



2022년 우리나라 신대체 요법의 현황
- 인산 민병석 교수 기념 말기 신부전 환자 등록 사업 2022 -

KOREAN RENAL DIALYSIS SYSTEM
(KORDS) 2022

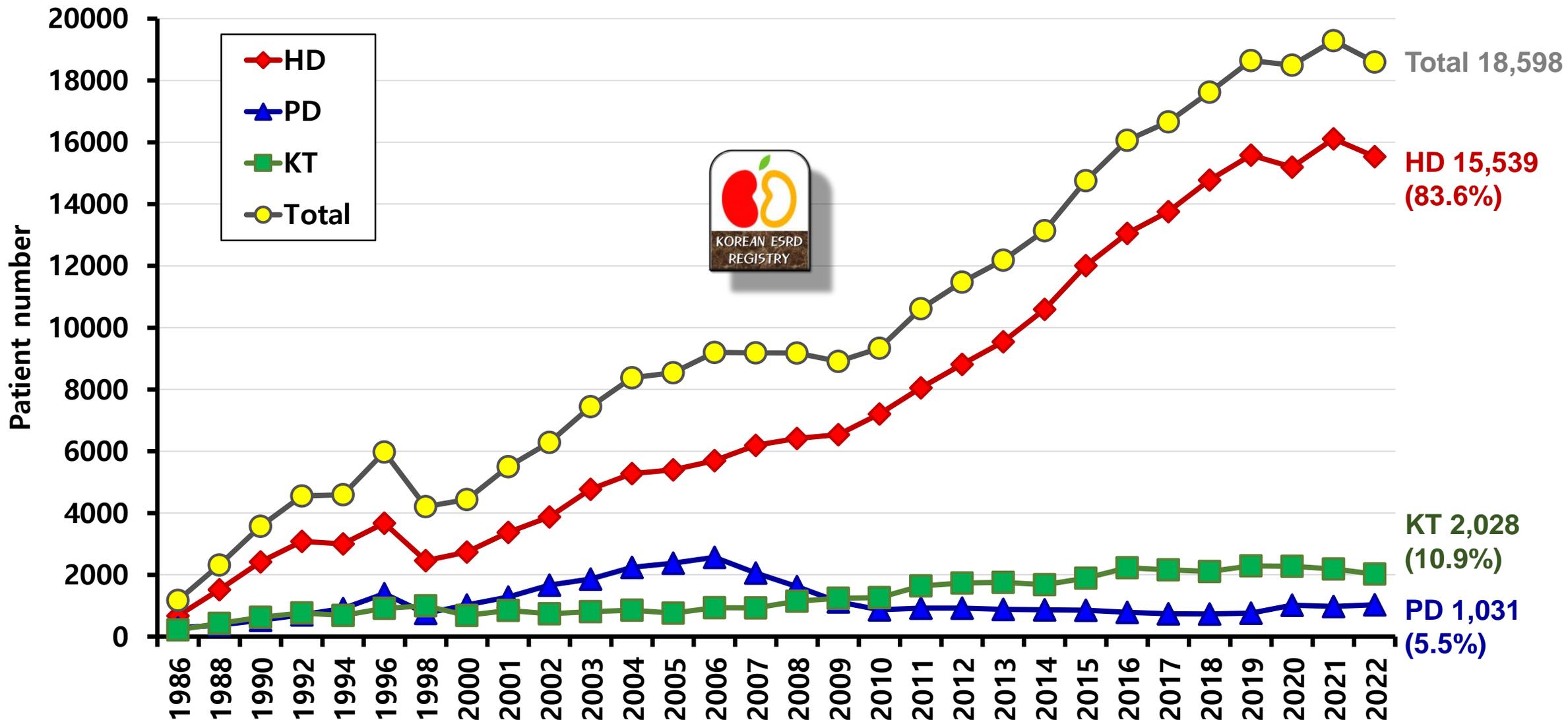
대한신장학회 등록위원회
KORDS Committee, Korean Society of Nephrology

목차 (Contents)

