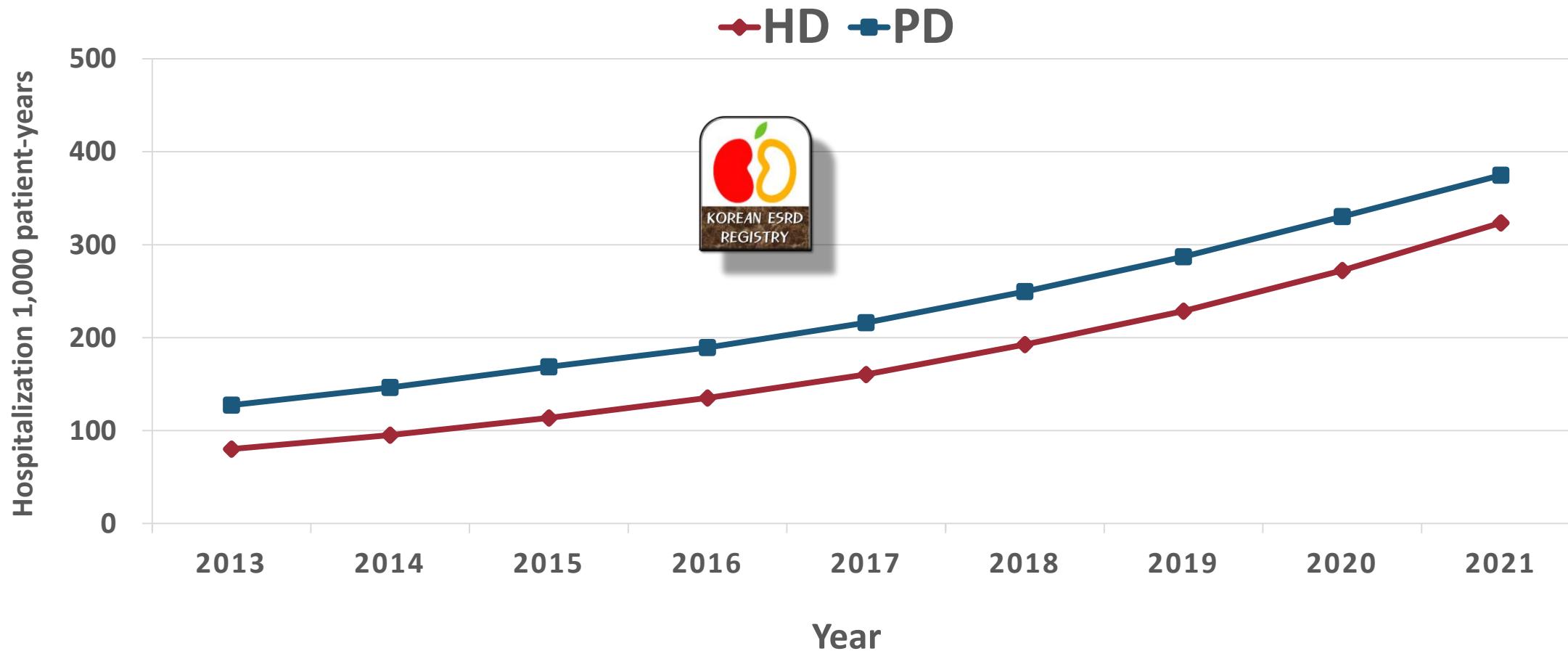


All-cause hospitalization

Unadjusted all-cause hospitalization by overall and treatment modality (HD vs PD) for period prevalent patients, 2001-2021

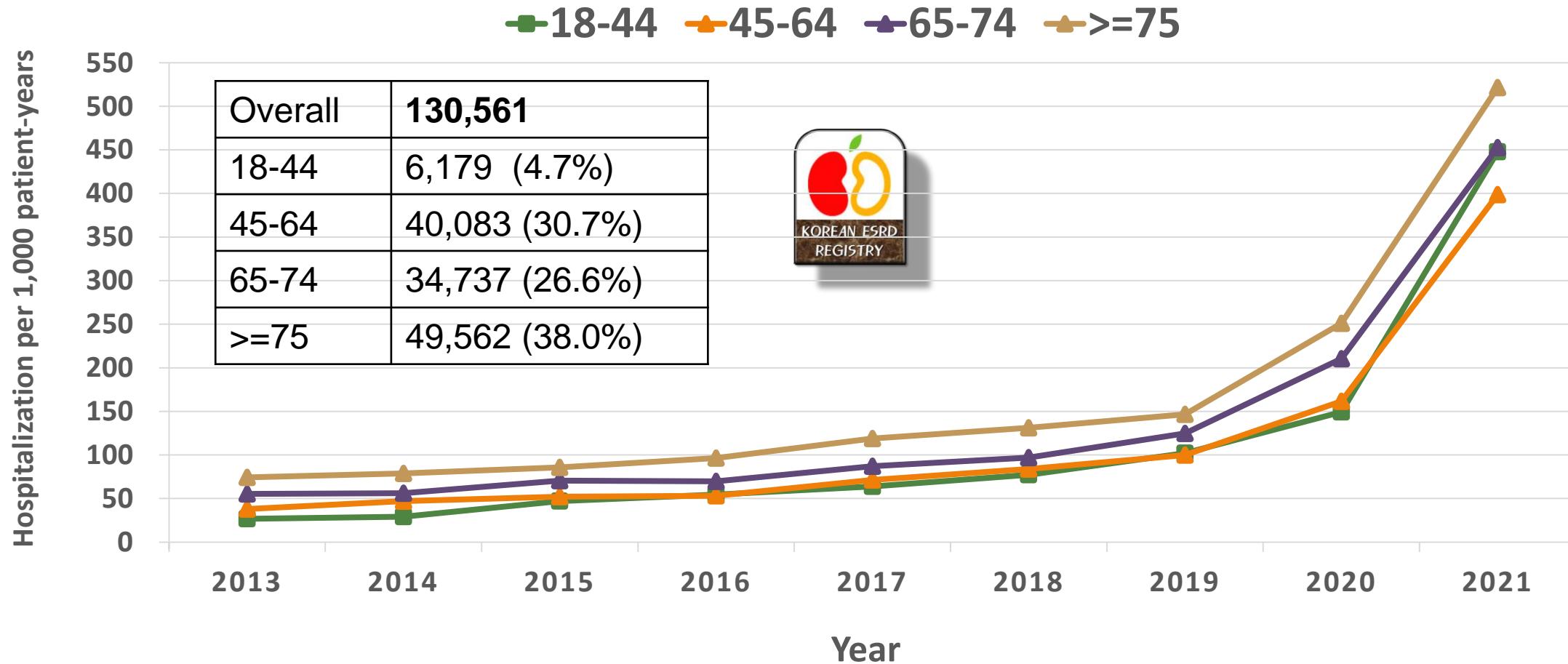


All-cause hospitalization by overall and treatment modality (HD vs PD) for period prevalent patients, 2001-2021, adjusted age and sex



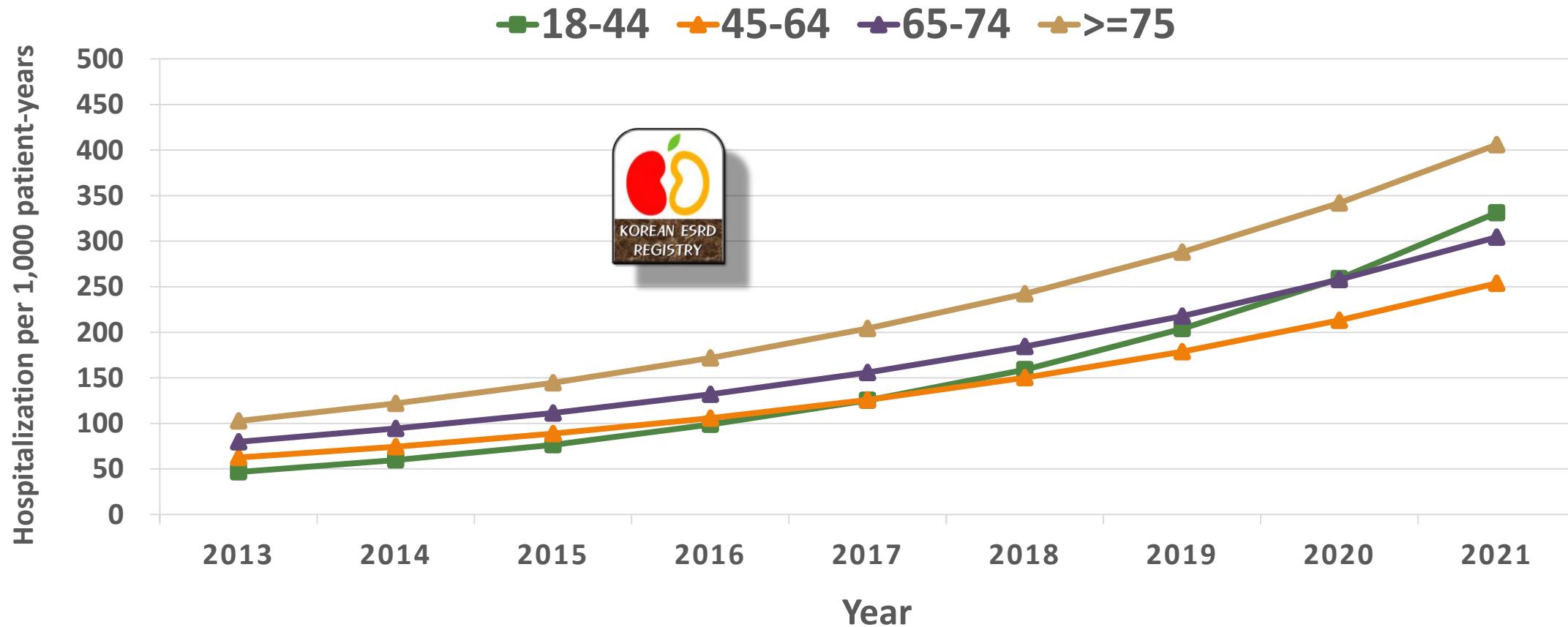
HD patients

All-cause hospitalization by age for period prevalent HD patients, 2001-2021



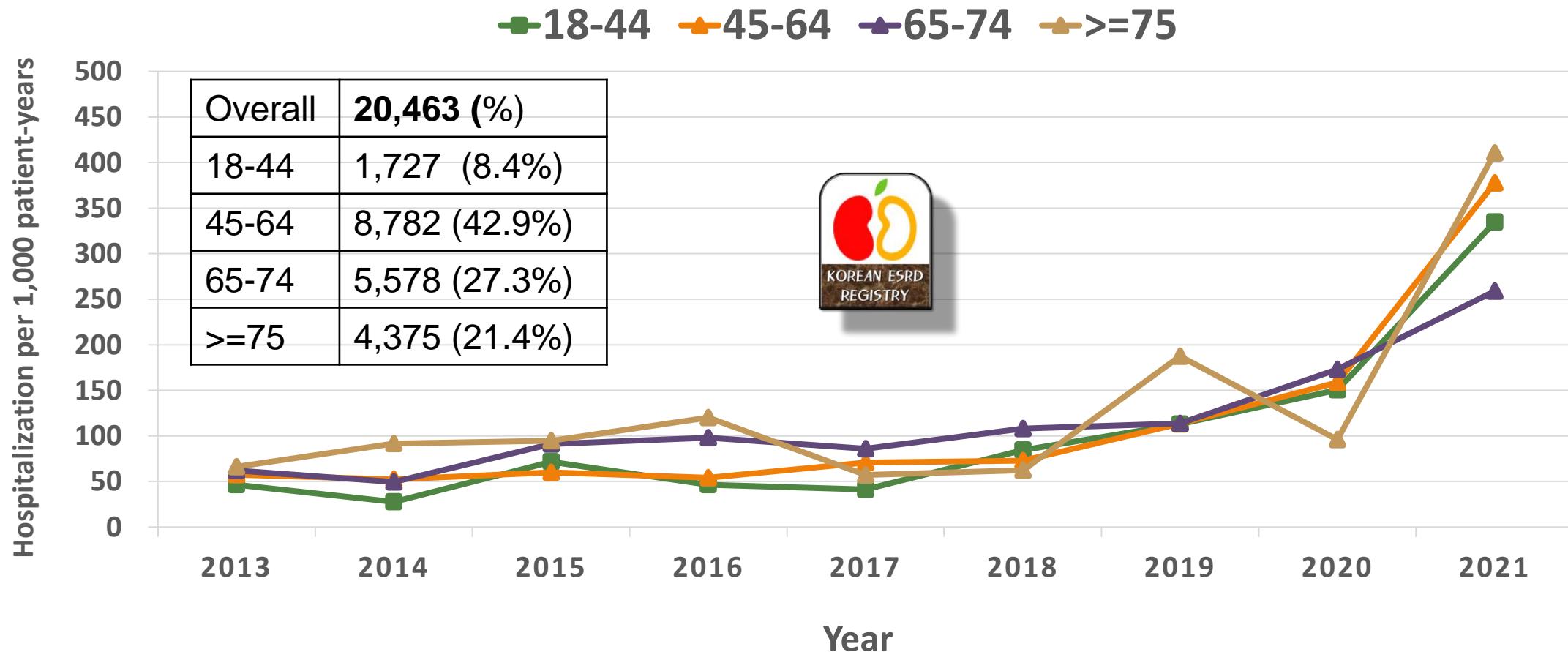
HD patients

All-cause hospitalization by age for period prevalent HD patients, 2001-2021, adjusted(sex)



