



2020년 우리나라 신대체 요법의 현황
– 인산 민병석 교수 기념 말기 신부전 환자 등록 사업 2020 –

KOREAN RENAL DIALYSIS SYSTEM (KORDS) 2020

대한신장학회 등록위원회
KORDS Committee, Korean Society of Nephrology

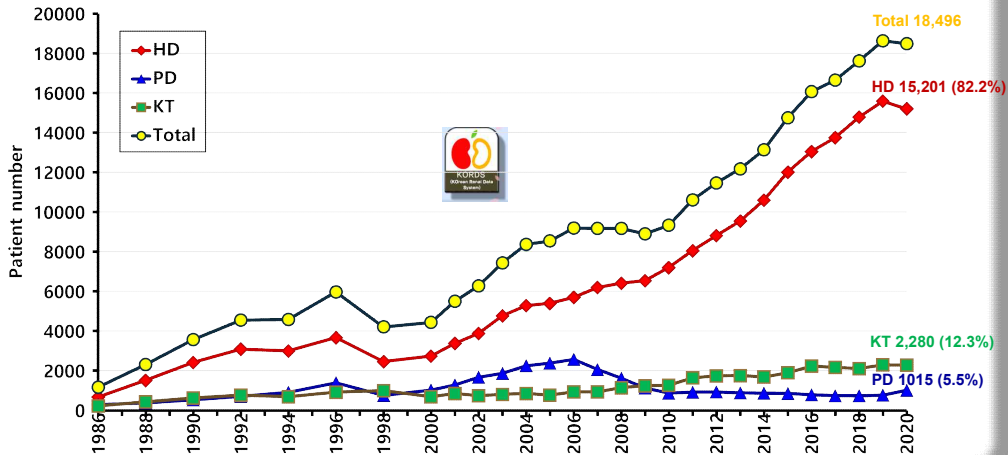


목차 (Contents)

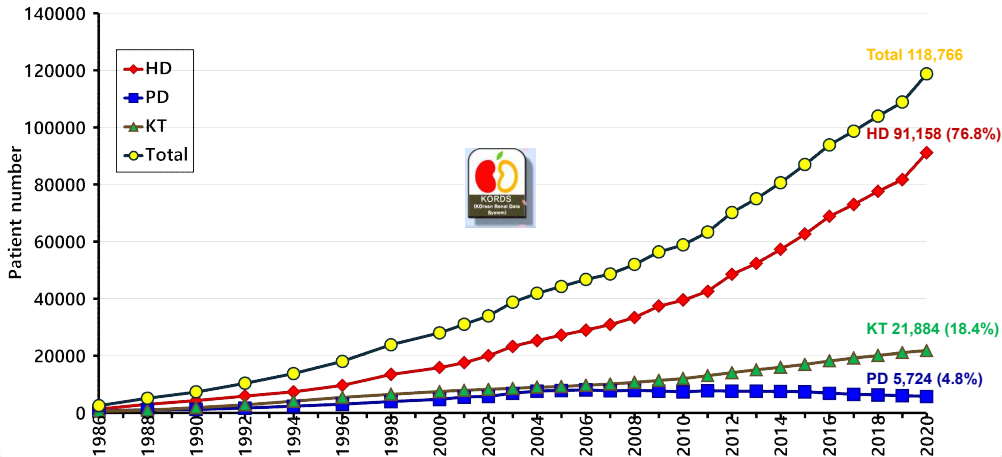
- 2020년 우리나라 말기 신부전 환자의 발병률 및 유병률 분석
(Incidence and Prevalence of ESRD patients in Korea)
- 2020년 우리나라 말기 신부전 환자의 특징 분석
(Patients and Dialysis Characteristics of ESRD in Korea)
- 2020년 우리나라 말기 신부전 환자의 사망률 분석
(Mortality of ESRD patients in Korea)
- 2020년 대한 신장학회 등록 사업 등록 현황
(Current status of KORDS)

Incidence and Prevalence of ESRD patients in Korea

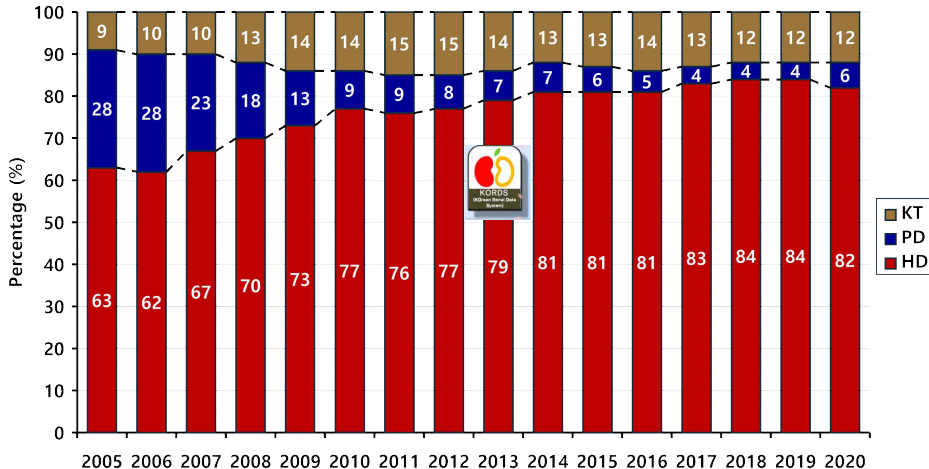
Incidence of ESRD



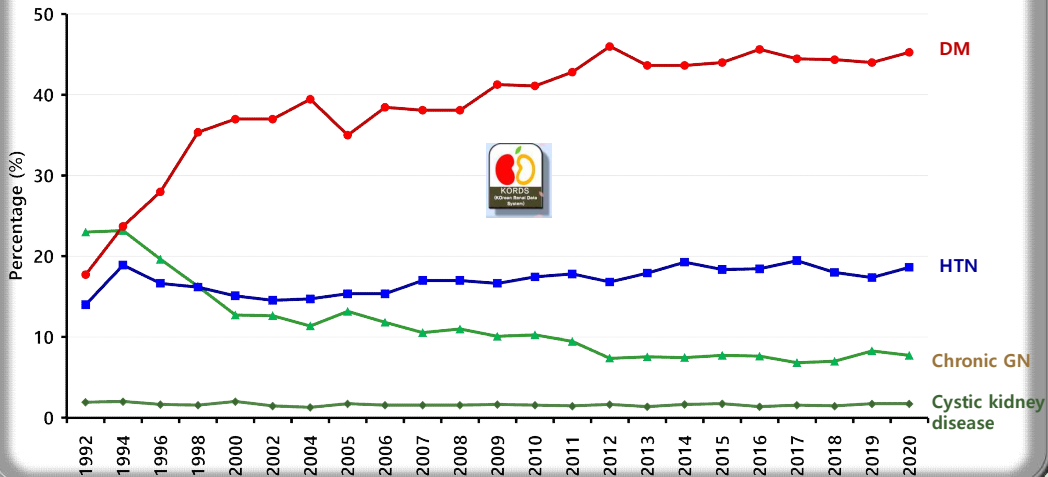
Prevalence of ESKD



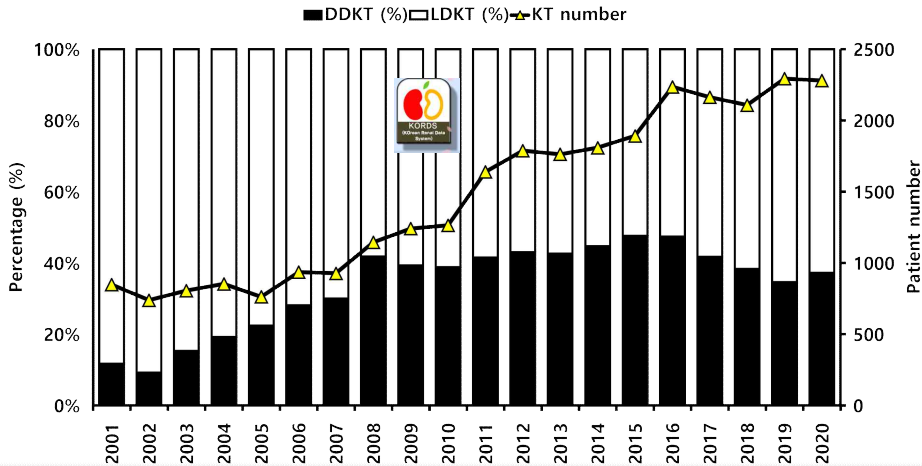
Proportion of Annual ESRD Incidence



Trends in causes of ESRD



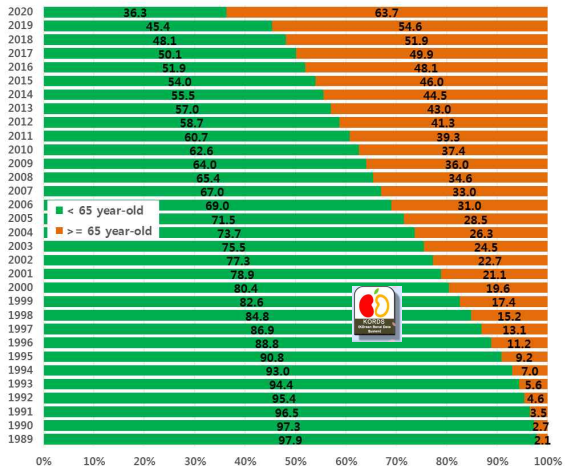
Current Status of Kidney Transplantation (KT)