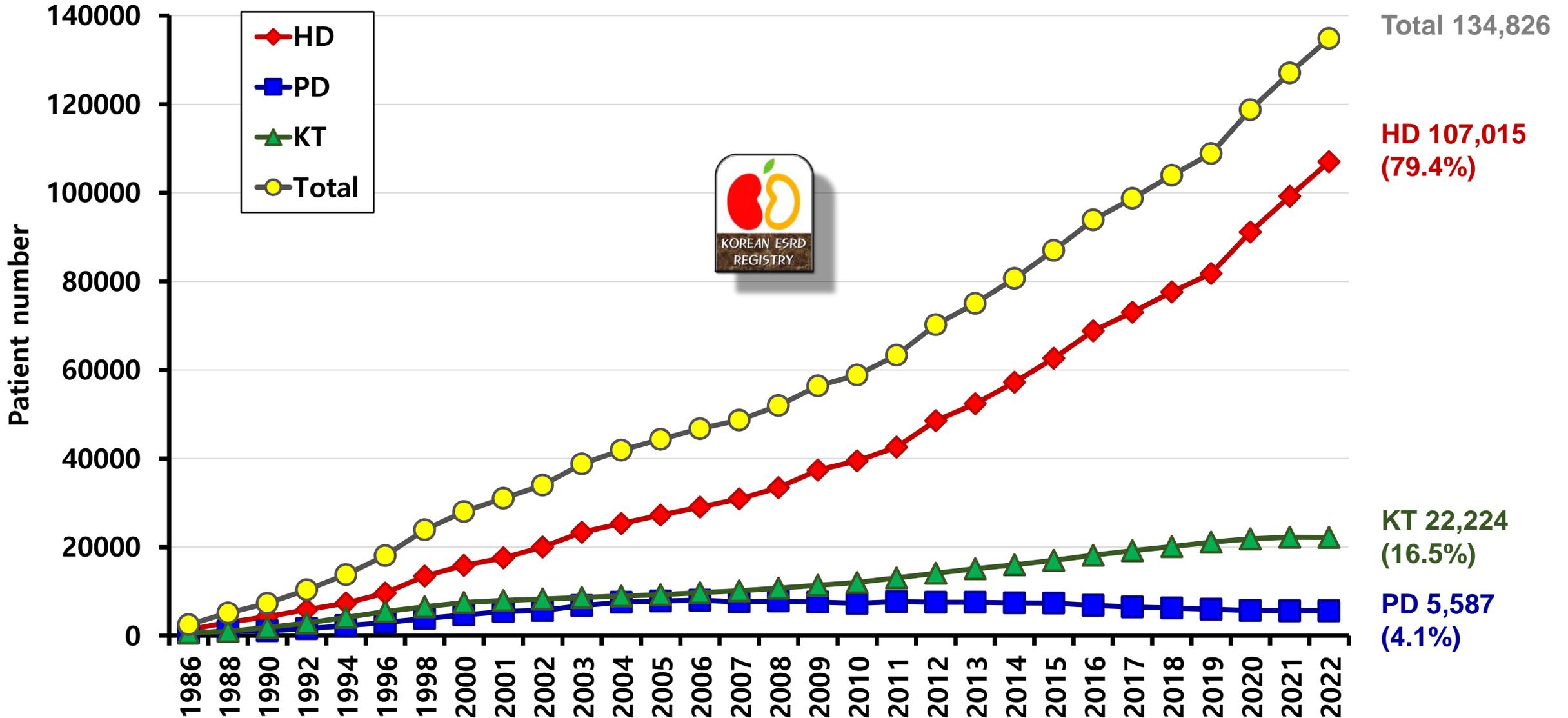
- I. 2022년 우리나라 말기 신부전 환자의 발병률 및 유병률 분석
(Incidence and Prevalence of ESKD patients in Korea)
- II. 2022년 우리나라 말기 신부전 환자의 투석 치료 특징 분석
(Patients and Dialysis Characteristics of ESKD in Korea)
- III. 2022년 우리나라 말기 신부전 환자의 사망률 분석
(Mortality analysis of ESKD patients in Korea)
- IV. 2022년 대한신장학회 등록 사업 등록 현황
(Current status of KORDS)