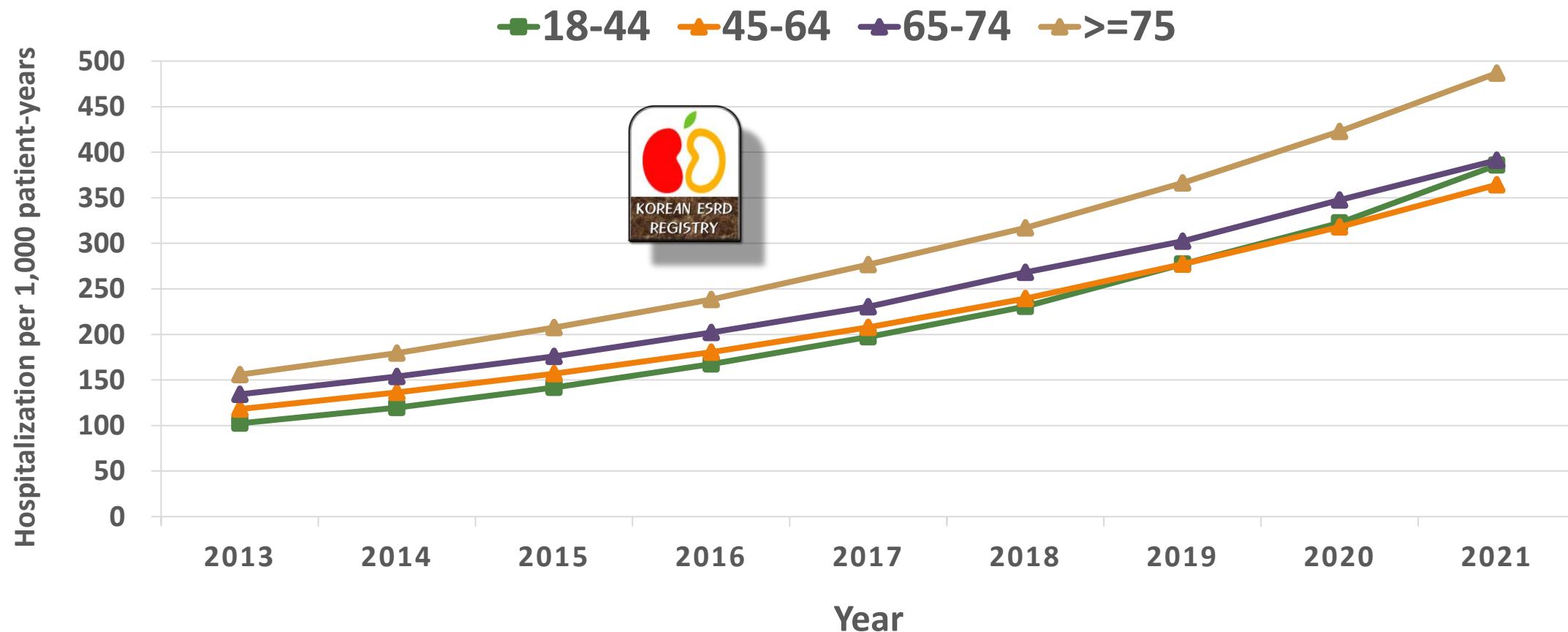
PD patients

All-cause hospitalization by age for period prevalent PD patients, 2001-2021



PD patients

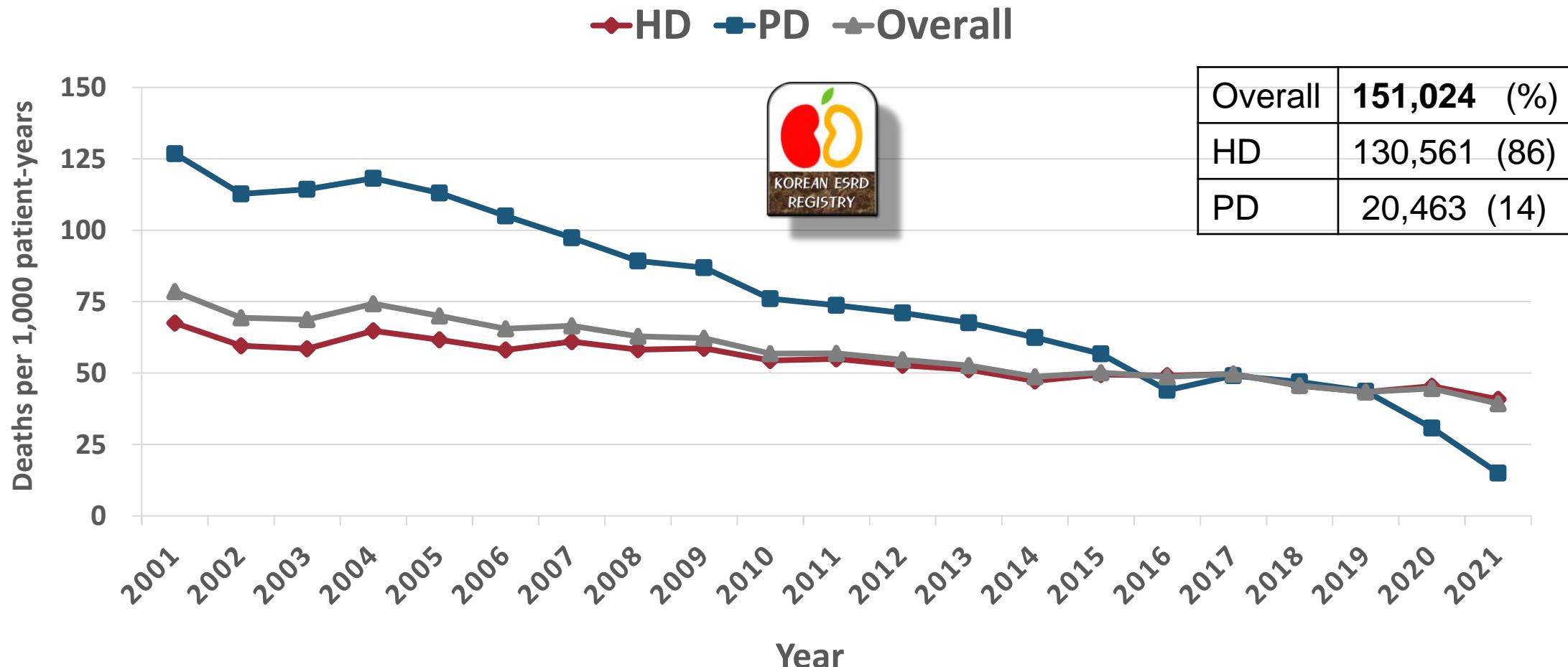
All-cause hospitalization by age for period prevalent PD patients, 2001-2021, adjusted(sex)



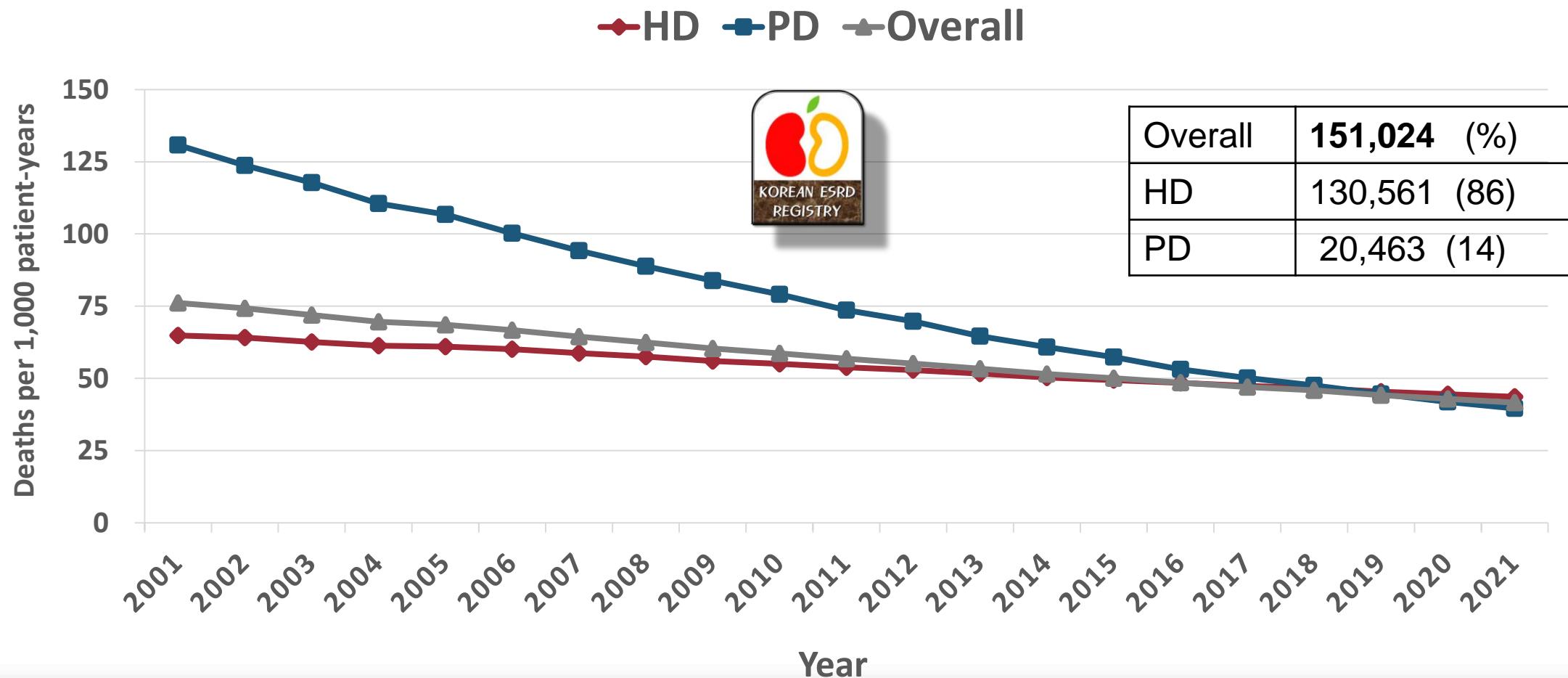


All-cause mortality

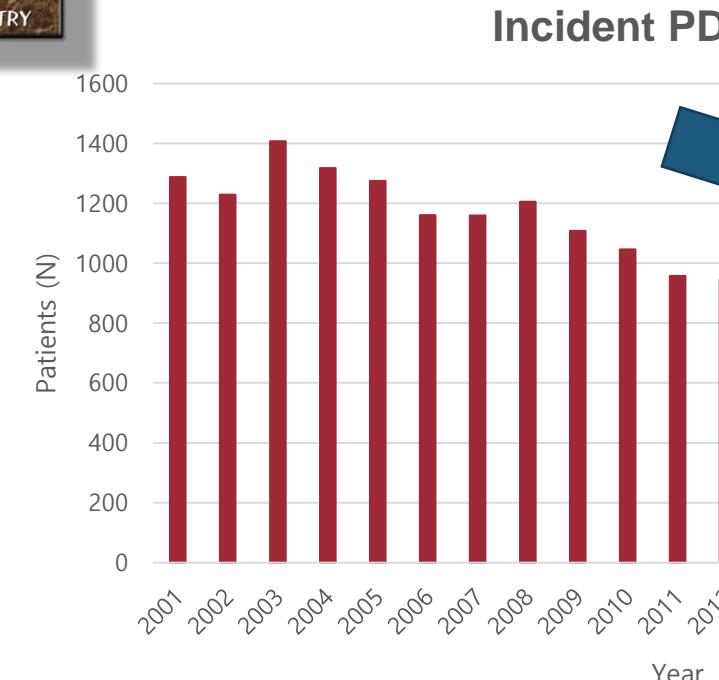
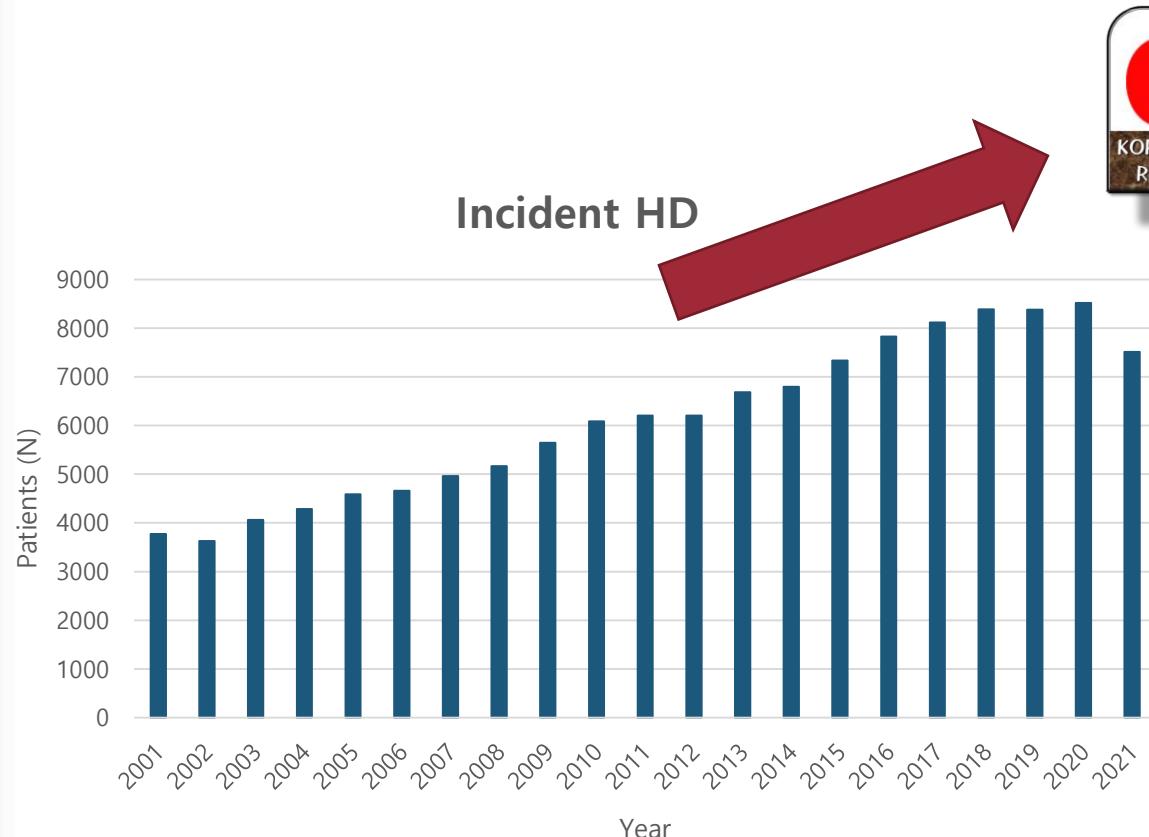
Unadjusted all-cause mortality by overall and treatment modality (HD vs PD) for period prevalent patients, 2001-2021



Adjusted all-cause mortality by overall and treatment modality (HD vs PD) for period prevalent patients, 2001-2021