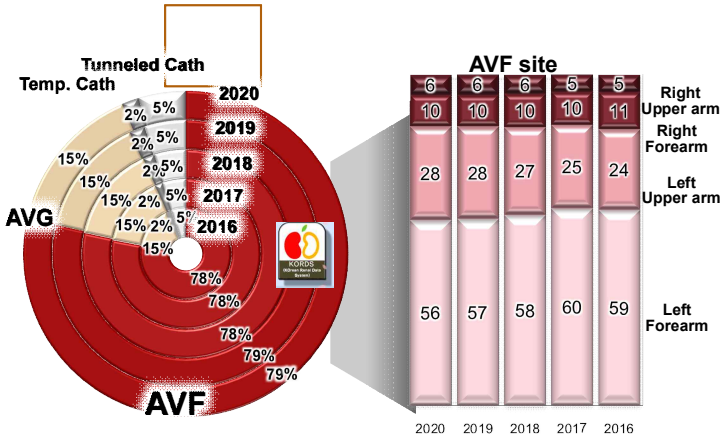


우리나라 말기신부전 환자와 투석 치료의 특징 (Patients and Dialysis Characteristics of ESRD in Korea, 2020)

Trend in proportion of elderly patients with ESRD

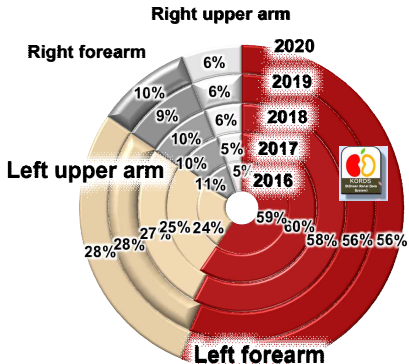


Vascular Access (1)-Distribution of access type

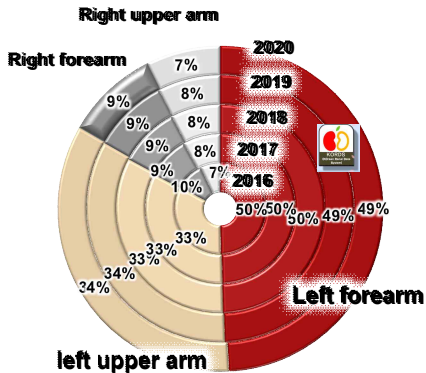


Vascular Access (2)-Distribution of OP site

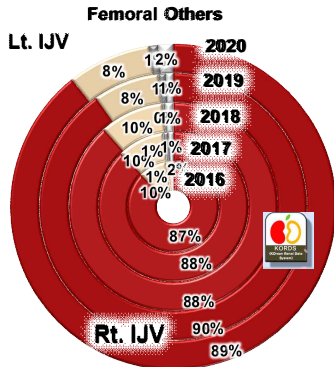
AVF



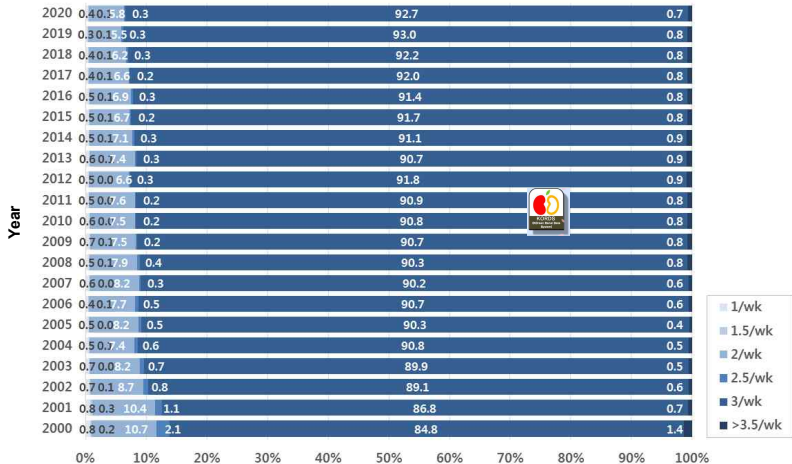
AVG



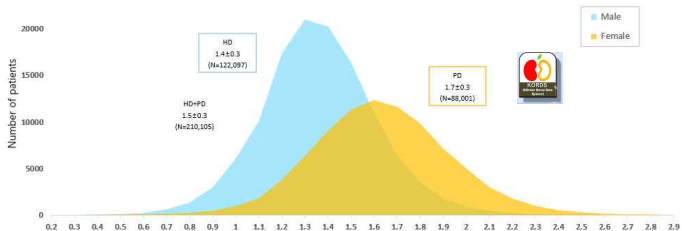
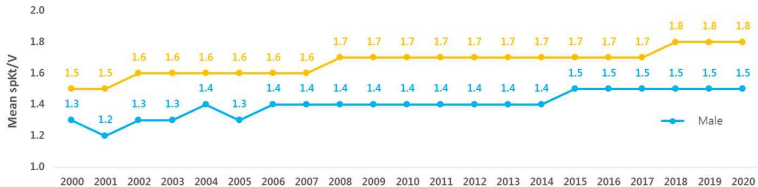
Vascular Access (3)-Location of catheter for HD



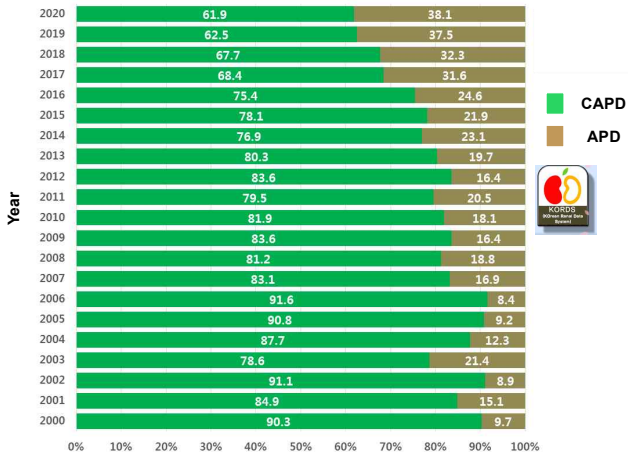
Frequency of HD (session/week)



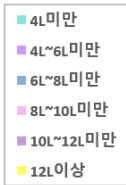
Adequacy of HD (spKt/V)



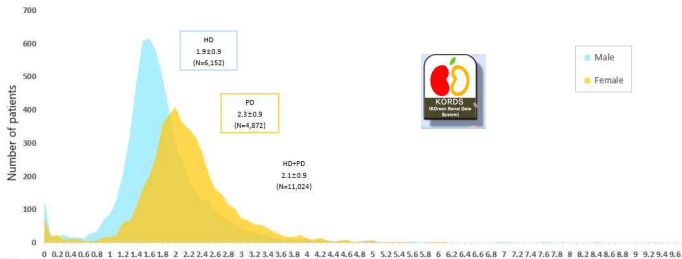
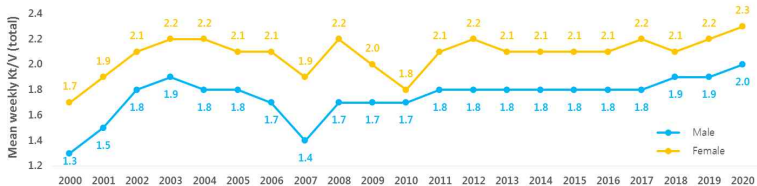
Trends in type of peritoneal dialysis (PD)