I. 우리나라 말기 신부전 환자의 발병률 및 유병률 분석 (Incidence and Prevalence of ESKD patients in Korea, 2022)

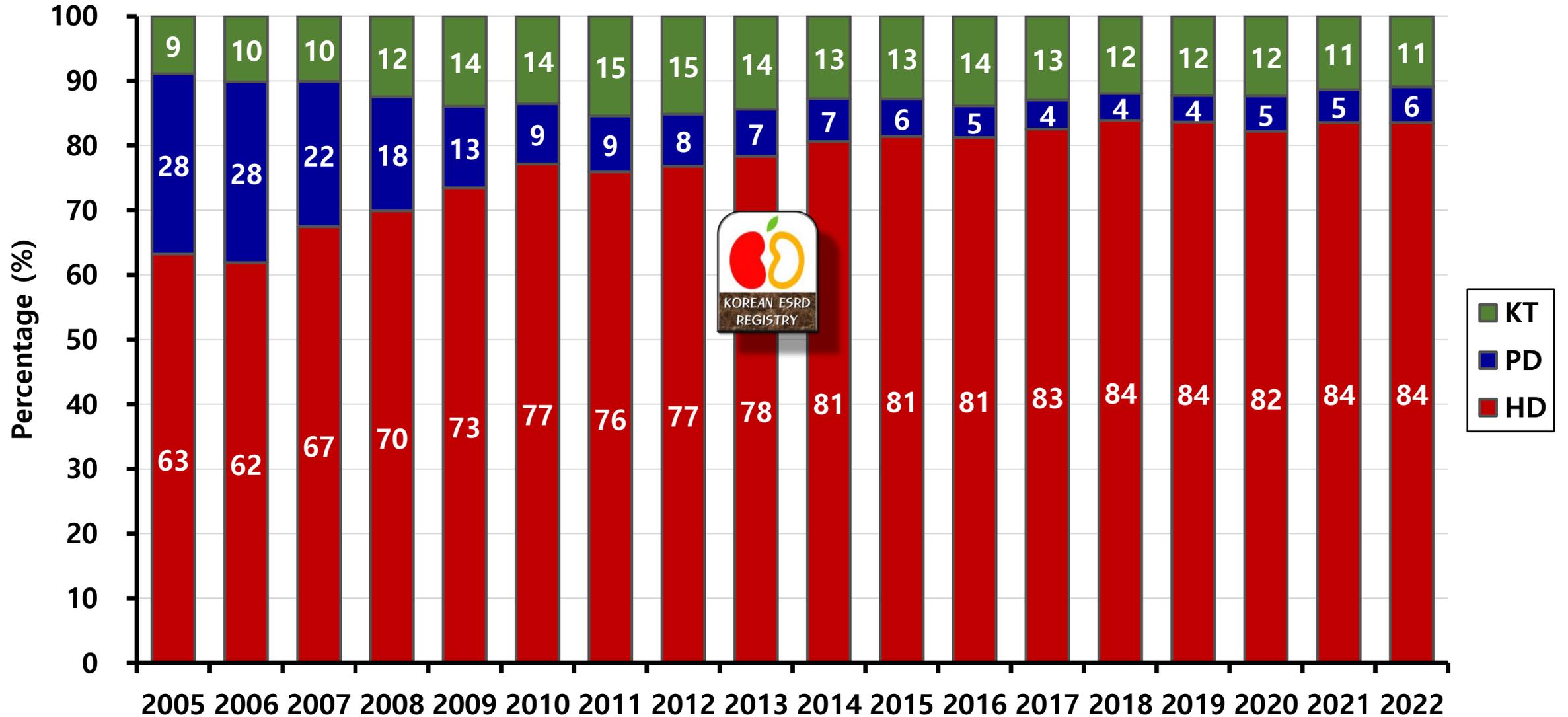