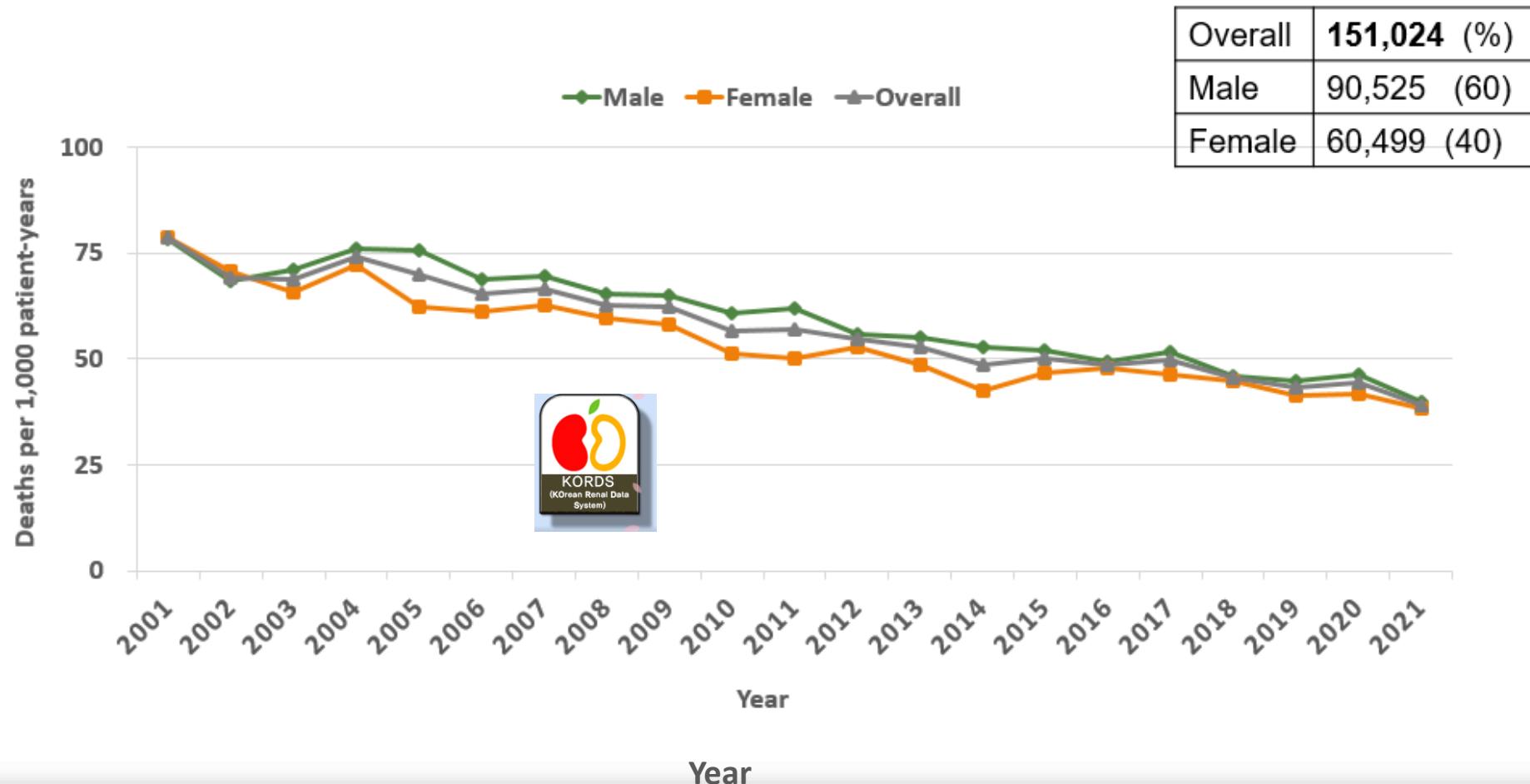
The number of patients starting dialysis including analysis, 2001-2021



The number of patients who start HD is increased, while that of PD is decreased over time.

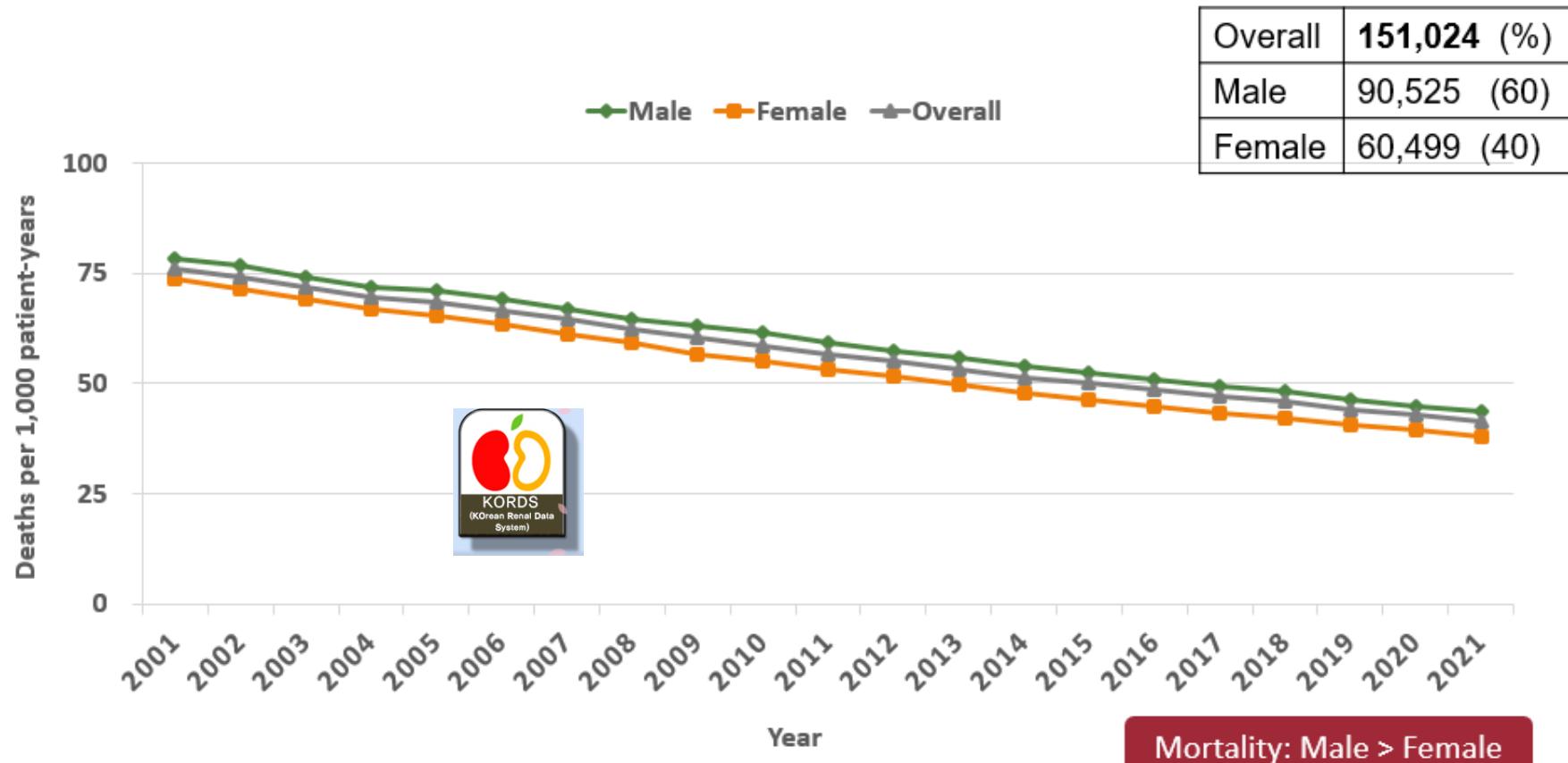
Male vs Female (1)

Unadjusted all-cause mortality by sex (male and female) for period prevalent patients, 2001-2021



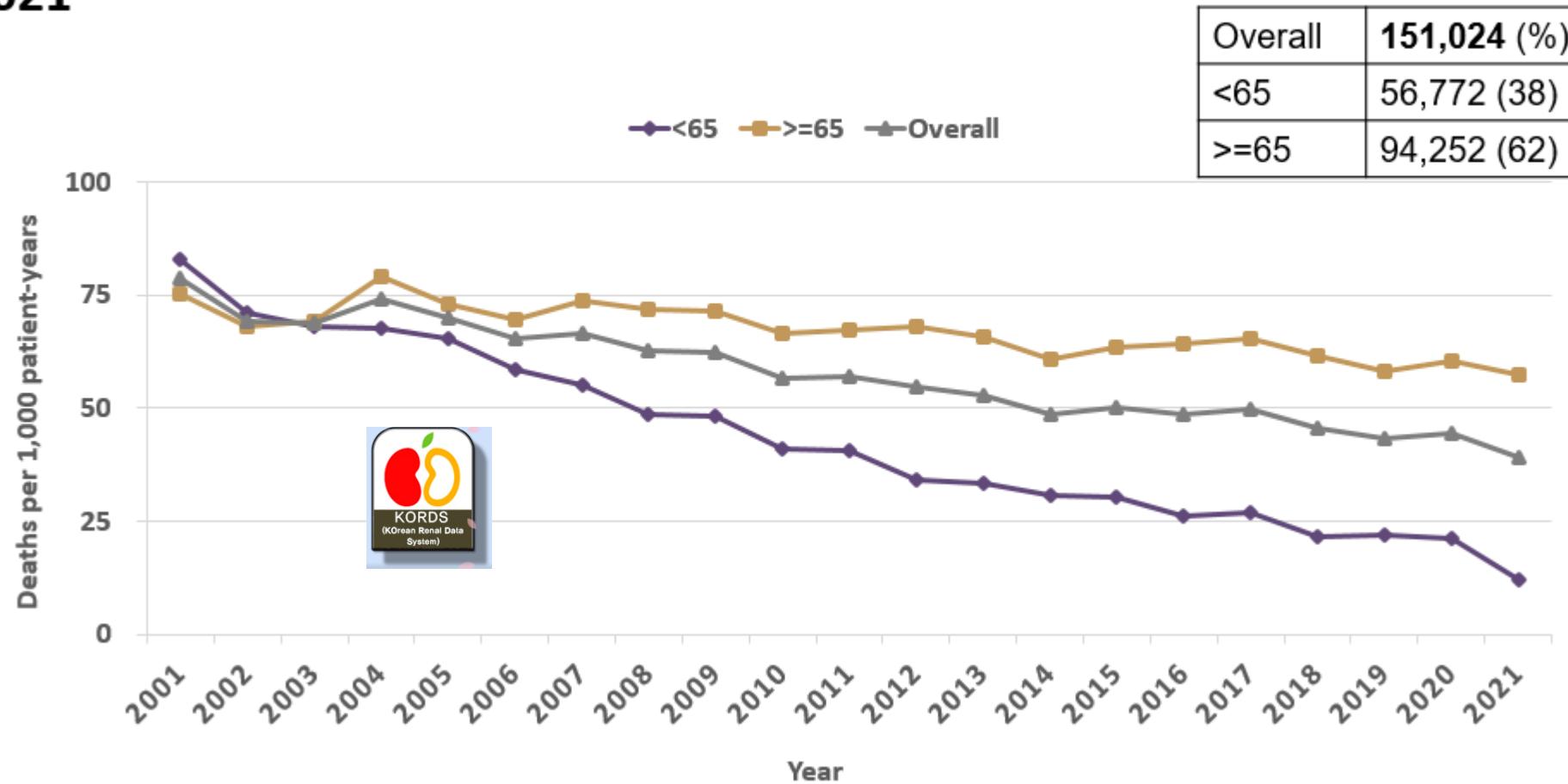
Male vs Female (2)

All-cause mortality (deaths per 1,000 patient-years) by sex (male and female) for period prevalent patients, 2001-2021, **adjusted (age)**



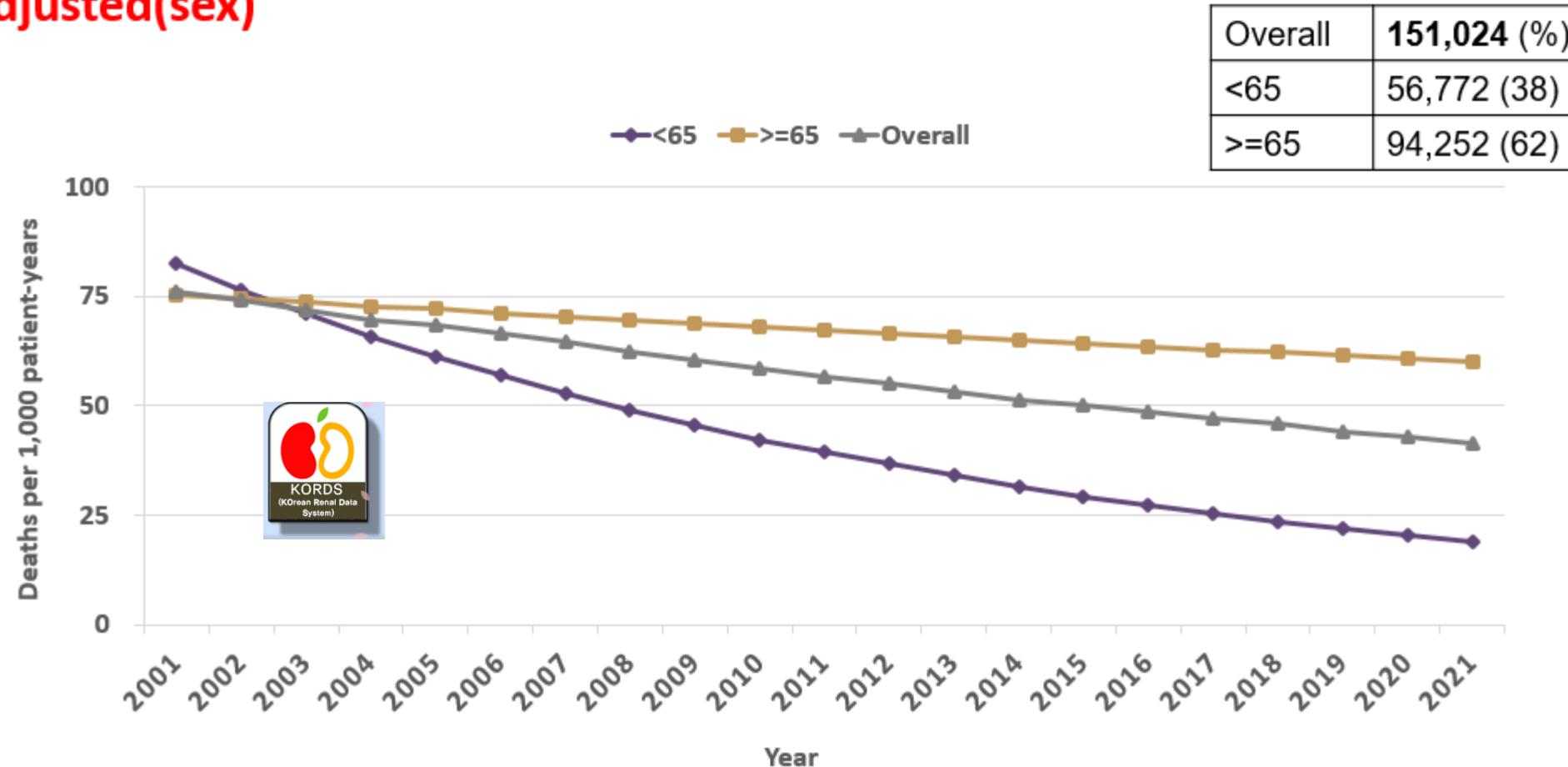
Age (1)