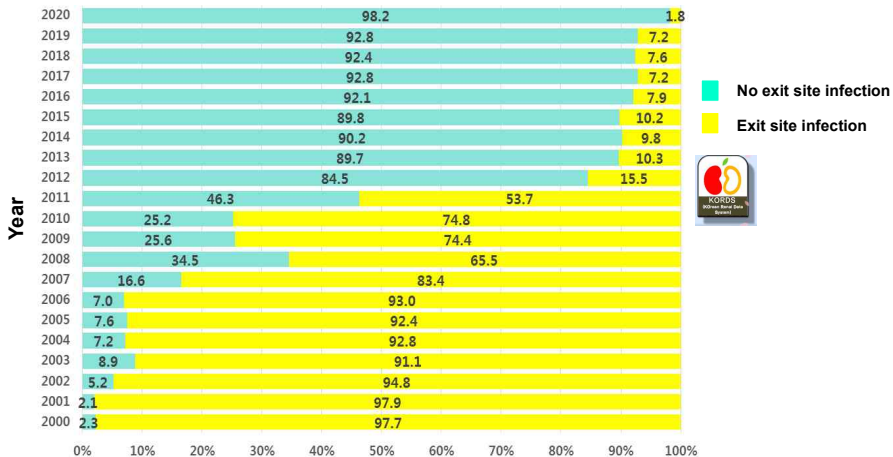
Prescriptions of PD dose per day



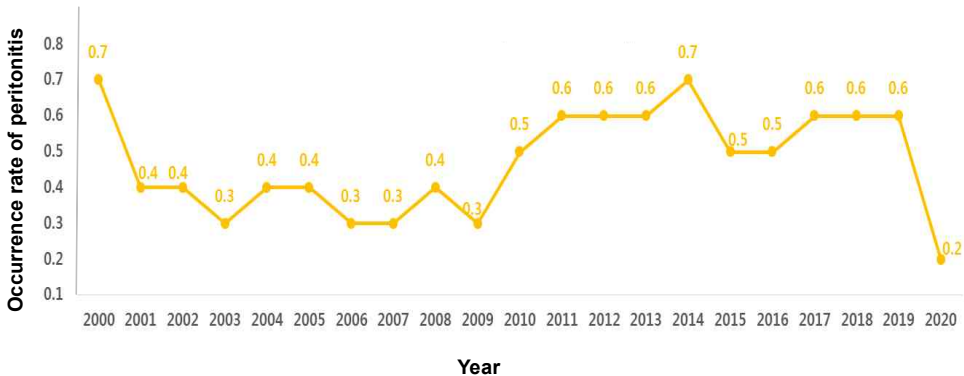
Adequacy of PD (Total weekly Kt/V)



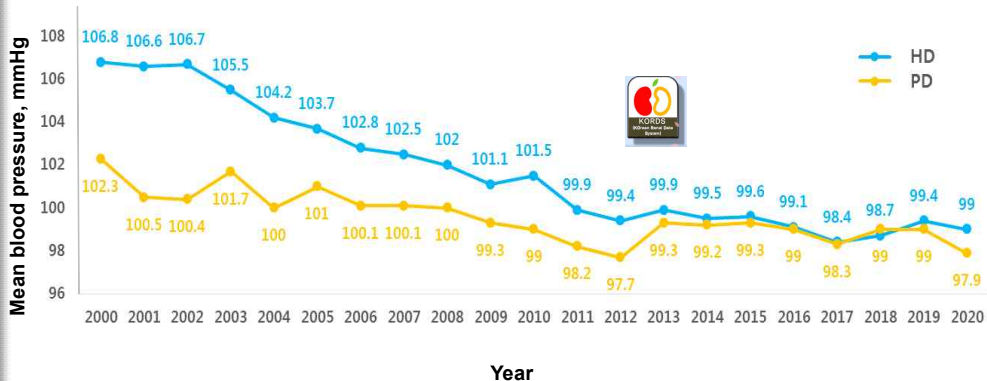
Trends in Exit infection of PD patients (%)



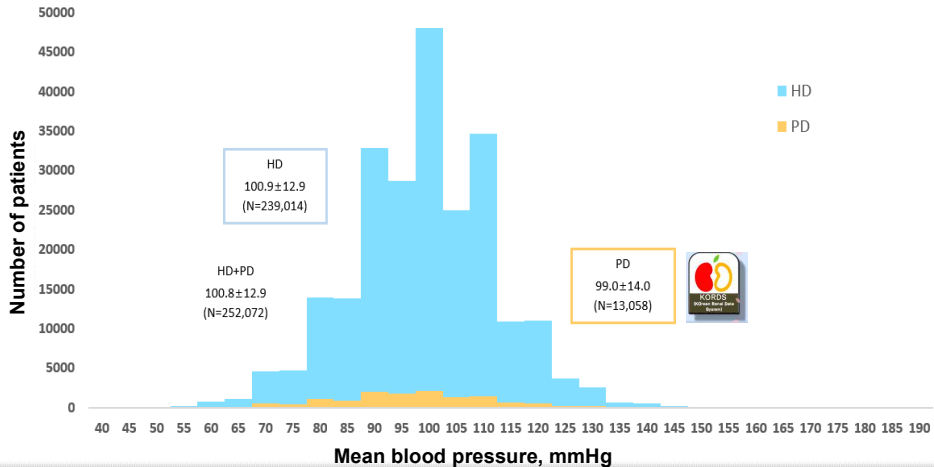
Trends in the occurrence rate of PD-related peritonitis



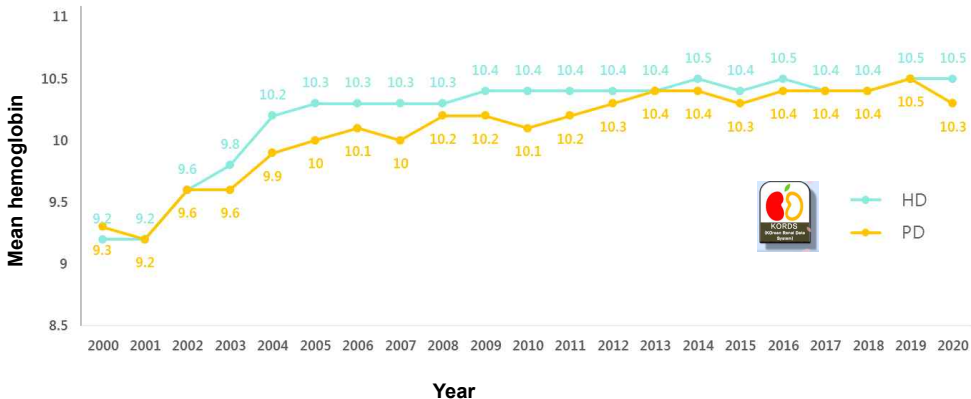
Distribution of mean blood pressure



Distribution of mean blood pressure

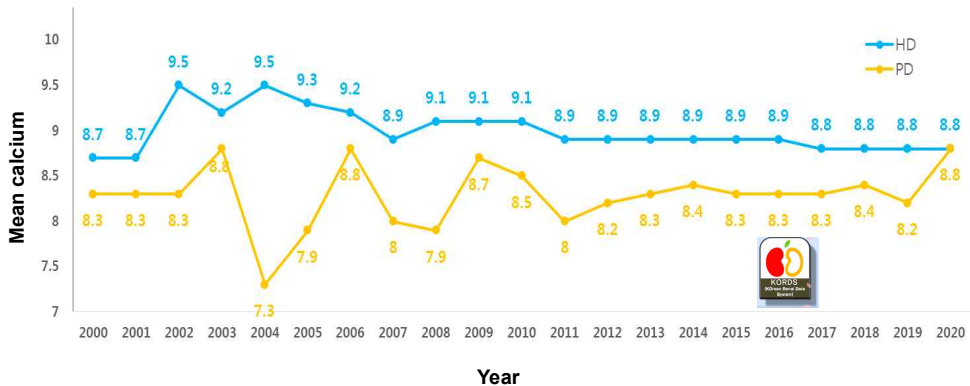


Hemoglobin (HD and PD)