Incidence of ESKD



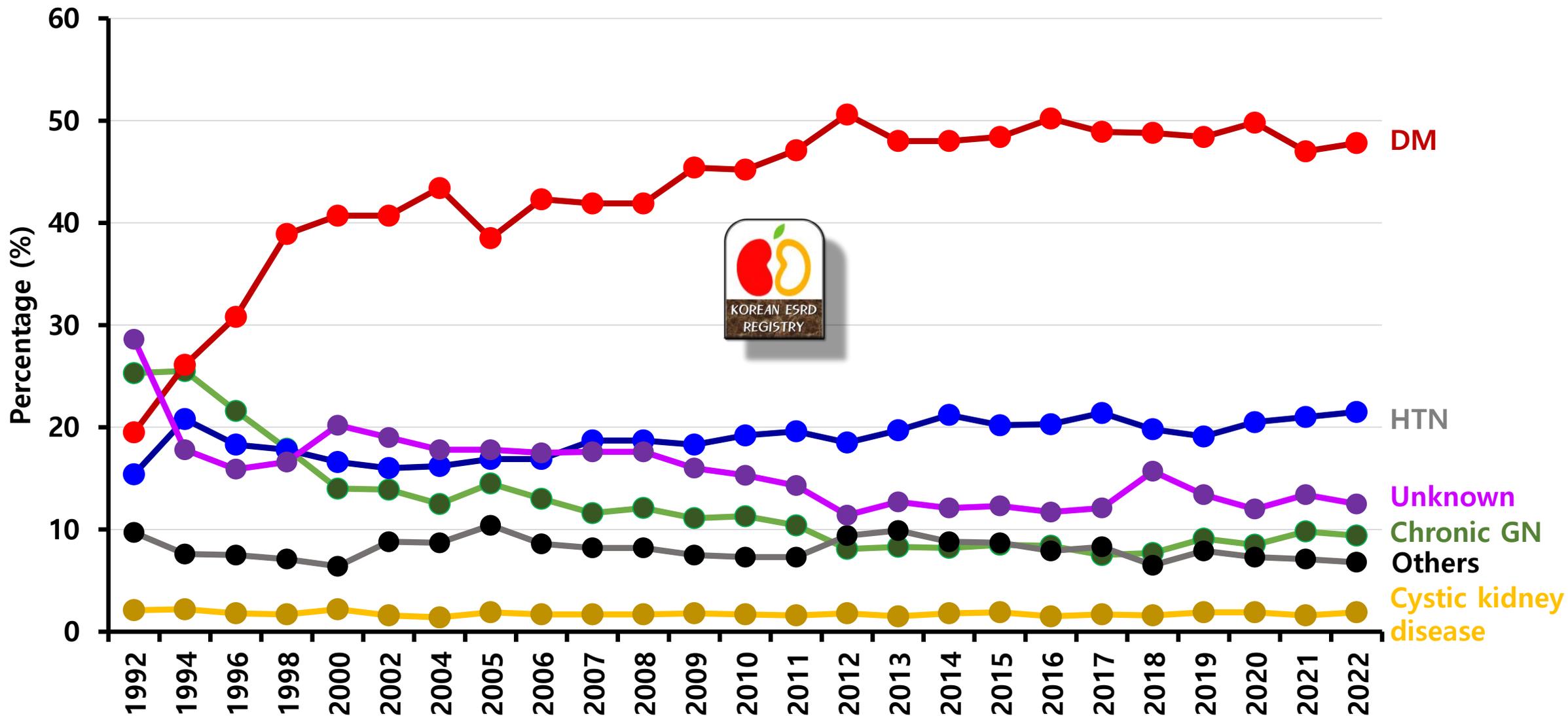
Prevalence of ESKD



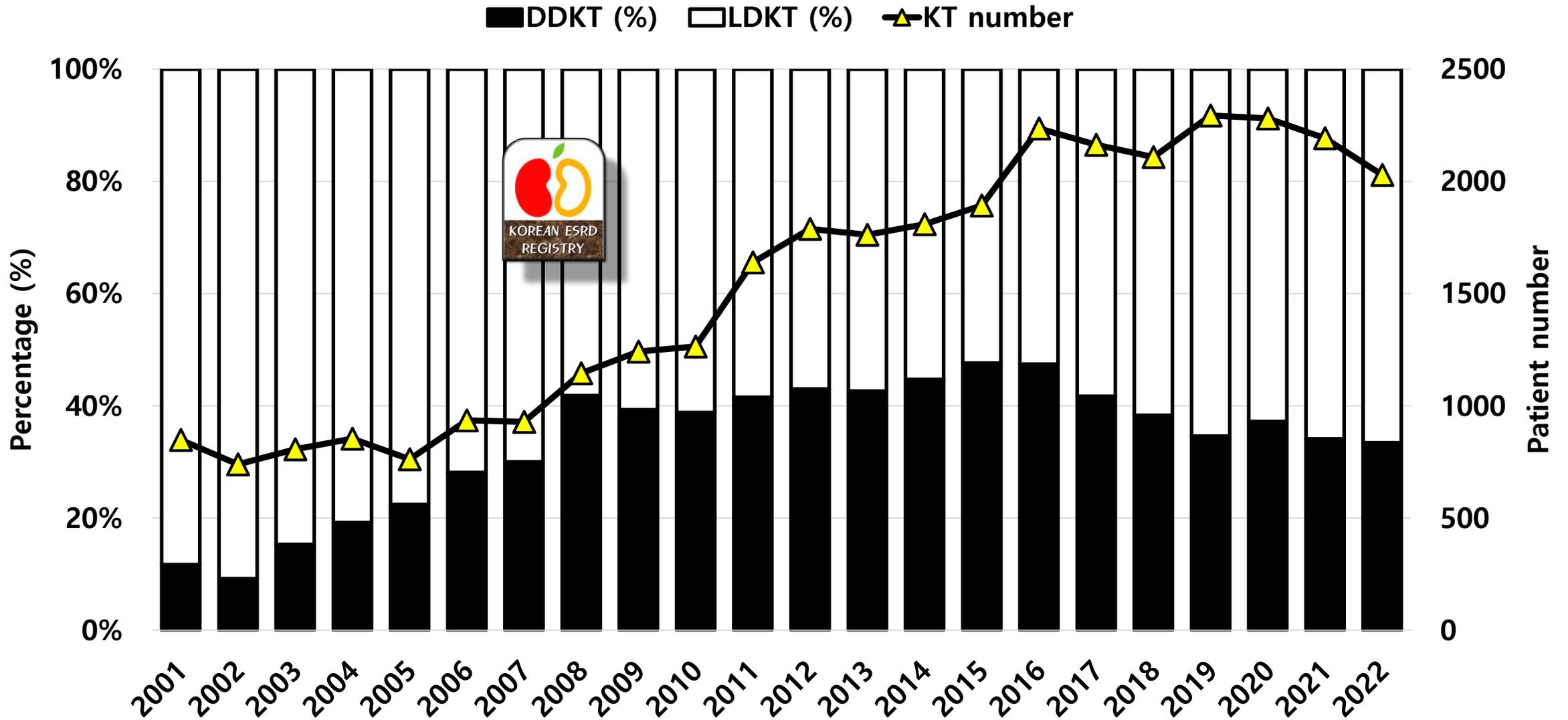