Unadjusted all-cause mortality by age for period prevalent patients, 2001-2021



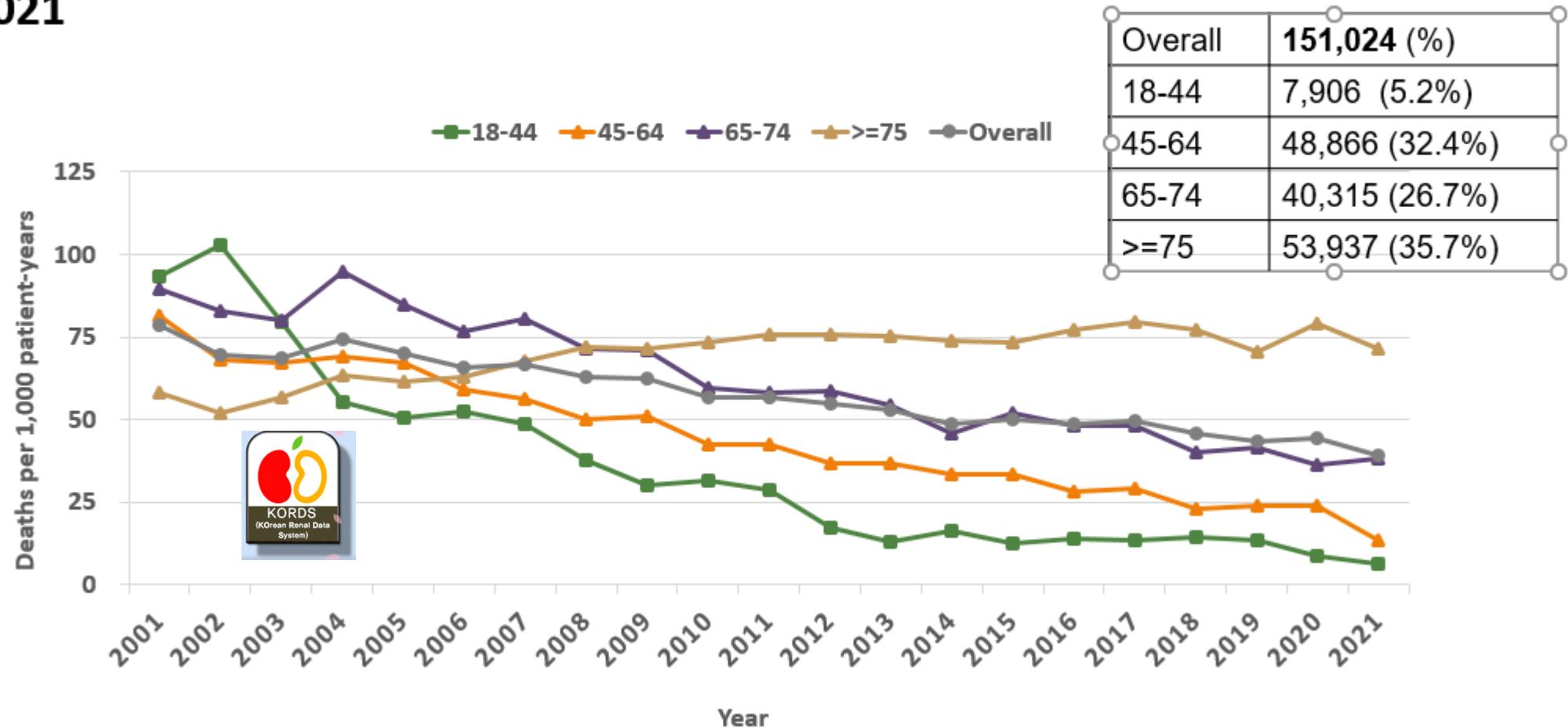
Age (2)

All-cause mortality by age for period prevalent patients, 2001-2021,
adjusted(sex)



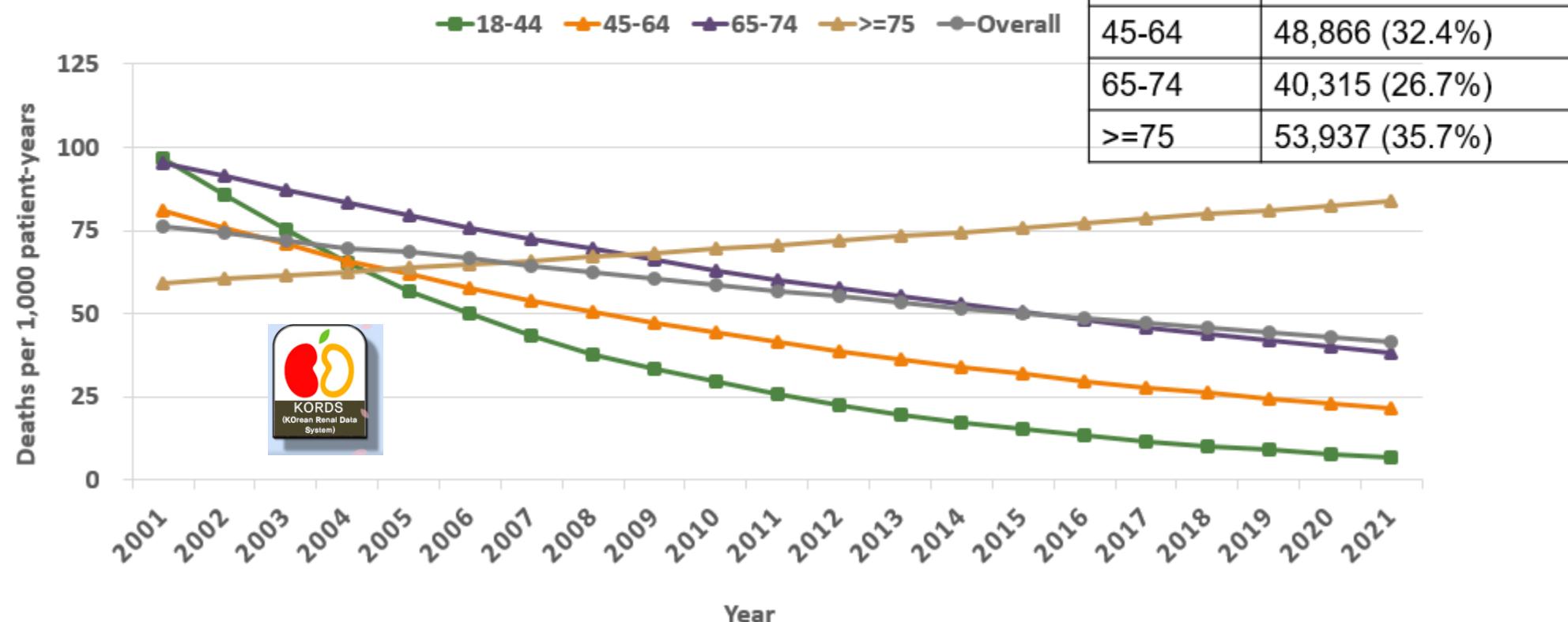
Age (3)

Unadjusted all-cause mortality by age for period prevalent patients, 2001-2021



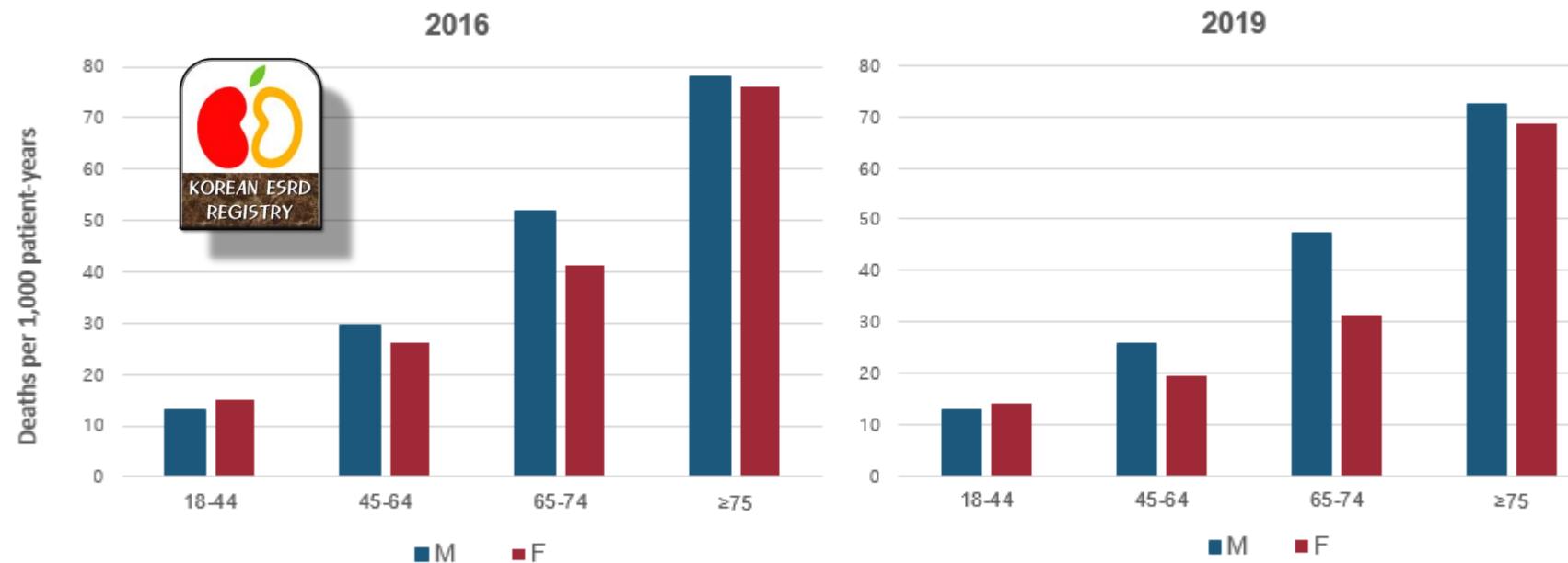
Age (4)

All-cause mortality by age for period prevalent patients, 2001-2021, adjusted(sex)



Age and Sex

Unadjusted all-cause mortality in prevalent dialysis patients, by age and sex, 2016 & 2019

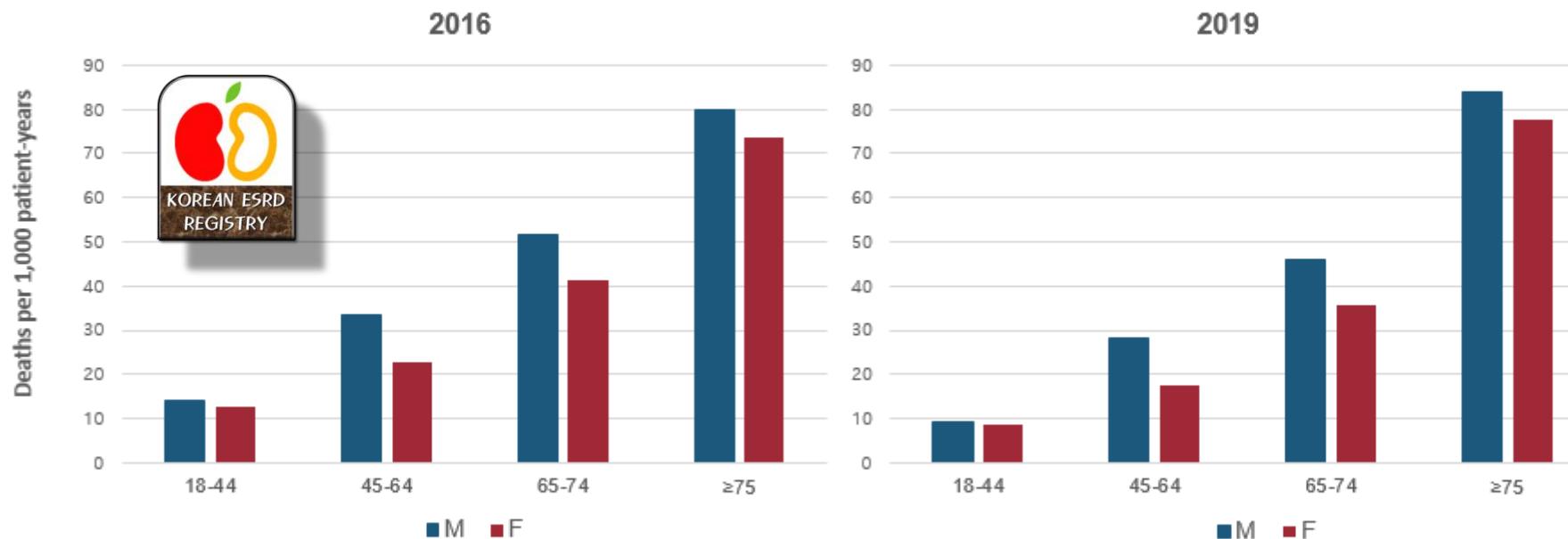


18-44		45-64		65-74		>=75	
male	female	male	female	male	female	male	female
284	225	1829	932	1453	782	1702	1388

18-44		45-64		65-74		>=75	
male	female	male	female	male	female	male	female
376	249	2042	981	1411	801	1719	1375

Age and Sex

Adjusted all-cause mortality in prevalent dialysis patients, by age and sex, 2016 & 2019

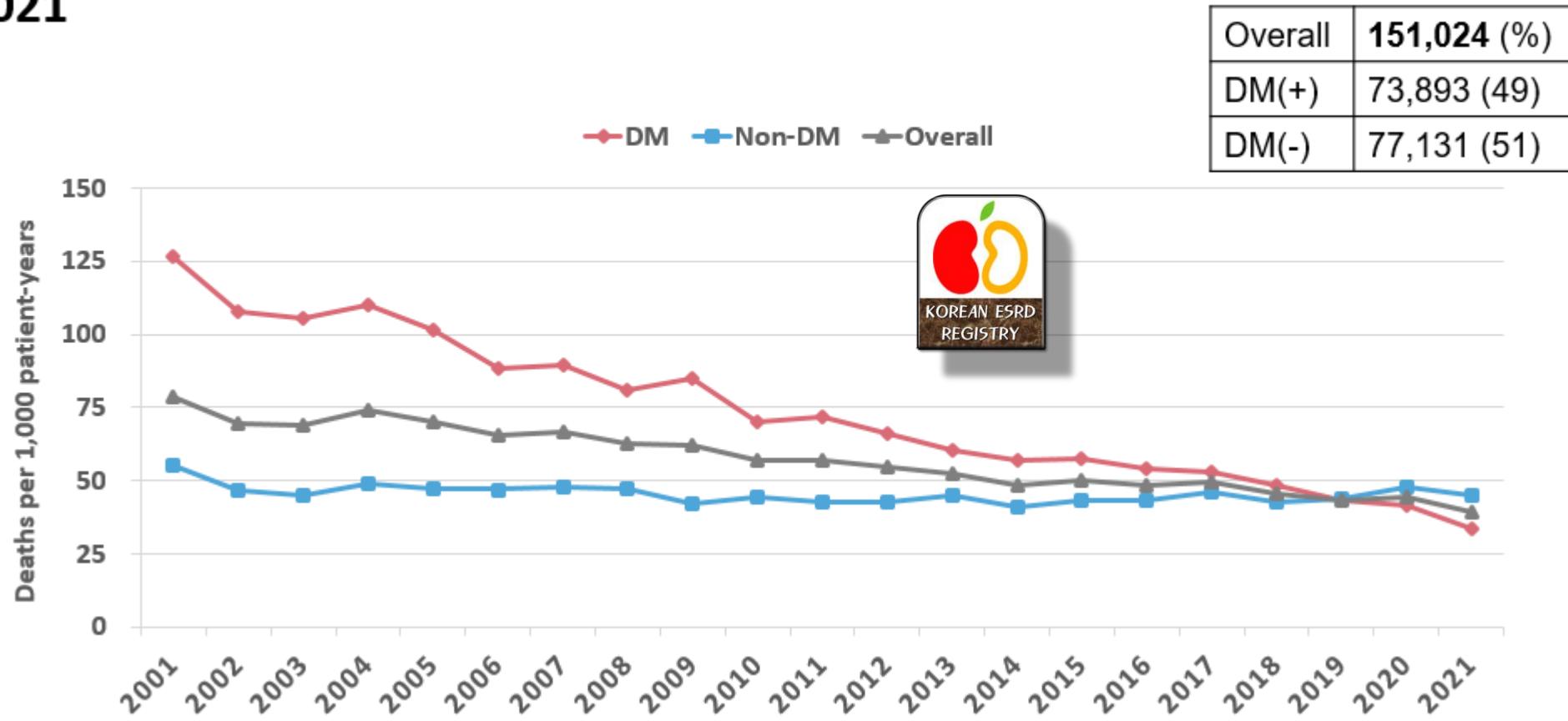


18-44		45-64		65-74		>=75	
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284	225	1829	932	1453	782	1702	1388