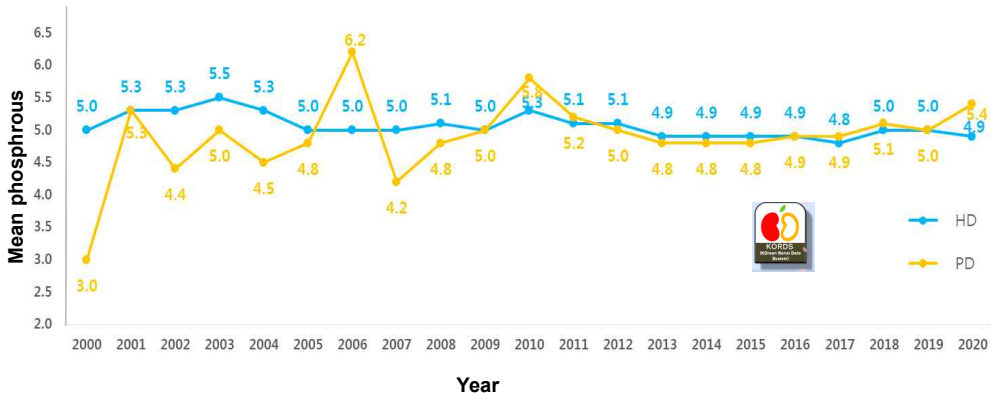


—●— HD
—●— PD

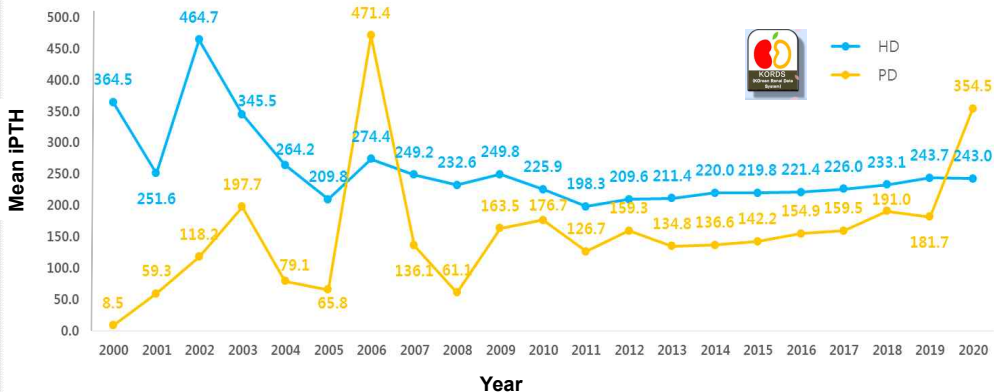
Calcium, Phosphorous & iPTH



Calcium, Phosphorous & iPTH



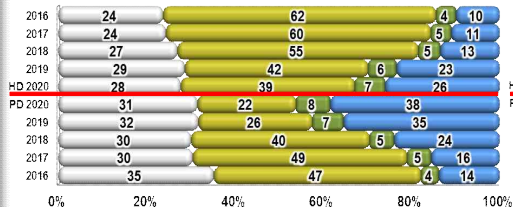
Calcium, Phosphorous & iPTH



Treatment of CKD-MBD

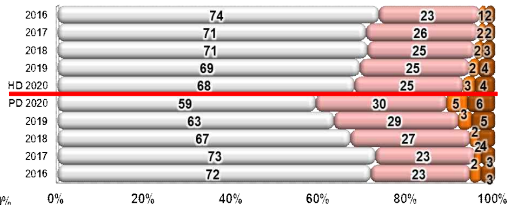


Phosphate Binders



■ No Phosphate binder ■ Calcium Carbonate or Acetate
■ Calcium + Sevel or Lanth ■ Sevelamer or Lanthenum

Vitamin D analogues and calcimimetics



■ No PTH control ■ Vit D po or iv ■ Vit D + Cinacalcet ■ Cinacalcet

Hepatitis B

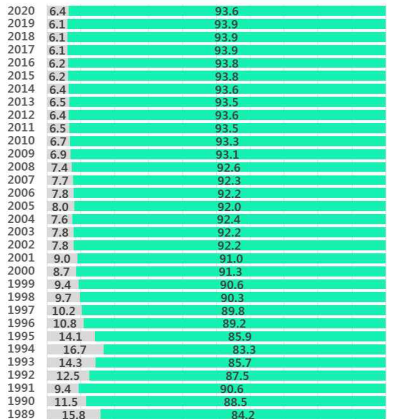
HD

PD



HBsAg (+)

HBsAg (-)

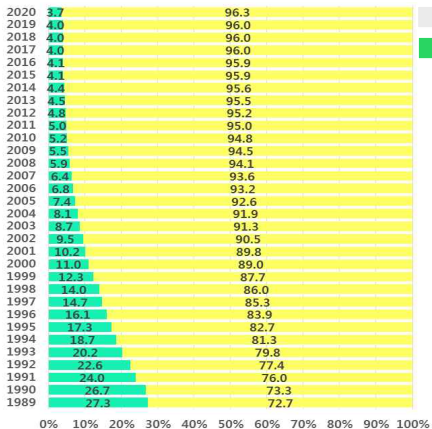


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

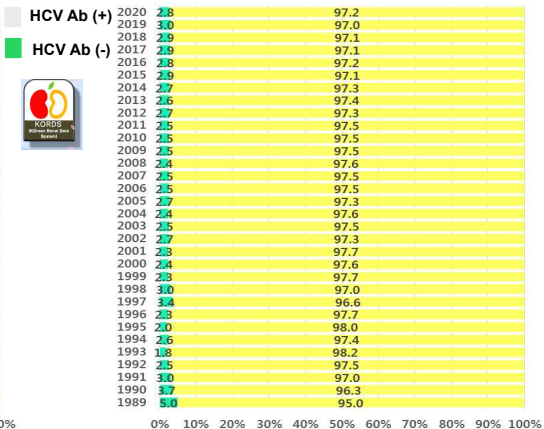
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Hepatitis C

HD

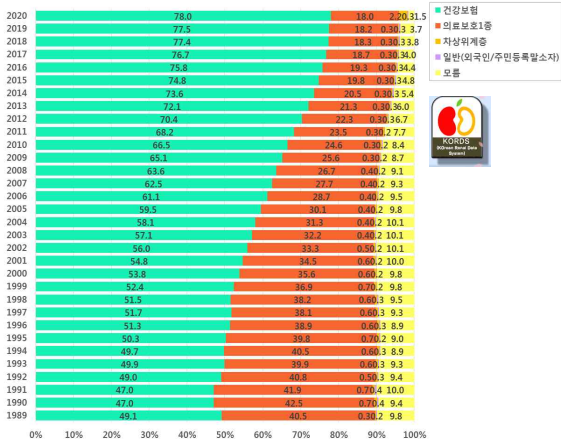


PD



Medical insurance

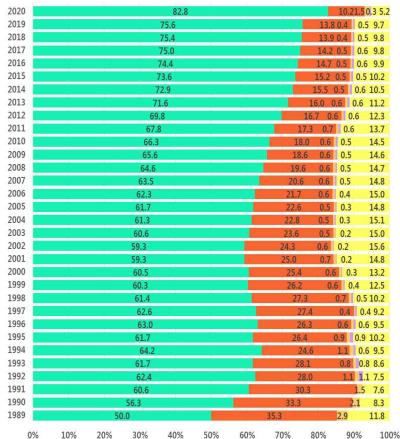
HD



- 건강보험
- 의료보호1종
- 자상위계층
- 일반(외국인/주민등록말소자)
- 모름

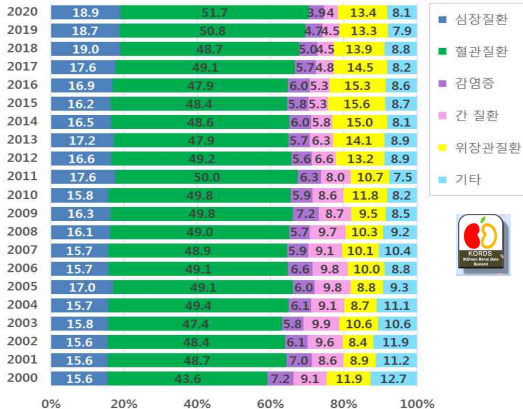


PD

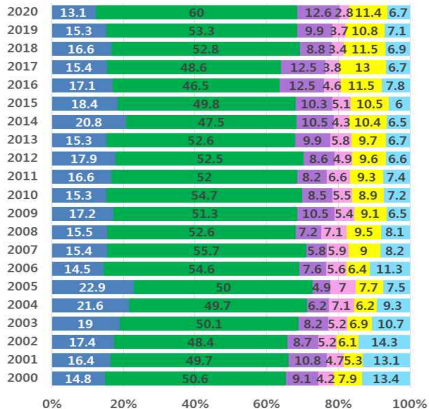


Comorbidity of Dialysis Patients

HD



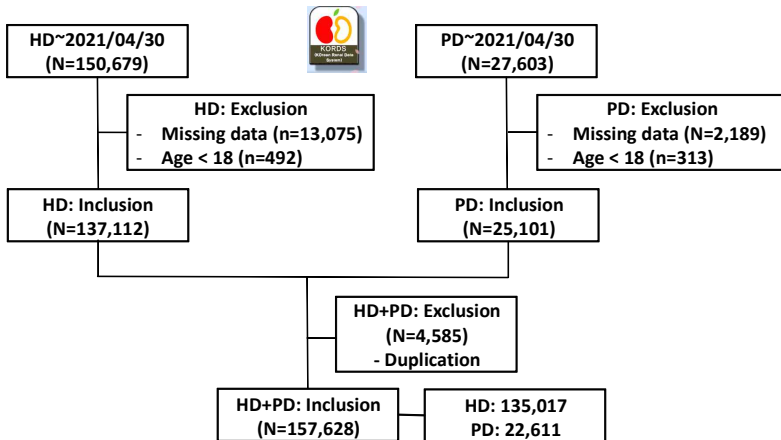
PD





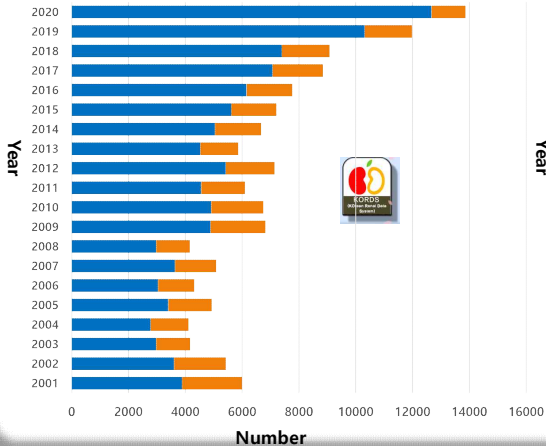
**우리나라 말기신부전 환자의 생존율 변화와 위험인자
(Mortality analysis of ESRD patients in Korea)**