Proportion of Annual ESKD Incidence



Causes of ESKD

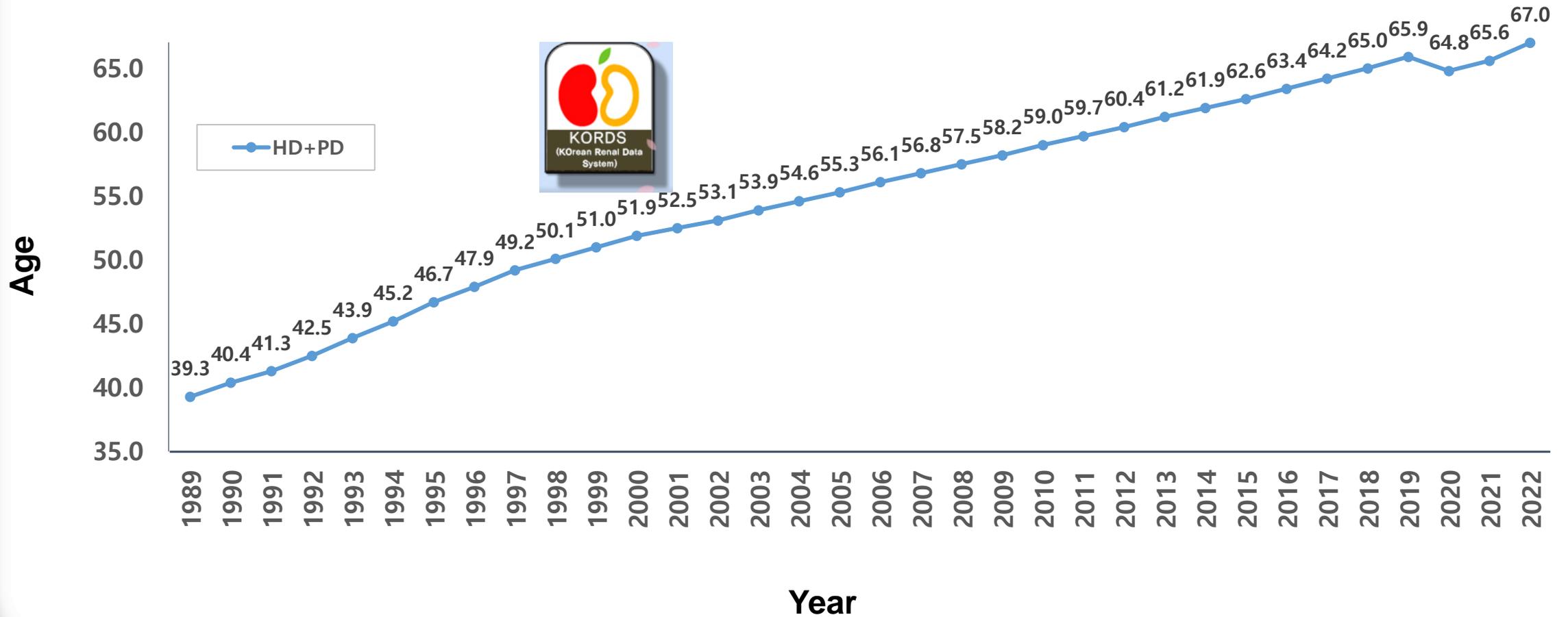


Current Status of Kidney Transplantation (KT)