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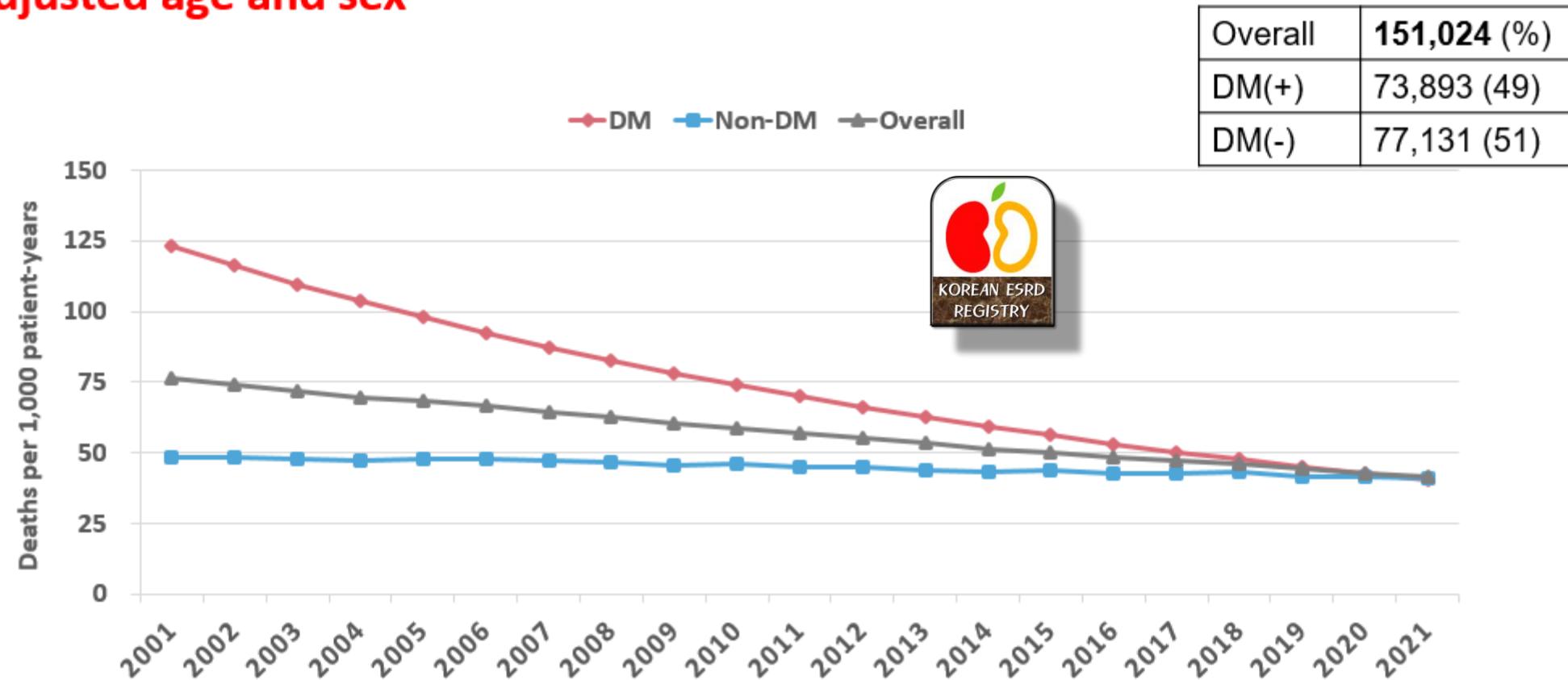
Diabetes Mellitus (DM) vs Non-DM (1)

Unadjusted all-cause mortality by DM for period prevalent patients, 2001-2021



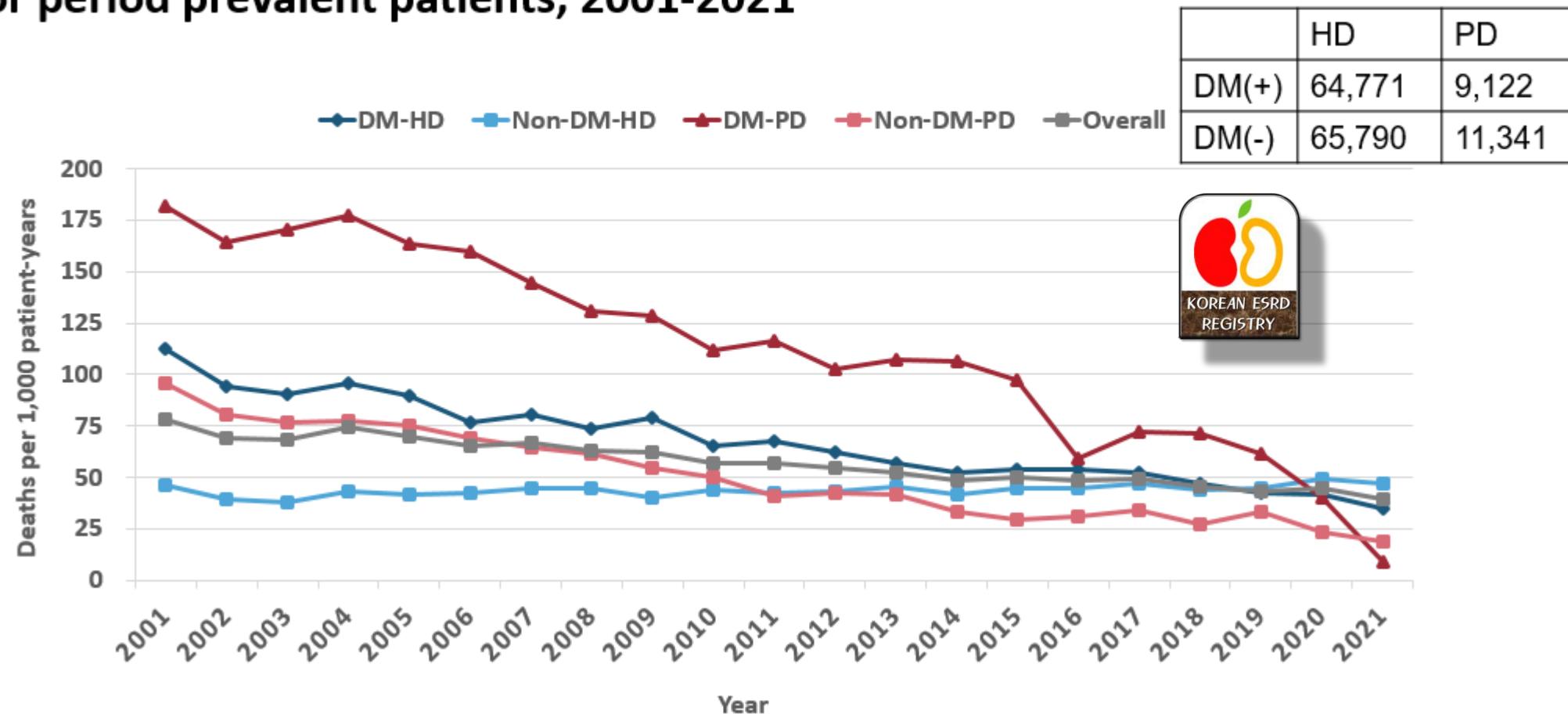
Diabetes Mellitus (DM) vs Non-DM (2)

All-cause mortality by DM for period prevalent patients, 2001-2021,
adjusted age and sex



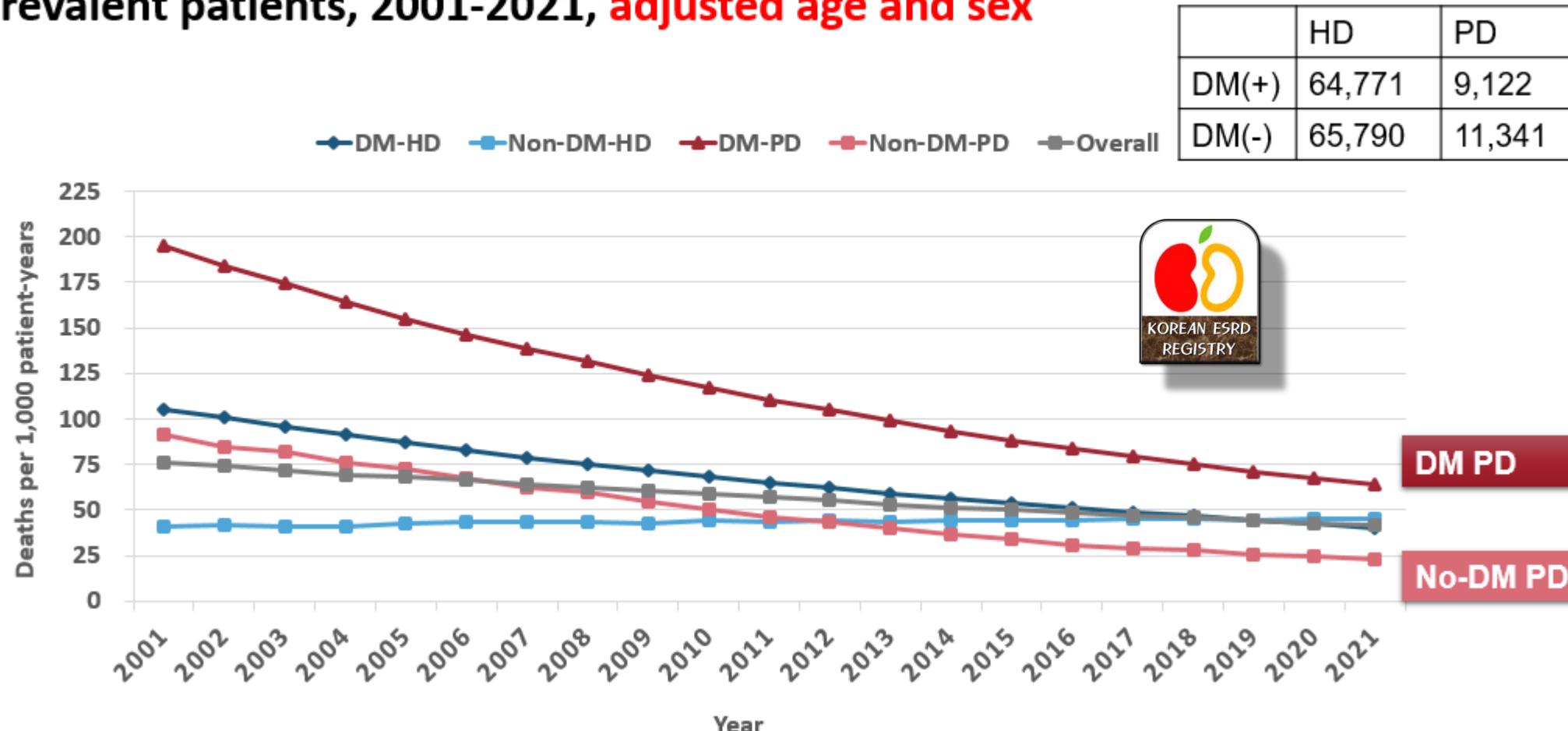
Diabetes Mellitus (DM) vs Non-DM (3)

Unadjusted all-cause mortality by DM and treatment modality (HD and PD) for period prevalent patients, 2001-2021



Diabetes Mellitus (DM) vs Non-DM (4)