Flow chart of patient selection for the cohort

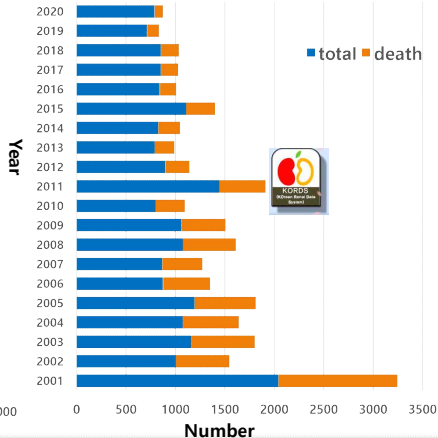


Number of Death by dialysis modality, 2001-2020

Deaths on HD



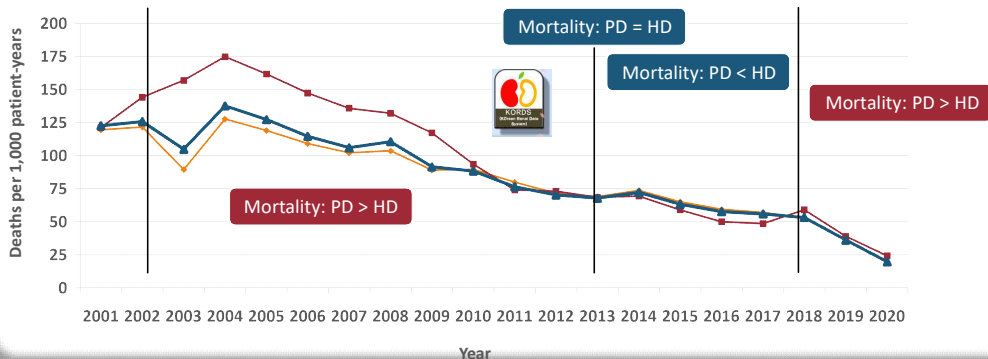
Deaths on PD



HD vs PD

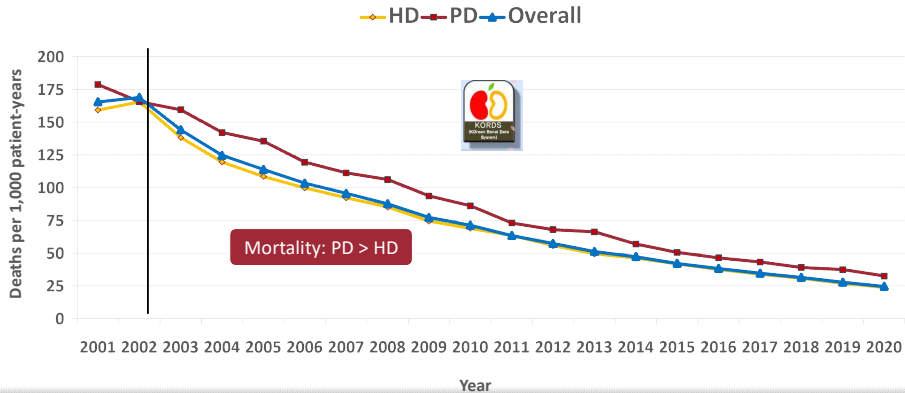
Unadjusted all-cause mortality by overall and treatment modality (HD vs PD) for prevalent patients, 2001-2020

— HD — PD — Overall



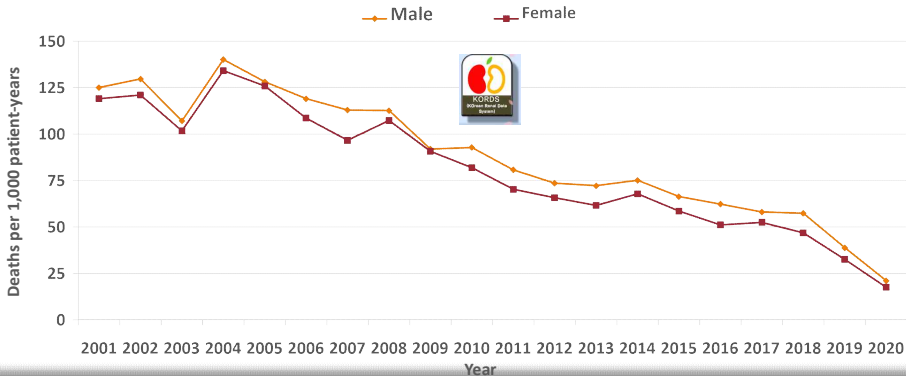
HD vs PD

Adjusted all-cause mortality by overall and treatment modality (HD vs PD) for prevalent patients, 2001-2020



Male vs Female (1)

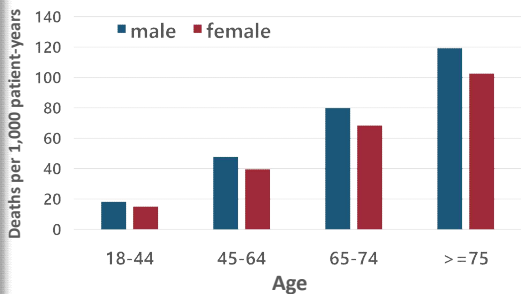
Unadjusted all-cause mortality by sex (male and female) for prevalent patients, 2001-2020



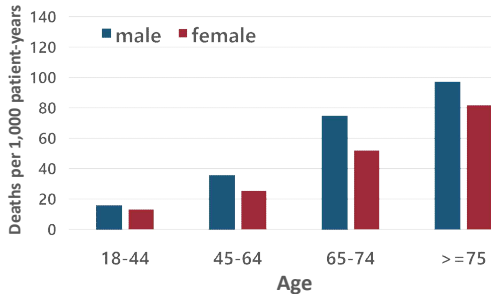
Male vs Female (1)

Unadjusted all-cause mortality in prevalent dialysis patients by sex and age, 2015, 2018

2015

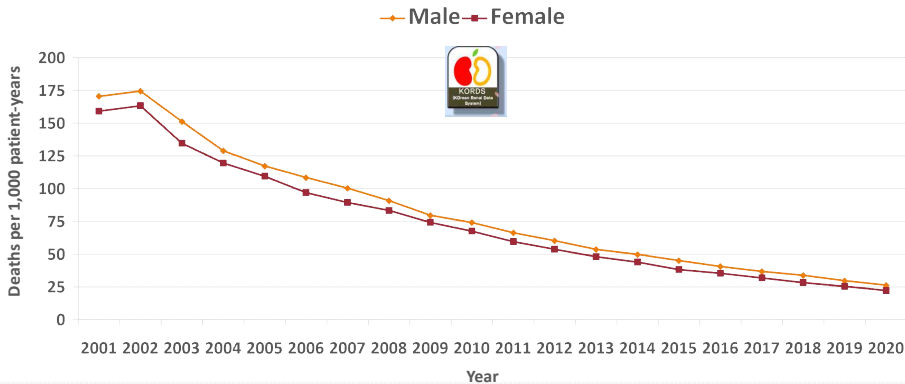


2018



Male vs Female (2)

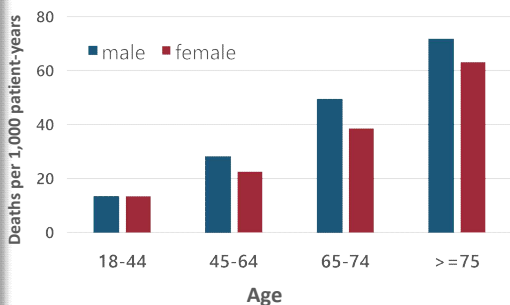
Age-adjusted all-cause mortality by sex (male and female) for prevalent patients, 2001-2020



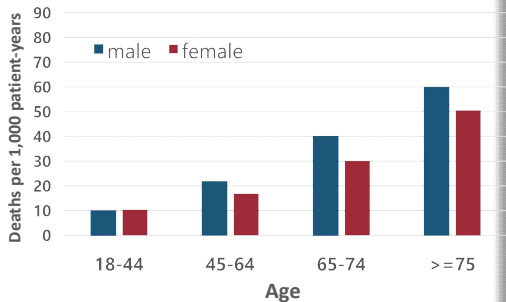
Male vs Female (3)

Adjusted (by treatment modality) all-cause mortality in prevalent dialysis patients by sex and age, 2015, 2018