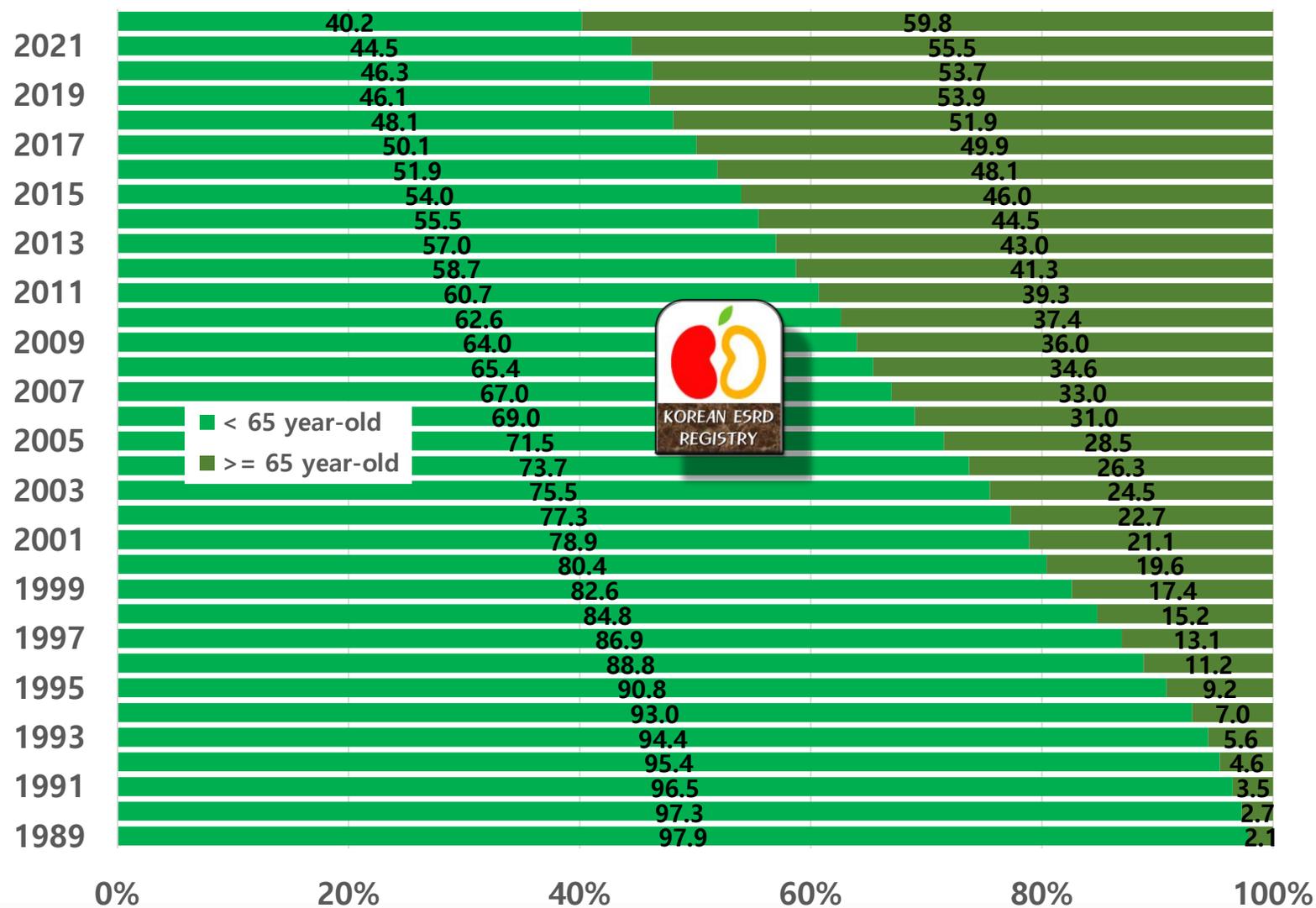


II. 우리나라 말기신부전 환자와 투석 치료의 특징 (Patients and Dialysis Characteristics of ESKD in Korea, 2022)

Trend of **age** in patients with ESKD