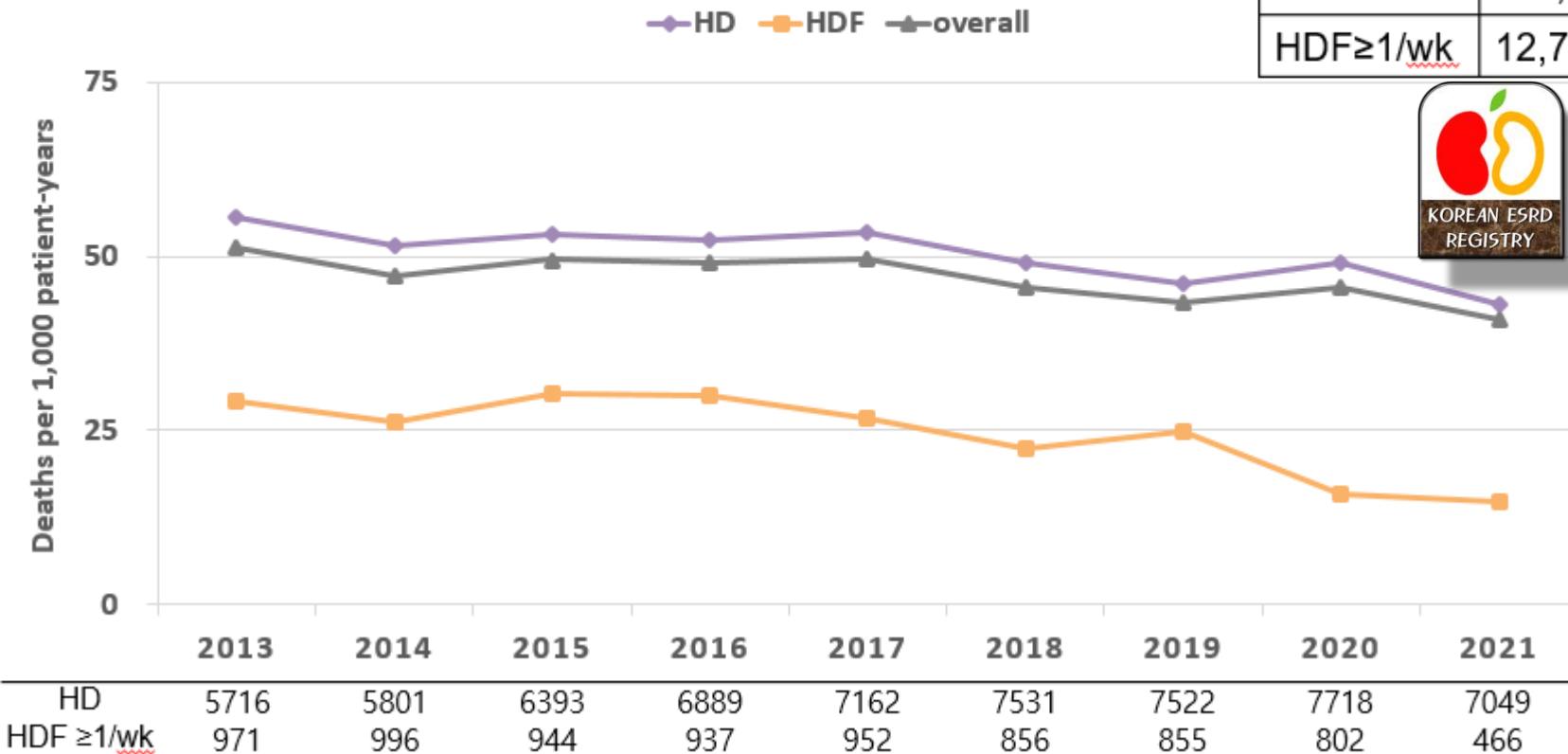
All-cause mortality by DM and treatment modality (HD and PD) for period prevalent patients, 2001-2021, **adjusted age and sex**



HD vs HDF (1)

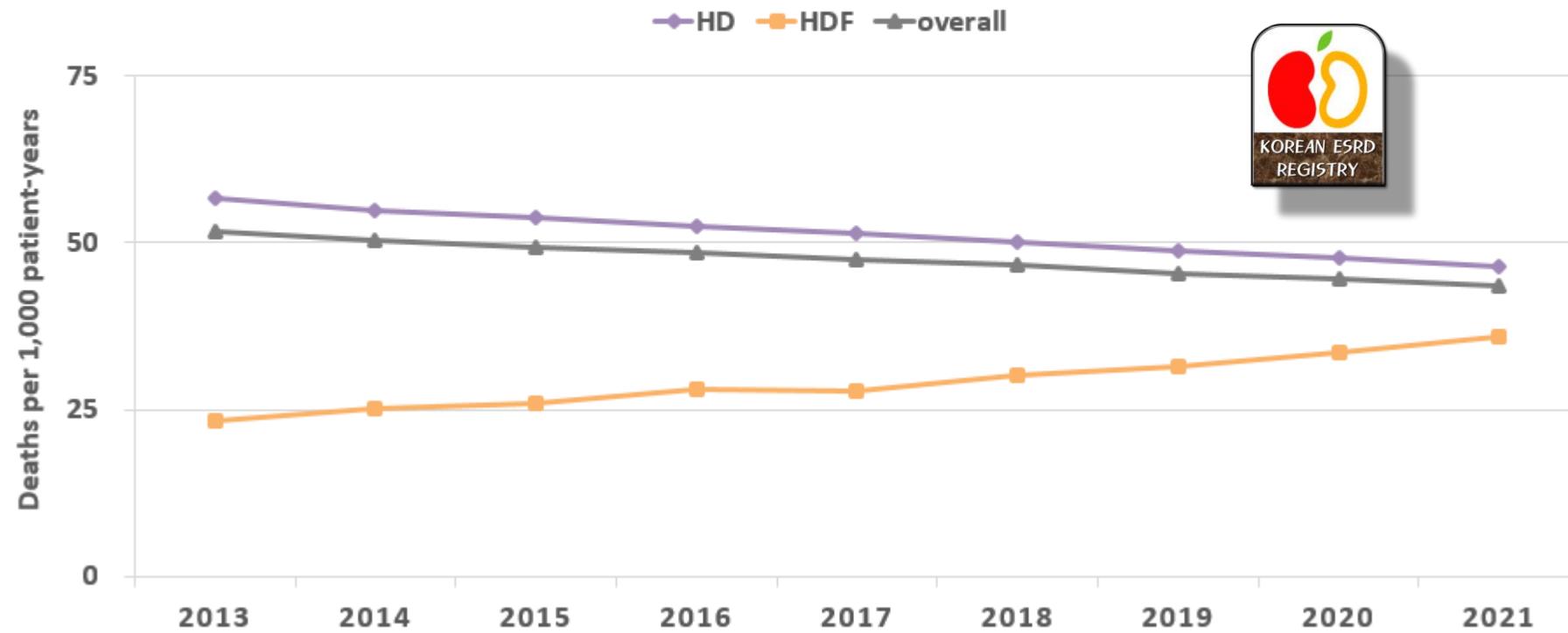
All-cause mortality by HD technique (HD vs HDF) for period prevalent patients, 2001-2021

All HD	130,561 (%)
HD	117,852 (90)
HDF≥1/wk	12,709 (10)



HD vs HDF (2)

All-cause mortality by HD technique (HD vs HDF) for period prevalent patients, 2001-2021 **adjusted age and sex**





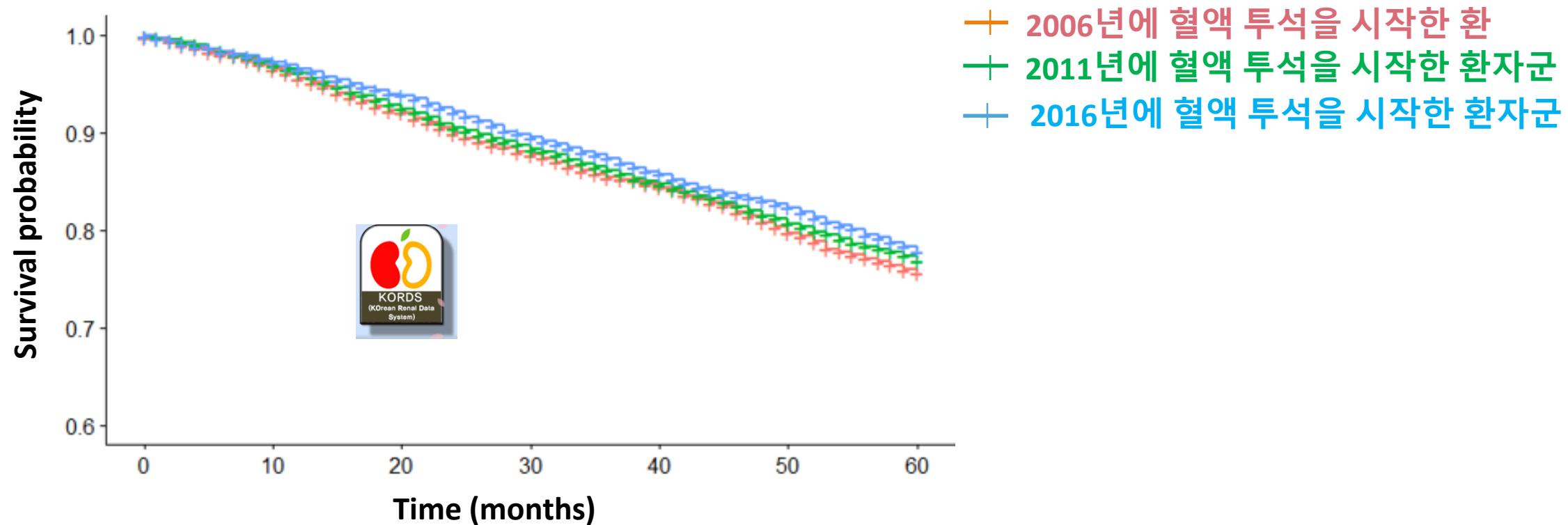
Survival probability of incident dialysis patients

Method

- **First 5 years after dialysis:** 첫 투석 시작 후 5년간 생존률
- **Groups:** 2006, 2011, and 2016 각 년도에 첫 투석을 시작한 말기 신부전 환자 (총 3그룹)
- Kaplan-meier estimate for survival analysis
- Adjusted by age and sex
- SAS version 9.4

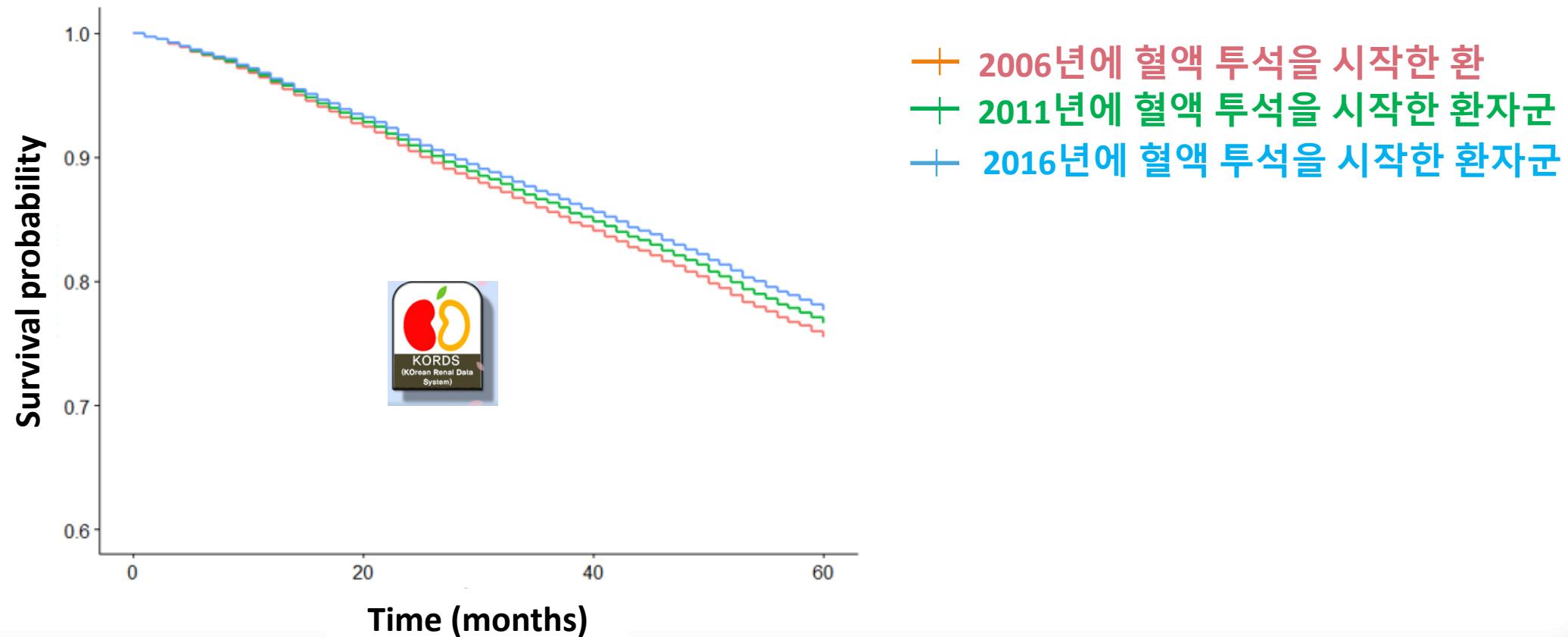
Incident HD patients

Unadjusted survival of incident ESRD patients over the first 5 years after HD and year of ESRD onset, 2006, 2011, and 2016



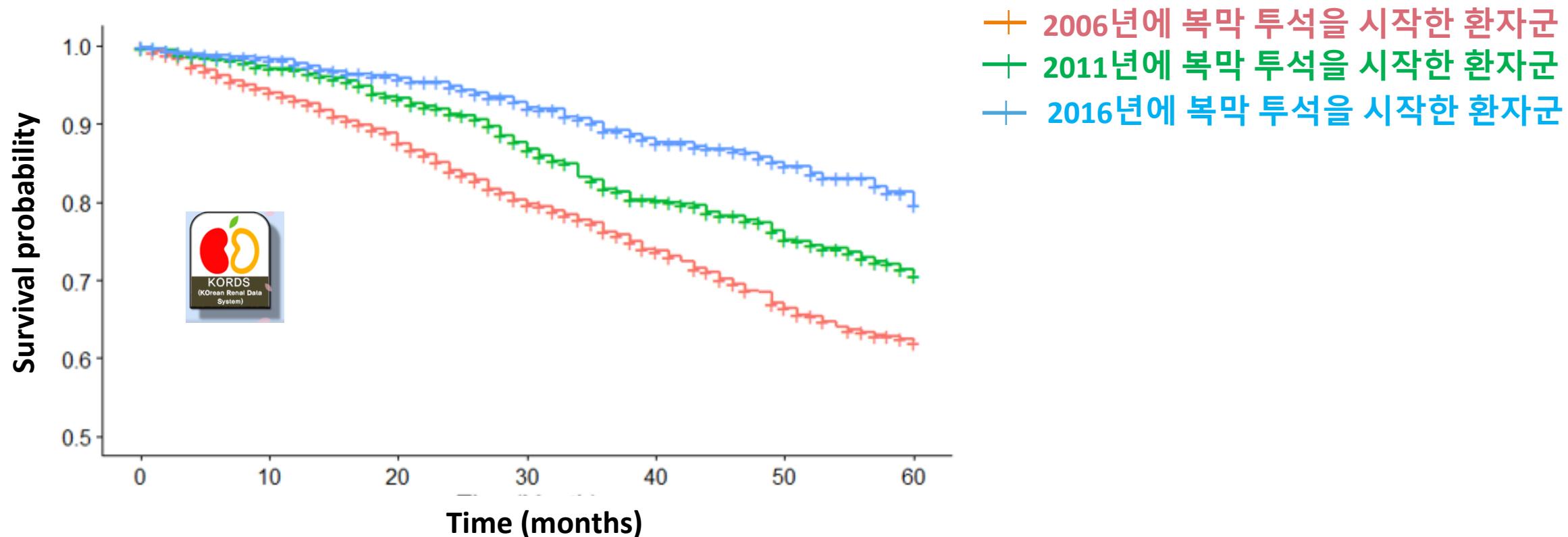
Incident HD patients

Adjusted survival of incident ESRD patients over the first 5 years after HD and year of ESRD onset, 2006, 2011, and 2016