2015

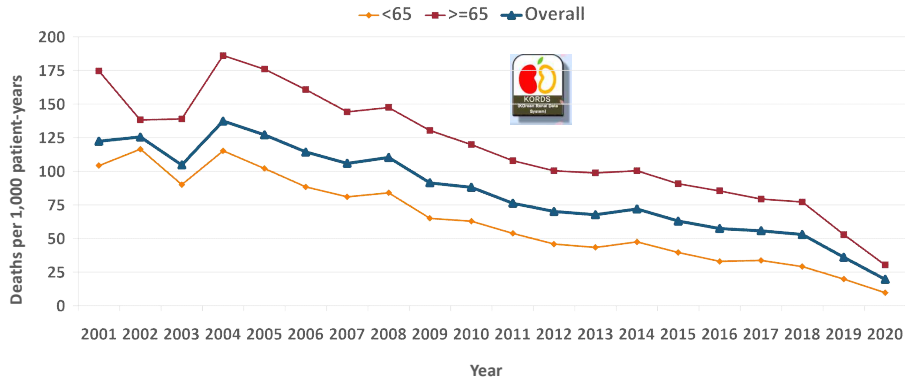


2018



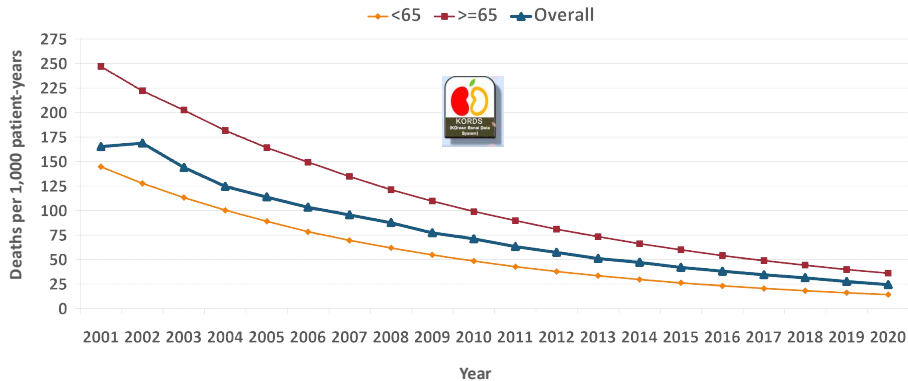
Age (1)

Unadjusted all-cause mortality by age for prevalent patients, 2001-2020



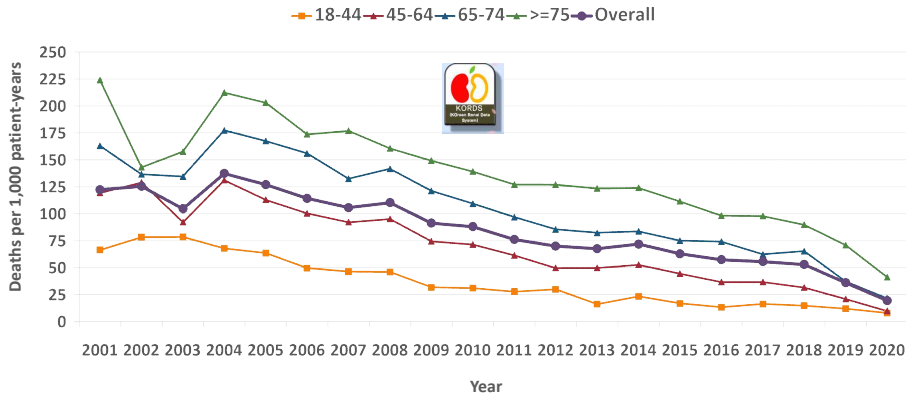
Age (1)

Sex-adjusted all-cause mortality by age for prevalent patients, 2001-2020



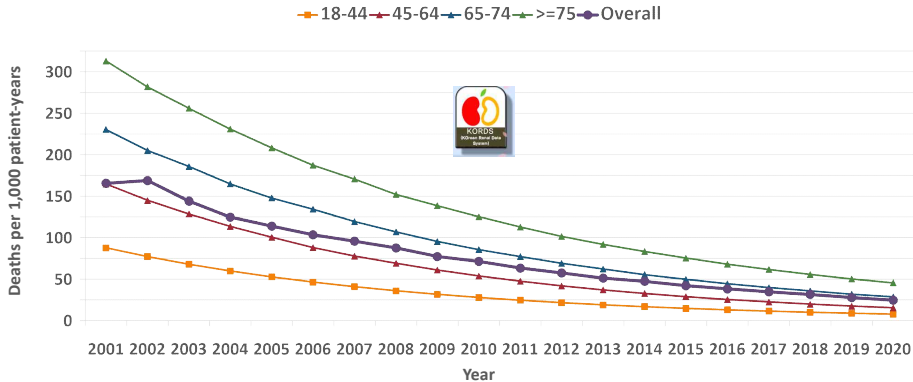
Age (2)

Unadjusted all-cause mortality by age for prevalent patients, 2001-2020



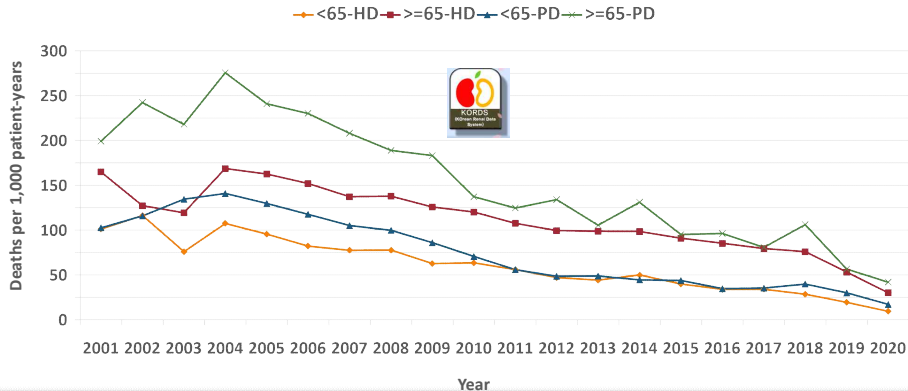
Age (2)

Sex-adjusted all-cause mortality by age for prevalent patients, 2001-2020



Age (3)

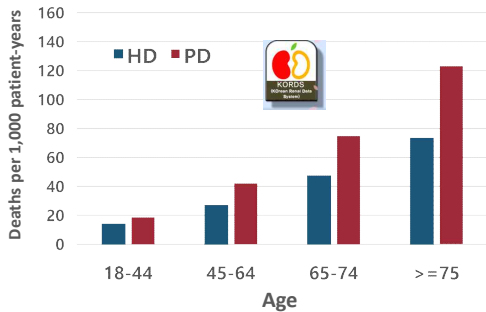
Unadjusted all-cause mortality by age and treatment modality for prevalent patients, 2001-2020



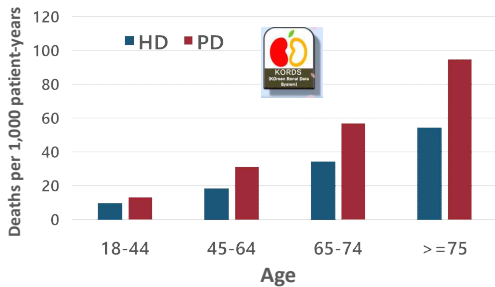
Age (3)

Sex-adjusted all-cause mortality in prevalent dialysis patients by age and treatment modality, 2015, 2018

2015

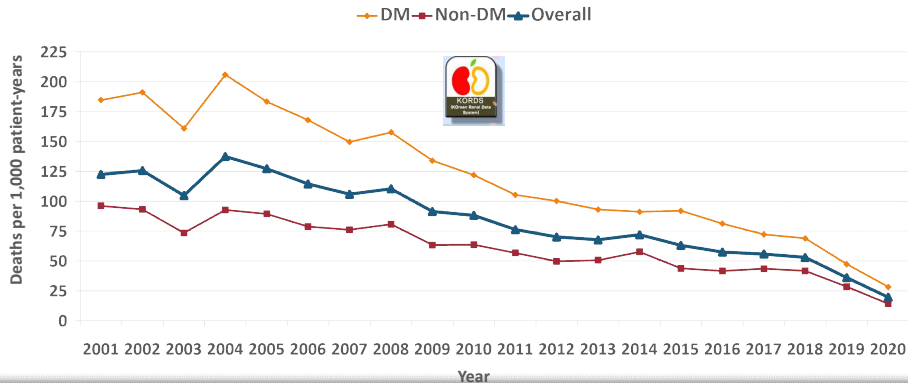


2018



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

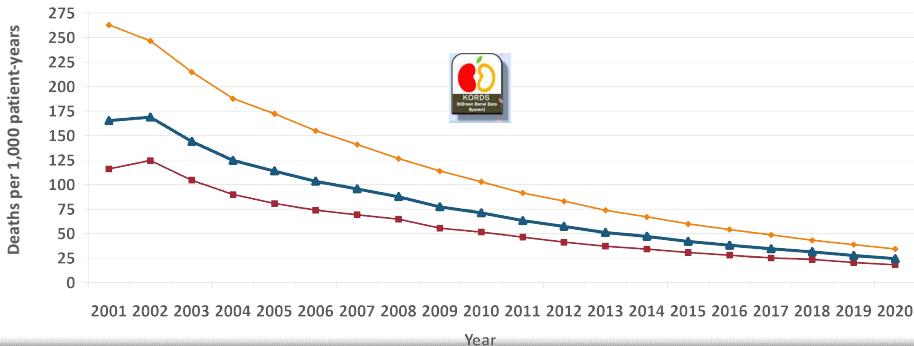
Unadjusted All-cause mortality according to presence of diabetes mellitus for prevalent patients, 2001-2020