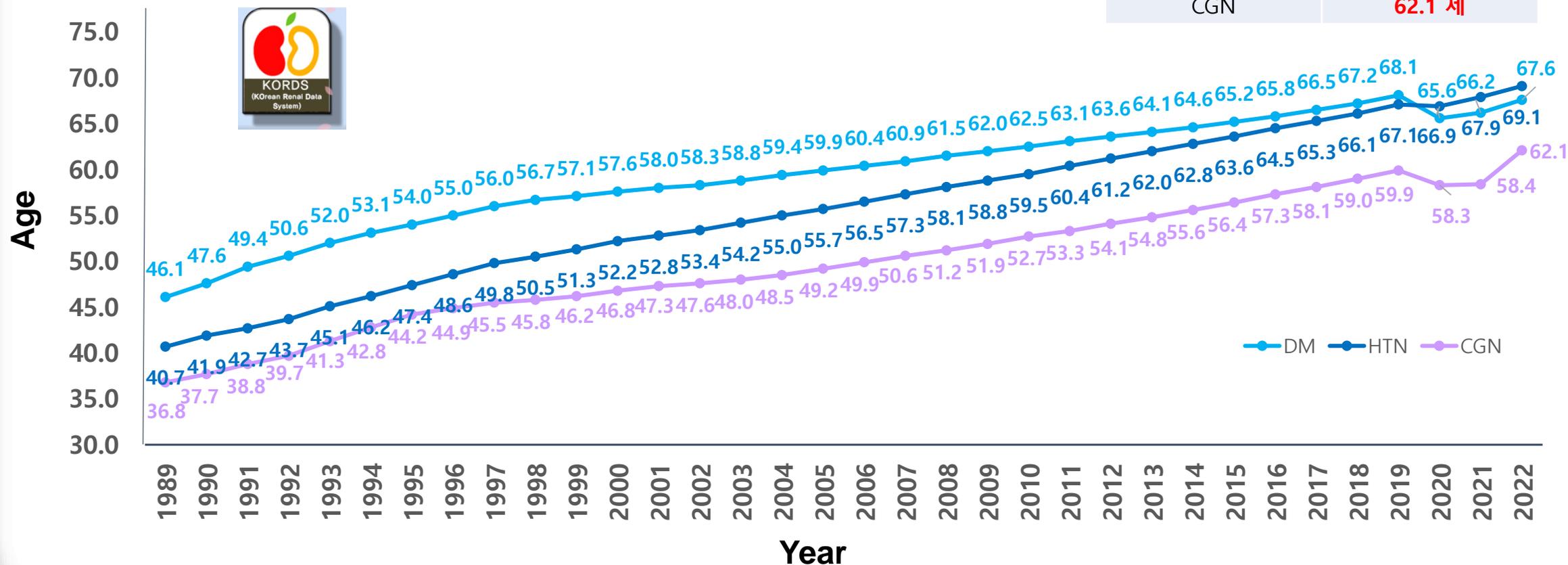


Trend in proportion of elderly patients with ESKD

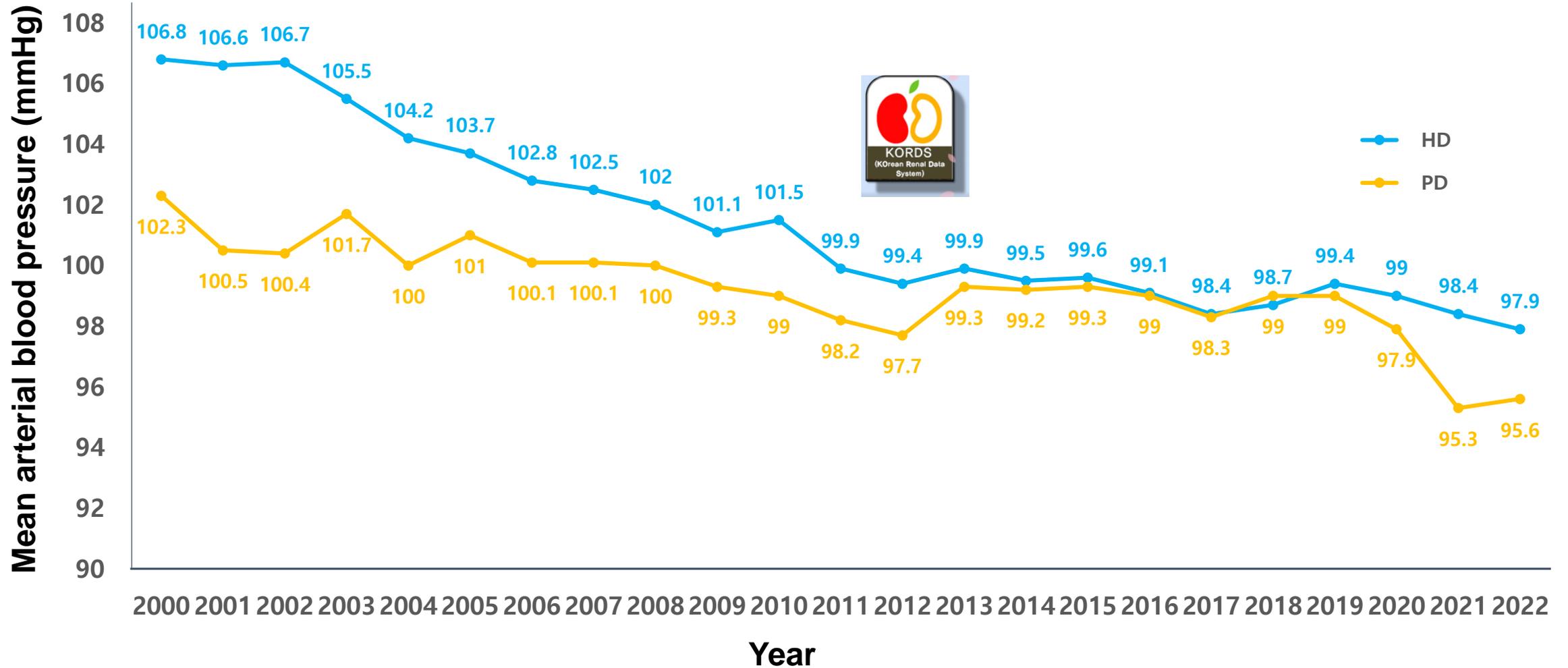


Age distribution of dialysis patients