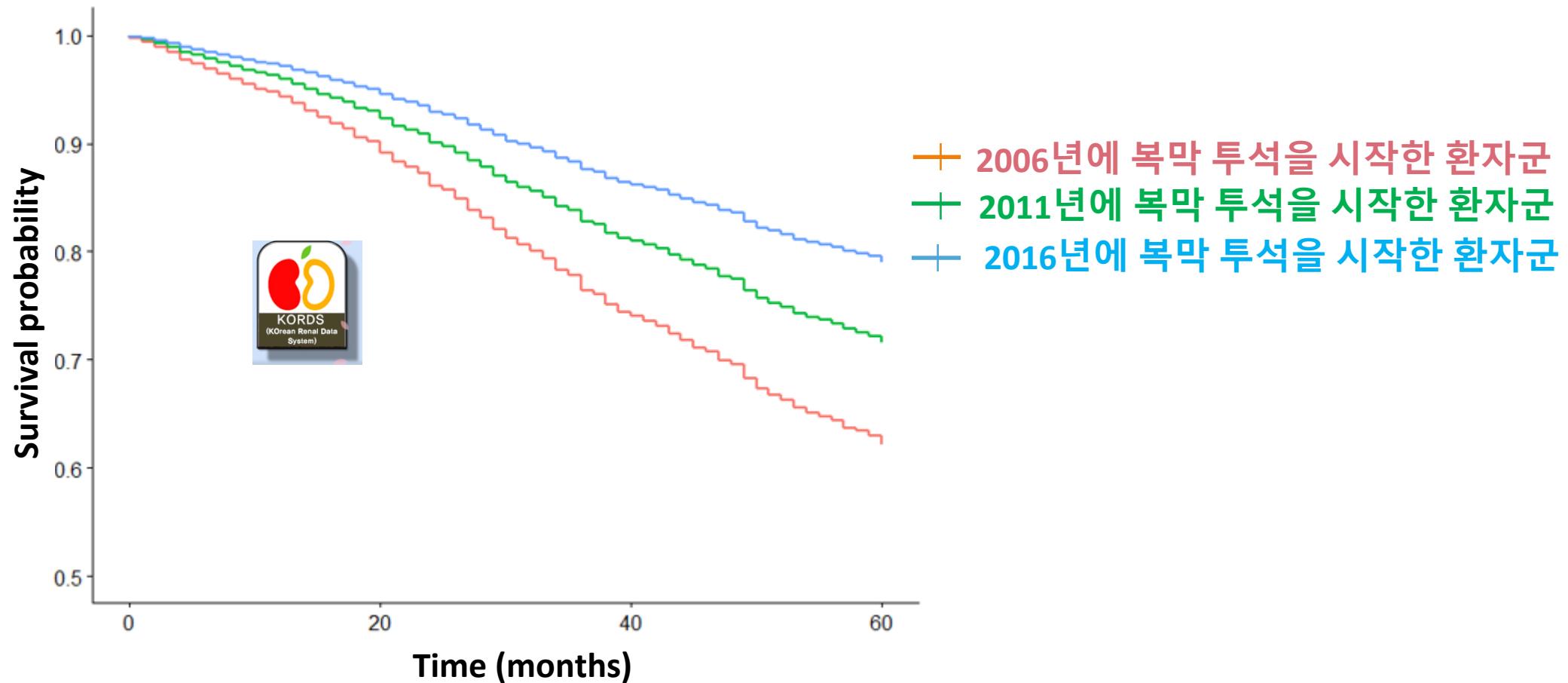
Incident PD patients

Unadjusted survival of incident ESRD patients over the first 5 years after PD and year of ESRD onset, 2006, 2011, and 2016

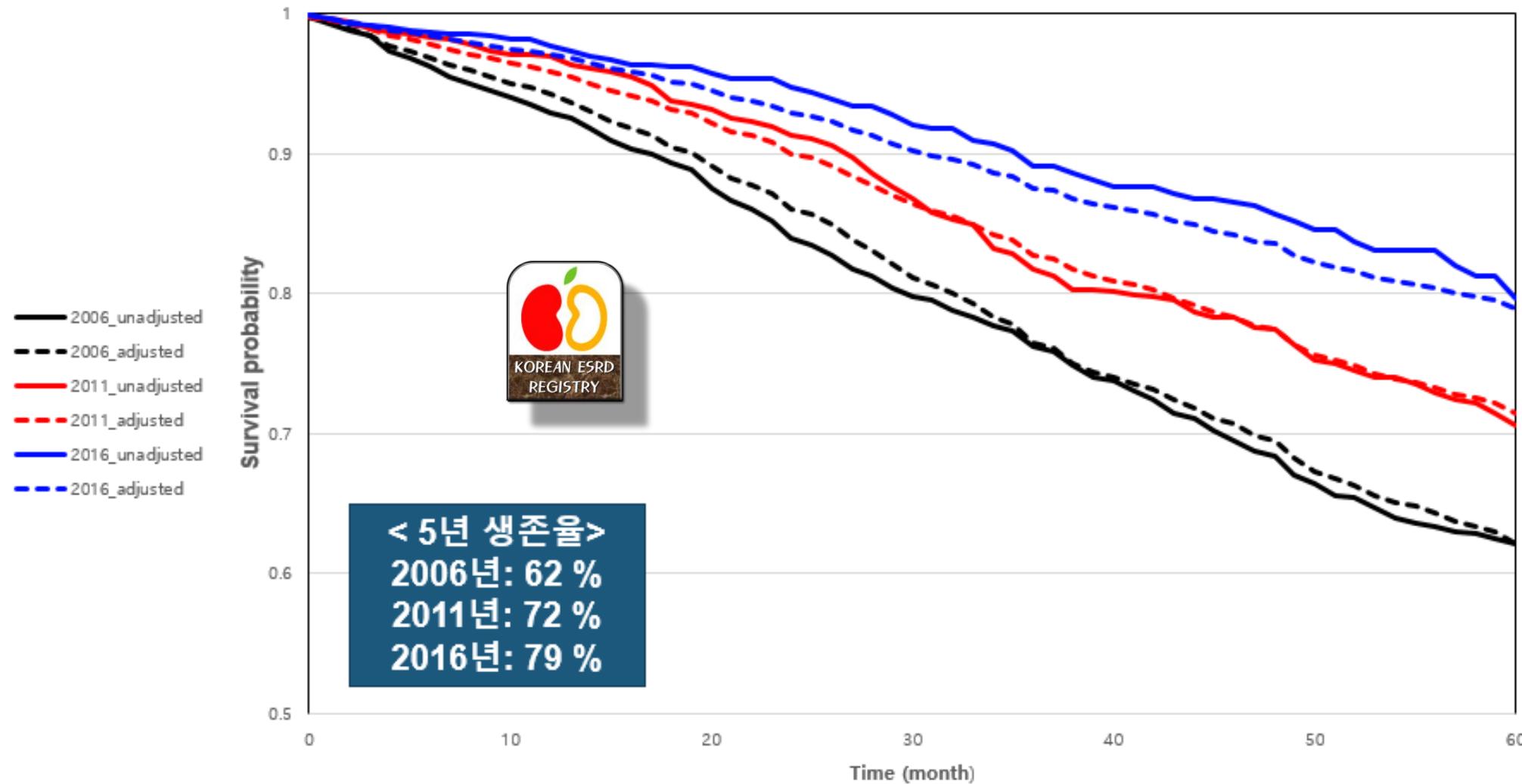


Incident PD patients

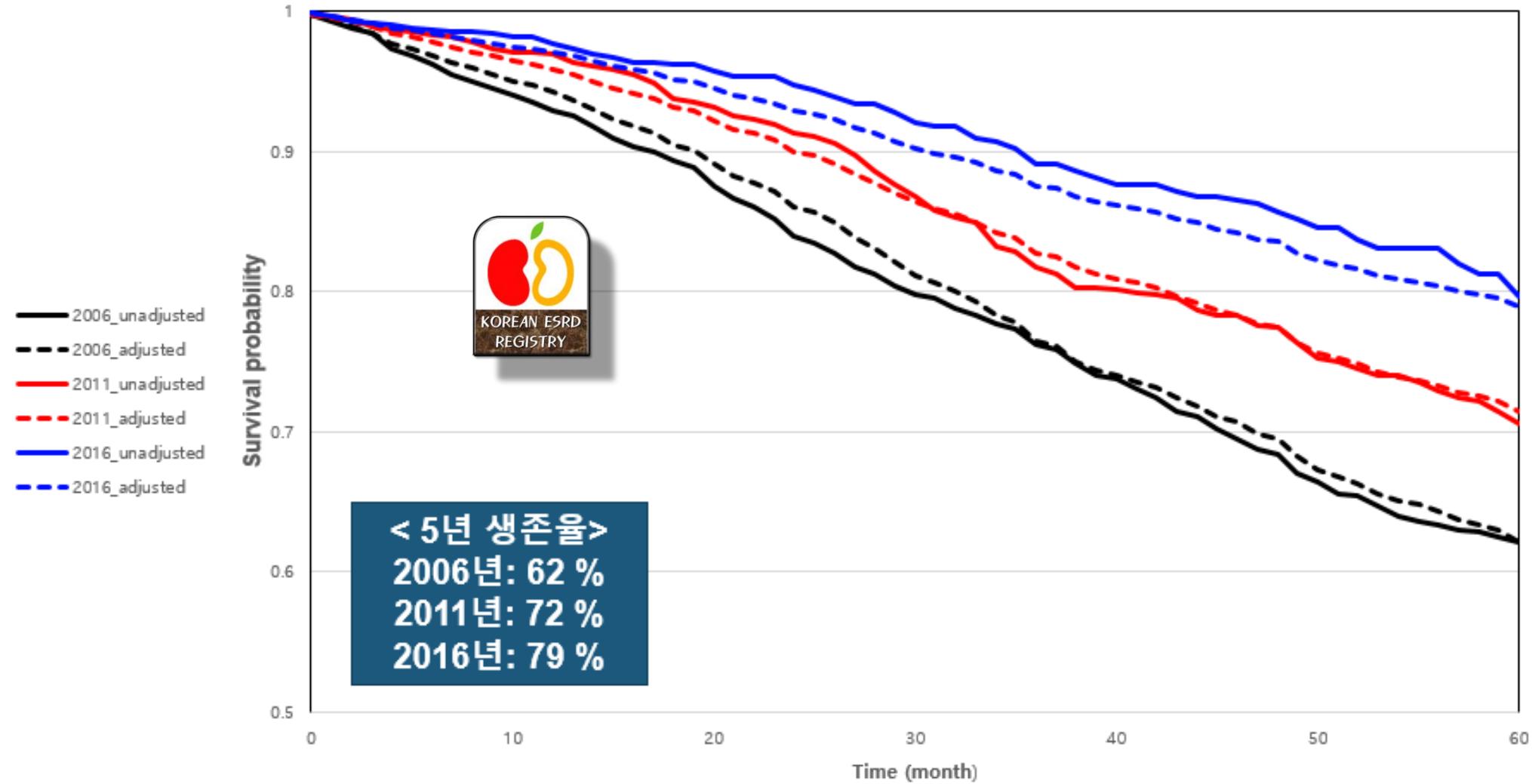
Age and sex-adjusted survival of incident ESRD patients over the first 5 years after PD treatment, 2006, 2011, and 2016



Adjusted survival of incident ESRD patients over the first 5 years after PD and year of ESRD onset, 2006, 2011, and 2016



Adjusted survival of incident ESRD patients over the first 5 years after PD and year of ESRD onset, 2006, 2011, and 2016