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

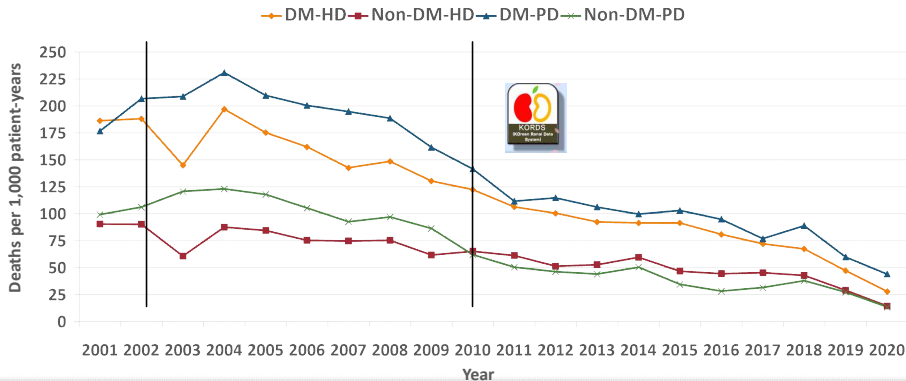
Adjusted All-cause mortality according to presence of diabetes mellitus for prevalent patients, 2001-2020

— DM — Non-DM — Overall



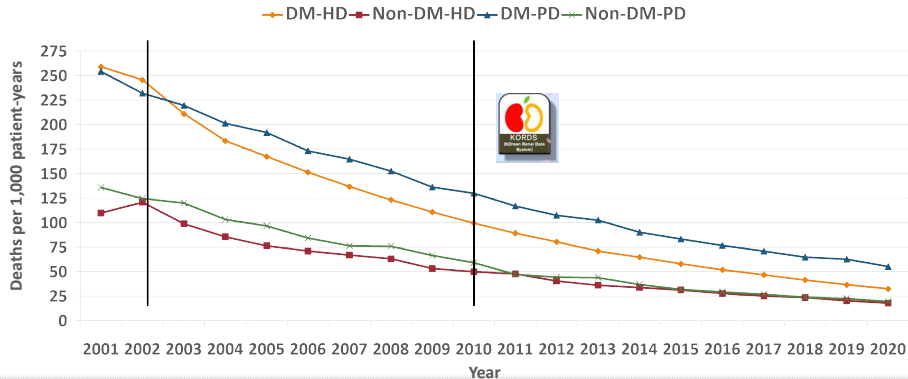
Diabetes Mellitus (DM) vs Non-DM (2)

Unadjusted all-cause mortality according to diabetes mellitus and treatment modality (HD and PD) for prevalent patients, 2001-2020



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

Adjusted all-cause mortality according to diabetes mellitus by treatment modality (HD and PD) for prevalent patients, 2001-2020





Survival probability of incident dialysis patients

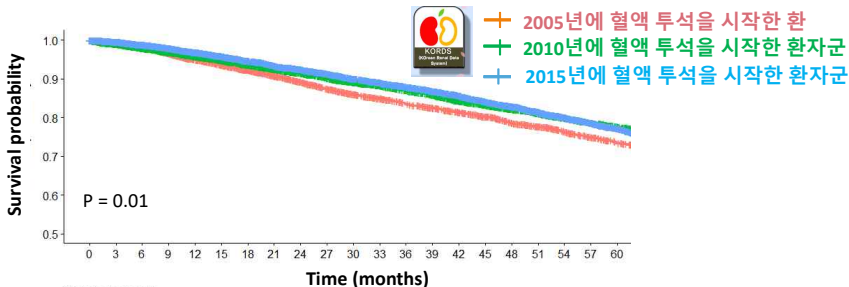
Method

- First 5 years after dialysis: 첫 투석 시작 후 5년간 생존률
- Groups: 2005, 2010, and 2015 각 년도에 첫 투석을 시작한 말기 신부전 환자 (총 3그룹)
- Kaplan-meier estimate for survival analysis
- Adjusted by age and sex
- Number →
- SAS version 9.4

	unadjusted	adjusted
2005	4,559	4,559
2010	6,044	6,044
2015	7,233	7,233

Incident HD patients

Unadjusted survival of incident ESRD patients over the first 5 years after HD treatment, 2005, 2010, and 2015

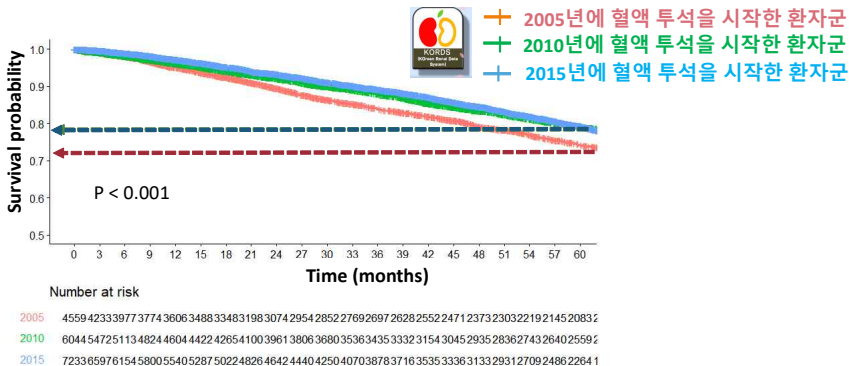


Number at risk

2005	4559	4233	3977	3774	3606	3488	3348	3198	3074	2954	2852	2769	2697	2628	2552	2471	2373	2303	2219	2145	2083
2010	6044	5472	5113	4824	4604	4422	4265	4100	3961	3806	3680	3536	3435	3332	3154	3045	2935	2836	2743	2640	2559
2015	7233	6597	6154	5800	5540	5287	5022	4826	4642	4440	4250	4070	3878	3716	3535	3336	3133	2931	2709	2486	2264

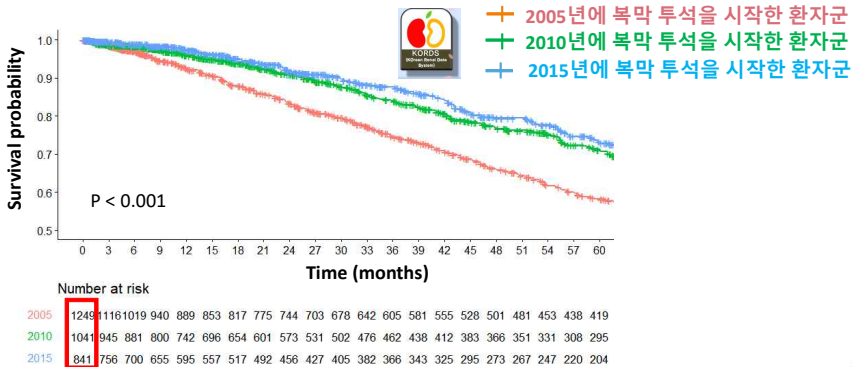
Incident HD patients

Age and sex-adjusted survival of incident ESRD patients over the first 5 years after HD treatment, 2005, 2010, and 2015



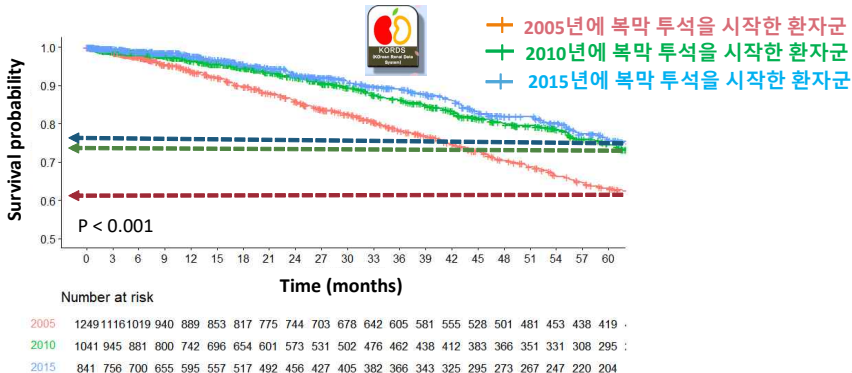
Incident PD patients

Unadjusted survival of incident ESRD patients over the first 5 years after PD treatment, 2005, 2010, and 2015



Incident PD patients

Age and sex-adjusted survival of incident ESRD patients over the first 5 years after PD treatment, 2005, 2010, and 2015





Causes of deaths

Method

- Percentages
- 2001-2020
- SAS version 9.4

Number of deaths

Year	Number
2001	761
2003	894
2005	1256
2007	1531
2009	1827
2011	1828
2013	1604
2014	1534
2015	891
2016	1849
2017	1771
2018	2432
2019	1975
2020	2366