Causes of deaths

Method

- Percentages
- 2001-2021
- SAS version 9.4

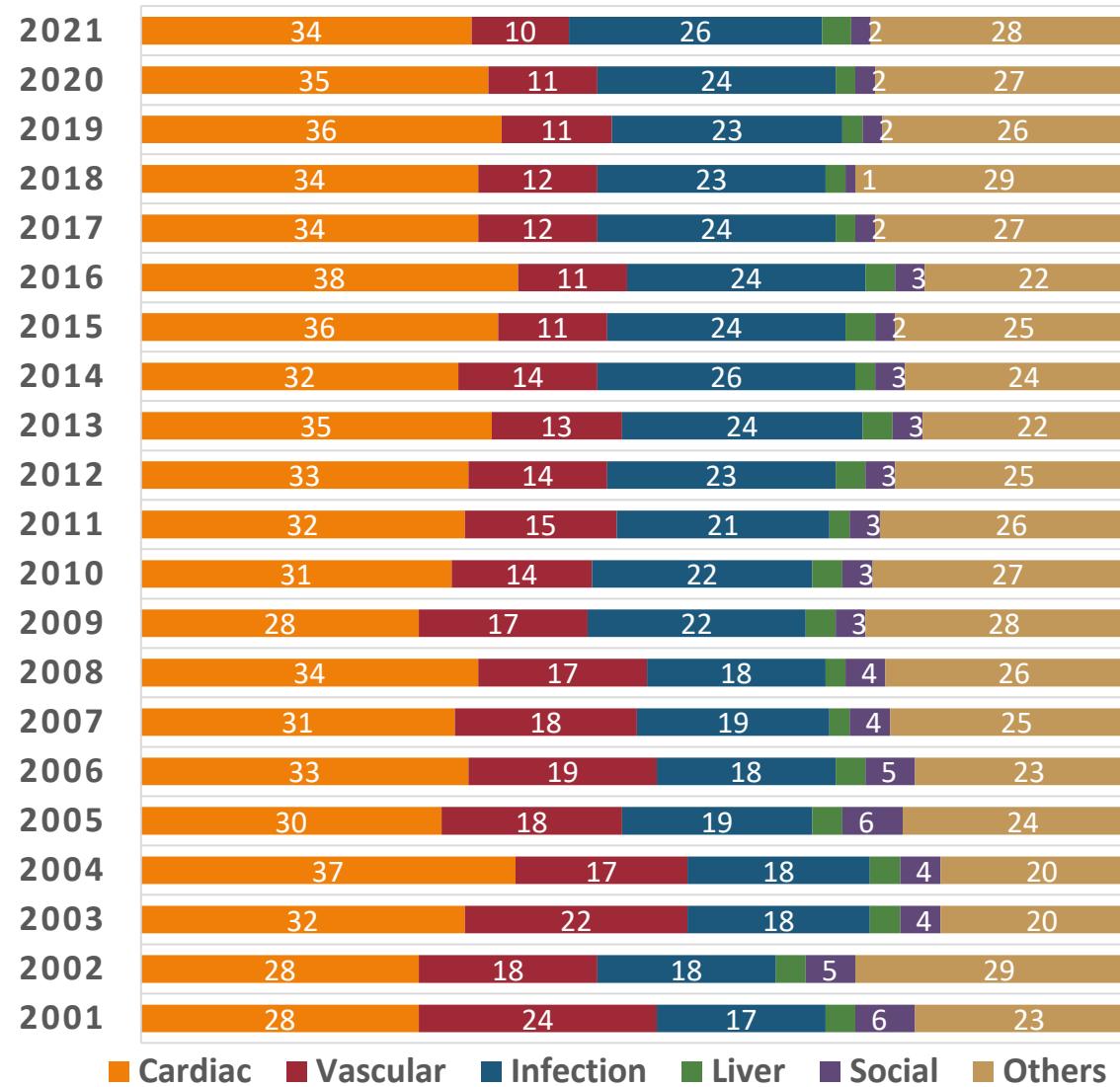


Cause-specific mortality (%) in patients with ESRD receiving dialysis, 2001-2021

	2001	2005	2007	2009	2011	2013	2014	2015	2016	2017	2018	2019	2020	2021
Cardiac	26.9	30.7	31.7	29.5	32.7	35.8	32.5	36.1	38.1	33.7	33.7	35.8	34.8	34.1
MI	7.7	8.0	7.5	8.0	6.6	7.5	5.7	8.0	5.5	6.5	6.5	7.6	6.0	6.2
cardiac arrest, uremia-associated	11.2	10.4	10.8	8.5	11.0	14.2	14.1	13.1	13.3	12.7	12.4	12.9	13.9	13.1
cardiac arrest, other	8.1	12.4	13.3	13.0	15.0	14.2	12.6	15.0	19.3	14.5	14.8	15.3	14.9	14.8
Vascular	22.7	17.0	17.8	15.9	14.1	13.3	13.2	11.8	10.8	11.4	11.5	11.2	10.7	9.5
cerebrovascular accident	15.1	12.3	13.0	11.0	8.7	8.7	8.5	6.5	6.2	6.2	5.6	6.5	6.0	4.6
pulmonary embolism	0.5	0.6	0.5	0.2	0.2	0.2	0.2	0.9	0.4	0.3	0.3	0.3	0.3	0.2
GI hemorrhage	2.7	1.7	2.7	2.3	2.2	1.2	1.7	1.4	2.0	0.8	1.7	1.8	1.3	1.4
GI embolism	0.1	0.5	0.1	0.5	0.1	0.2	0.2	0.7	0.3	0.3	0.2	0.2	0.2	0.1
others	4.3	1.9	1.6	1.9	3.0	3.0	2.6	2.4	1.9	3.7	3.7	2.4	3.0	3.3
Infection	17.8	20.1	20.2	21.9	23.1	23.5	26.8	24.6	24.5	25.2	22.6	22.9	23.6	25.5
pulmonary	4.5	4.5	4.4	5.9	8.4	8.4	9.0	8.9	9.3	7.7	8.6	8.2	8.7	10.0
septicemia	6.9	9.6	11.7	10.4	9.7	11.9	13.6	11.0	10.2	12.2	10.6	11.2	11.2	10.1
tuberculosis	0.8	0.3	0.2	0.3	0.1	0.1	0.1	1.1	0.1	0.2	0.0	0.1	0.0	0.2
peritonitis	1.1	1.4	1.1	0.8	1.0	0.5	0.7	1.1	1.2	0.7	0.6	0.6	0.7	0.7
others	4.5	4.3	2.9	4.5	4.0	2.7	3.4	2.4	3.6	4.5	2.7	2.9	2.9	4.6
Liver disease	2.6	2.7	2.2	3.1	2.1	2.4	2.2	2.6	2.3	2.0	1.6	2.3	1.7	1.9
hepatic failure d/t HBV	1.6	1.5	1.3	2.2	1.0	1.3	1.0	1.1	0.9	1.1	0.6	1.0	0.8	0.6
hepatic failure d/t others	1.0	1.2	0.8	0.9	1.1	1.1	1.2	1.5	1.5	1.0	1.0	1.4	0.9	1.3
Social	6.3	5.4	3.3	2.5	3.3	2.8	2.5	2.0	2.5	1.5	1.3	1.5	1.8	1.5
patient refused further treatment	2.1	1.1	1.1	0.5	0.4	0.3	0.3	0.3	0.5	0.1	0.0	0.3	0.2	0.2
suicide	3.3	3.3	1.5	1.3	1.4	1.3	1.6	1.0	1.5	0.8	0.8	0.8	1.1	0.9
therapy ceased for other cause	0.9	1.0	0.7	0.8	1.5	1.2	0.7	0.8	0.5	0.8	0.5	0.5	0.5	0.4
Others	23.7	24.0	24.8	27.1	24.7	22.2	22.9	23.0	21.8	26.2	29.3	26.2	27.4	27.6
cachexia	8.1	4.0	4.4	3.3	2.7	1.6	1.5	1.4	0.9	1.0	1.0	0.6	0.5	1.0
malignant	4.4	6.4	5.7	5.7	6.0	5.7	6.0	5.8	6.5	6.6	6.0	5.0	7.1	6.2
accident	0.9	1.4	1.2	1.3	1.6	1.4	2.0	1.0	1.0	1.1	1.3	1.3	1.5	1.4
uncertain	10.3	12.3	13.4	16.8	14.5	13.4	13.4	14.8	13.4	17.6	21.0	19.3	18.4	19.0



CAUSE OF DEATH (%)

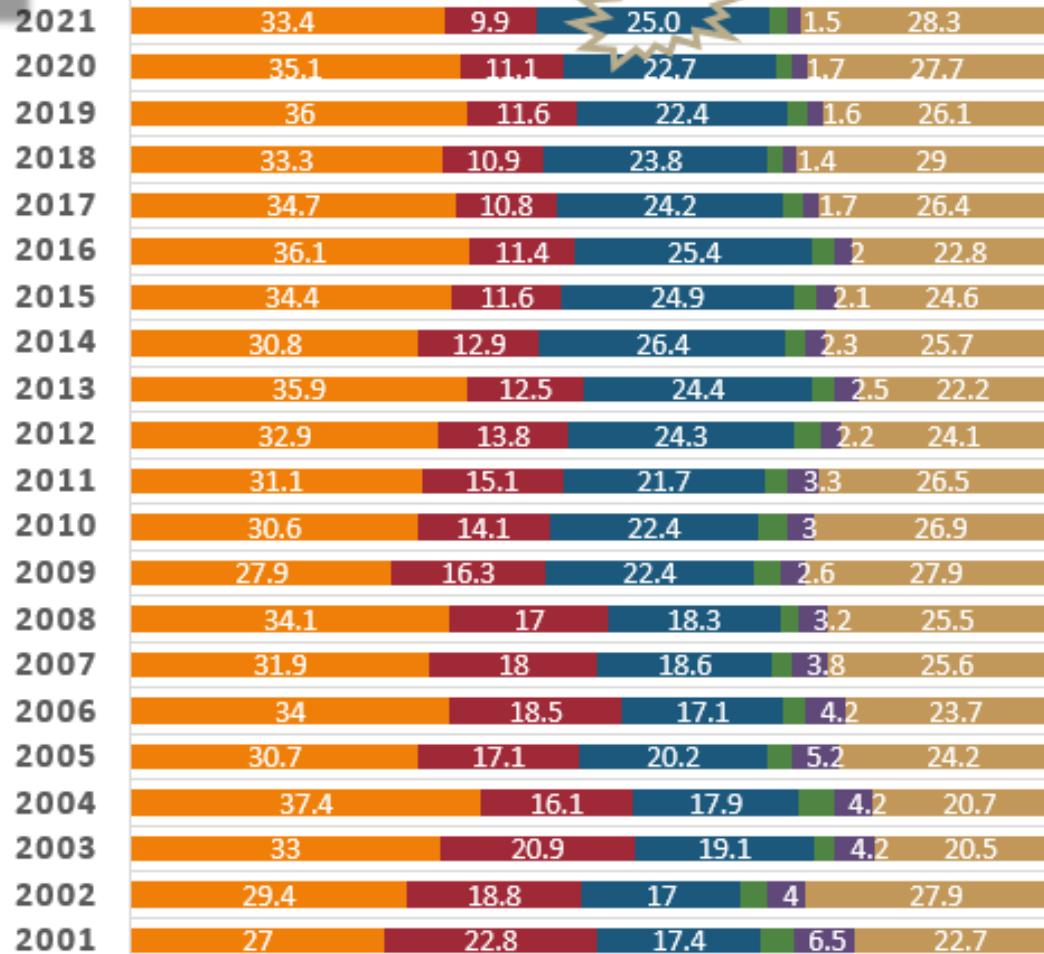


█ Cardiac
 █ Vascular
 █ Infection
 █ Liver
 █ Social
 █ Others

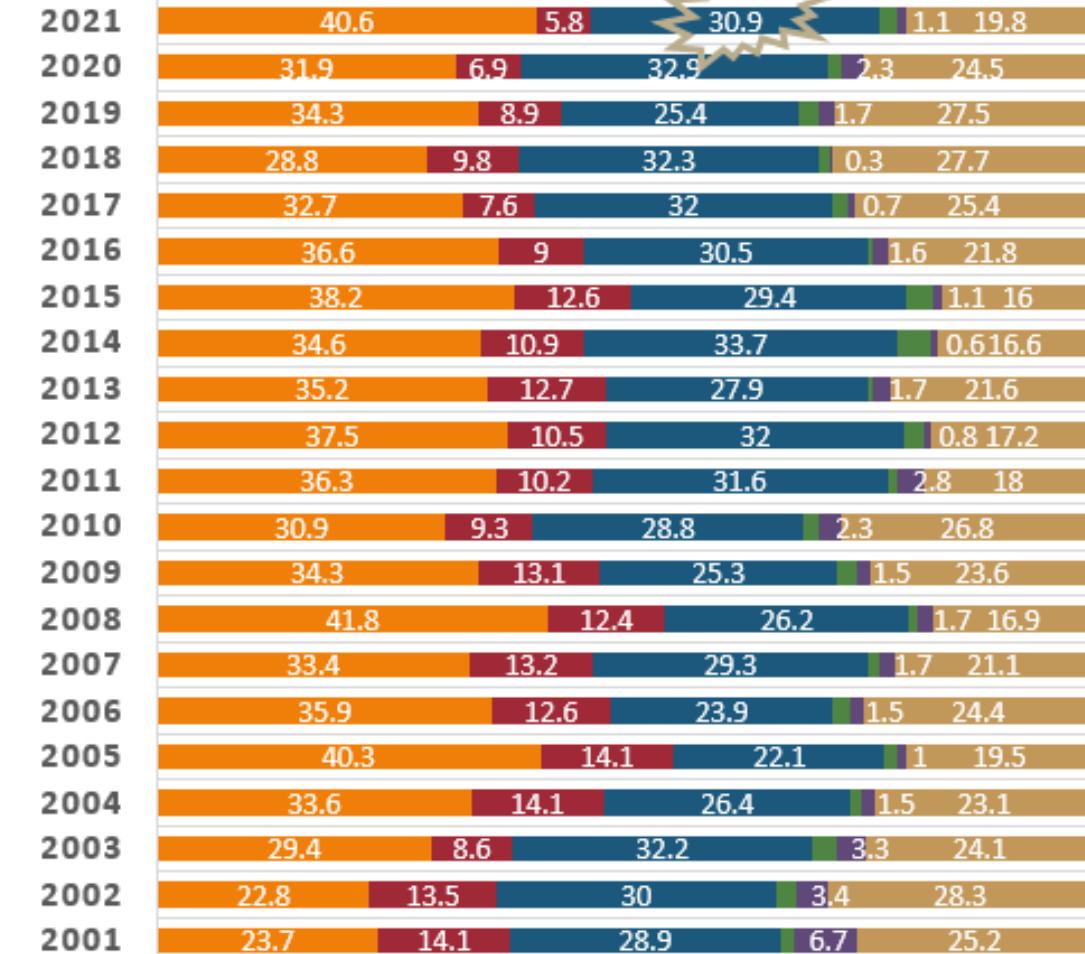


Comparison of cause-specific death, HD versus PD patients

CAUSE OF DEATH (HD, %)



CAUSE OF DEATH (PD, %)



■ Cardiac ■ Vascular ■ Infection ■ Liver ■ Social ■ Others

■ Cardiac ■ Vascular ■ Infection ■ Liver ■ Social ■ Others



대한 신장학회 등록 사업 등록 현황

등록사업에 참여한 의료기관 수 및 응답률 증가

년도	2019년		2020년		2021년	
	지역	총의료기관수	응답률	총의료기관수	응답률	총의료기관수
서울	185	63.2%	199	70.4%	214	68.7%
부산	62	56.5%	65	73.8%	74	70.3%
대구	43	58.1%	45	86.7%	48	70.8%
인천	45	40.0%	52	73.1%	60	58.3%
광주	35	42.9%	35	71.4%	35	65.7%
대전	19	68.4%	22	77.3%	25	68%
경기	185	46.5%	209	69.4%	236	57.2%
강원	27	48.1%	29	79.3%	32	56.3%
충북	31	54.8%	35	68.6%	36	63.9%
충남	42	50.0%	44	75.0%	44	56.8%
전북	29	48.3%	29	72.4%	30	50%
전남	38	39.5%	40	67.5%	39	41%
경북	47	51.1%	47	76.6%	54	55.6%
경남	64	42.2%	69	76.8%	76	53.9%
울산	17	58.8%	17	70.6%	18	72.2%
제주	13	53.8%	14	85.7%	15	73.3%
세종	3	66.7%	4	50.0%	5	80%
전국	885	51.9%	955	72.8%	1041	61.4%

요약

- 전체 말기 신부전 환자 유병률의 지속적인 증가.
- 노령 투석 환자의 지속적인 증가.
- 원인 신질환에서 당뇨병성 신증의 비율 절반 유지.
- 투석 환자의 사망률 지속적인 감소 추세. 특히 혈액 투석과 복막투석 신환의 5년 생존률의 지속적인 사망률 감소 추세.
- 당뇨 및 고령 환자에서 복막 투석 사망률이 혈액 투석 사망률보다 높음.
- 복막 투석 연관 복막염 감소세 유지.
- 대한신장학회 등록 사업의 전국적 등록률 일시적 감소.

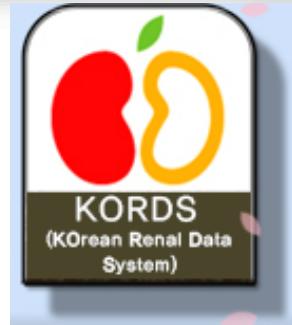
감사의 말씀

- 본 연례 보고가 가능할 수 있었던 것은 말기 신부전 환자 등록에 참여해주신 전국의 인공 신장실 담당의료진의 노고 덕분입니다. 등록해주신 자료를 바탕으로 양질의 결과를 만들어 보고 할 수 있도록 저희 등록 위원회는 더욱 열심히 하겠습니다.
- 더불어 보고서 작성에 도움을 주신 신장학회 사무 선생님, 정선아 선생님, 최아름 선생님, 투석용 의료물품 공급업체 (Baxter Korea, FMC Korea, 보령, B-braun Korea)에도 감사드립니다.

대한신장학회 등록 위원회 배상



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- 대한신장학회 사무국: 조지연, 윤유선