Cause-specific mortality (%) in patients with ESRD receiving dialysis, 2001-2020

	2001	2003	2005	2007	2009	2011	2013	2014	2015	2016	2017	2018	2019	2020
Cardiac	26.9	31.7	30.7	31.7	29.5	32.7	35.8	32.5	36.1	38.1	33.7	33.7	35.8	34.8
MI	7.7	7.4	8.0	7.5	8.0	6.6	7.5	5.7	8.0	5.5	6.5	6.5	7.6	6.0
cardiac arrest, uremia-associated	11.2	11.7	10.4	10.8	8.5	11.0	14.2	14.1	13.1	13.3	12.7	12.4	12.9	13.9
cardiac arrest, other	8.1	12.5	12.4	13.3	13.0	15.0	14.2	12.6	15.0	19.3	14.5	14.8	15.3	14.9
Vascular	22.7	19.5	17.0	17.8	15.9	14.1	13.3	13.2	11.8	10.8	11.4	11.5	11.2	10.7
cerebrovascular accident	15.1	14.5	12.3	13.0	11.0	8.7	8.7	8.5	6.5	6.2	6.2	5.6	6.5	6.0
pulmonary embolism	0.5	0.1	0.6	0.5	0.2	0.2	0.2	0.2	0.9	0.4	0.3	0.3	0.3	0.3
GI hemorrhage	2.7	3.2	1.7	2.7	2.3	2.2	1.2	1.7	1.4	2.0	0.8	1.7	1.8	1.3
GI embolism	0.1	0.0	0.5	0.1	0.5	0.1	0.2	0.2	0.7	0.3	0.3	0.2	0.2	0.2
others	4.3	1.6	1.9	1.6	1.9	3.0	3.0	2.6	2.4	1.9	3.7	3.7	2.4	3.0
Infection	17.8	20.5	20.1	20.2	21.9	23.1	23.5	26.8	24.6	24.5	25.2	22.6	22.9	23.6
pulmonary	4.5	3.6	4.5	4.4	5.9	8.4	8.4	9.0	8.9	9.3	7.7	8.6	8.2	8.7
septicemia	6.9	9.7	9.6	11.7	10.4	9.7	11.9	13.6	11.0	10.2	12.2	10.6	11.2	11.2
tuberculosis	0.8	0.2	0.3	0.2	0.3	0.1	0.1	0.1	1.1	0.1	0.2	0.0	0.1	0.0
peritonitis	1.1	2.0	1.4	1.1	0.8	1.0	0.5	0.7	1.1	1.2	0.7	0.6	0.6	0.7
others	4.5	4.9	4.3	2.9	4.5	4.0	2.7	3.4	2.4	3.6	4.5	2.7	2.9	2.9
Liver disease	2.6	2.8	2.7	2.2	3.1	2.1	2.4	2.2	2.6	2.3	2.0	1.6	2.3	1.7
hepatic failure d/t HBV	1.6	1.8	1.5	1.3	2.2	1.0	1.3	1.0	1.1	0.9	1.1	0.6	1.0	0.8
hepatic failure d/t others	1.0	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
Social	6.3	4.4	5.4	3.3	2.5	3.3	2.8	2.5	2.0	2.5	1.5	1.3	1.5	1.8
patient refused further treatment	2.1	1.0	1.1	1.1	0.5	0.4	0.3	0.3	0.3	0.5	0.1	0.0	0.3	0.2
suicide	3.3	2.3	3.3	1.5	1.3	1.4	1.3	1.6	1.0	1.5	0.8	0.8	0.8	1.1
therapy ceased for other cause	0.9	1.0	1.0	0.7	0.8	1.5	1.2	0.7	0.8	0.5	0.8	0.5	0.5	0.5
Others	23.7	21.3	24.0	24.8	27.1	24.7	22.2	22.9	23.0	21.8	26.2	29.3	26.2	27.4
cachexia	8.1	6.6	4.0	4.4	3.3	2.7	1.6	1.5	1.4	0.9	1.0	1.0	0.6	0.5
malignant	4.4	3.5	6.4	5.7	5.7	6.0	5.7	6.0	5.8	6.5	6.6	6.0	5.0	7.1
accident	0.9	1.1	1.4	1.2	1.3	1.6	1.4	2.0	1.0	1.0	1.1	1.3	1.3	1.5
uncertain	10.3	10.1	12.3	13.4	16.8	14.5	13.4	13.4	14.8	13.4	17.6	21.0	19.3	18.4

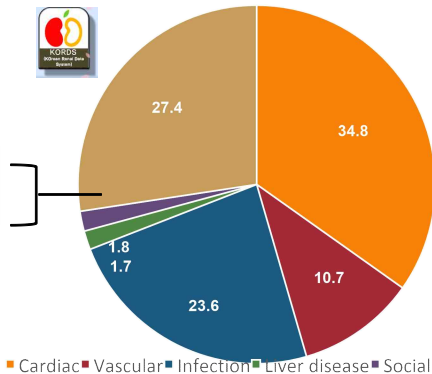
**Cause-specific mortality (%) in patients with ESRD receiving dialysis, who died in 2020**

	Overall	HD	PD
Cardiac	34.8	35.1	31.9
MI	6.0	6.0	6.0
cardiac arrest, uremia-associated	13.9	13.9	14.8
cardiac arrest, other	14.9	15.3	11.1
Vascular	10.7	11.1	6.9
cerebrovascular accident	6.0	6.2	3.7
pulmonary embolism	0.3	0.2	0.5
GI hemorrhage	1.3	1.3	1.4
GI embolism	0.2	0.2	0.0
others	3.0	3.1	1.4
Infection	23.6	22.7	32.9
pulmonary	8.7	9.1	5.6
septicemia	11.2	10.2	21.3
tuberculosis	0.0	0.0	0.0
peritonitis	0.7	0.5	3.2
others	2.9	2.9	2.8
Liver disease	1.7	1.7	1.4
hepatic failure d/t HBV	0.8	0.7	0.9
hepatic failure d/t others	0.9	1.0	0.5
Social	1.8	1.7	2.3
patient refused further treatment	0.2	0.2	0.0
suicide	1.1	1.0	1.4
therapy ceased for other cause	0.5	0.5	0.9
Others	27.4	27.7	24.5
cachexia	0.5	0.4	0.9
malignant	7.1	7.5	2.8
accident	1.5	1.4	1.9
uncertain	18.4	18.3	19.0

Unadjusted percentages of cause-specific mortality, in overall dialysis patients, who died in 2020



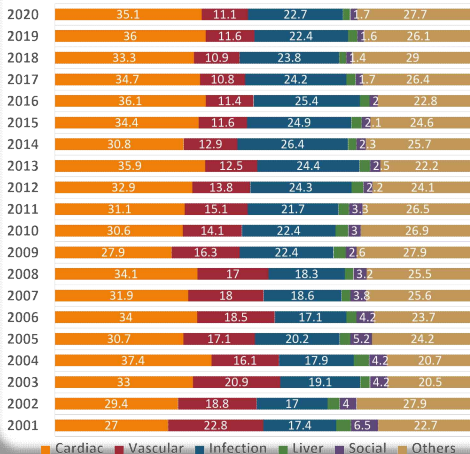
Patient refused further treatment	0.2 %
Suicide	1.1 %
Therapy ceased for other cause	0.5 %



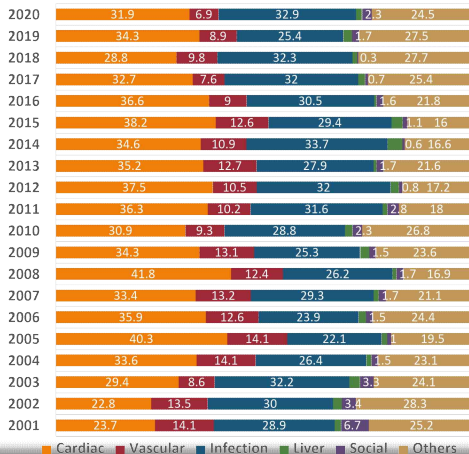


Comparison of cause-specific death, HD versus PD patients

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	
지역	총의료기관수	응답률	총의료기관수	응답률
서울	185	63.2%	199	70.4%
부산	62	56.5%	65	73.8%
대구	43	58.1%	45	86.7%
인천	45	40.0%	52	73.1%
광주	35	42.9%	35	71.4%
대전	19	68.4%	22	77.3%
경기	185	46.5%	209	69.4%
강원	27	48.1%	29	79.3%
충북	31	54.8%	35	68.6%
충남	42	50.0%	44	75.0%
전북	29	48.3%	29	72.4%
전남	38	39.5%	40	67.5%
경북	47	51.1%	47	76.6%
경남	64	42.2%	69	76.8%
울산	17	58.8%	17	70.6%
제주	13	53.8%	14	85.7%
세종	3	66.7%	4	50.0%
전국	885	51.9%	955	72.8%



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 감소.
- 대한신장학회 등록 사업의 전국적 등록률 증가.

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 사무국, 김희준 선생님, 강채영 선생님, 최유정 연구간호사, 투석용 의료물품 공급업체 (Baxter Korea, FMC Korea, 보령, B-braun Korea)에도 감사드립니다.

대한신장학회 등록 위원회 배상

대한신장학회 등록위원회

- 이사: 김용균(가톨릭의대), 박종하(울산의대)
- 간사: 반태현(가톨릭의대), 김수현(중앙대의대),
- 위원: 구호석(인제의대), 권영은(명지병원), 김경민(을지의대), 김기원(서울원내과), 김태희(인제의대), 윤창연(윤영석내과), 이하정(서울의대), 정희연(경북의대), 최선령(한림의대), 홍유아(가톨릭의대), 황선덕(인하의대)
- 통계: 강채영(대구대학교 통계학과), 김희준(대구대학교 통계학과)