according to underlying diseases

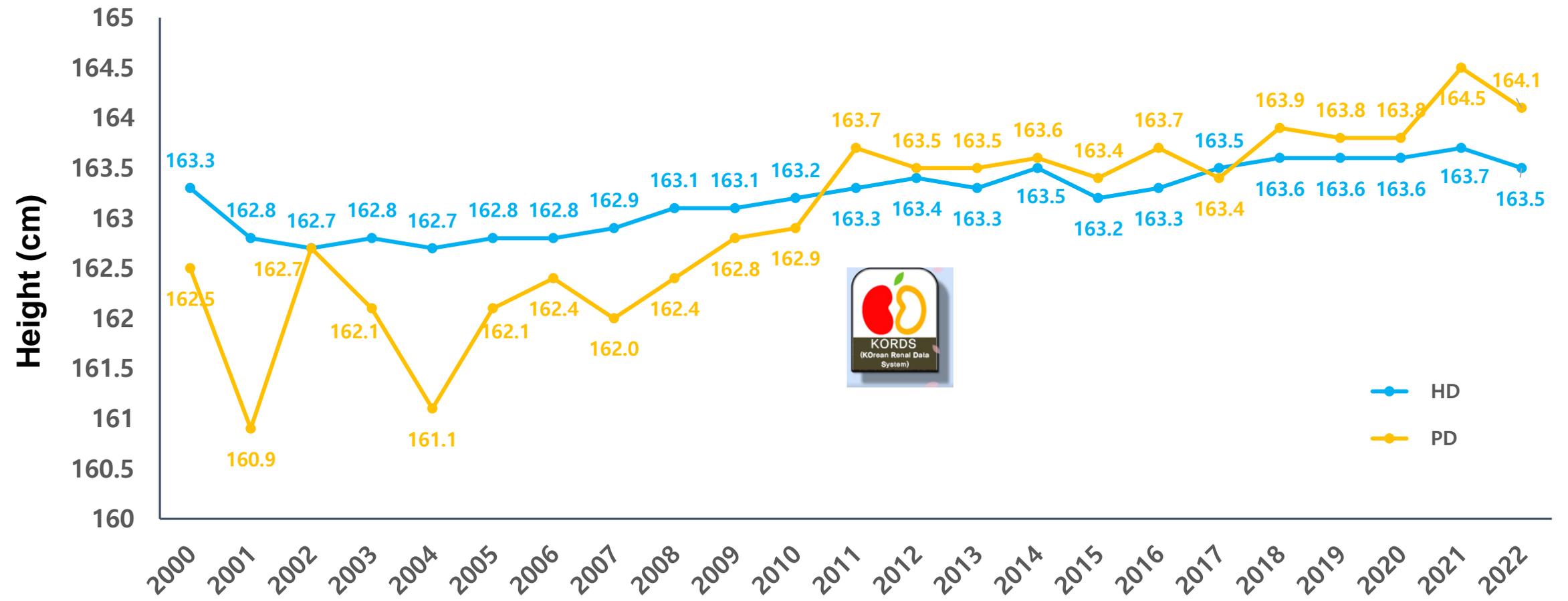
| 기저 질환 | Age (2022년) |
|-------|-------------|
| DM | 67.6 세 |
| HTN | 69.1 세 |
| CGN | 62.1 세 |



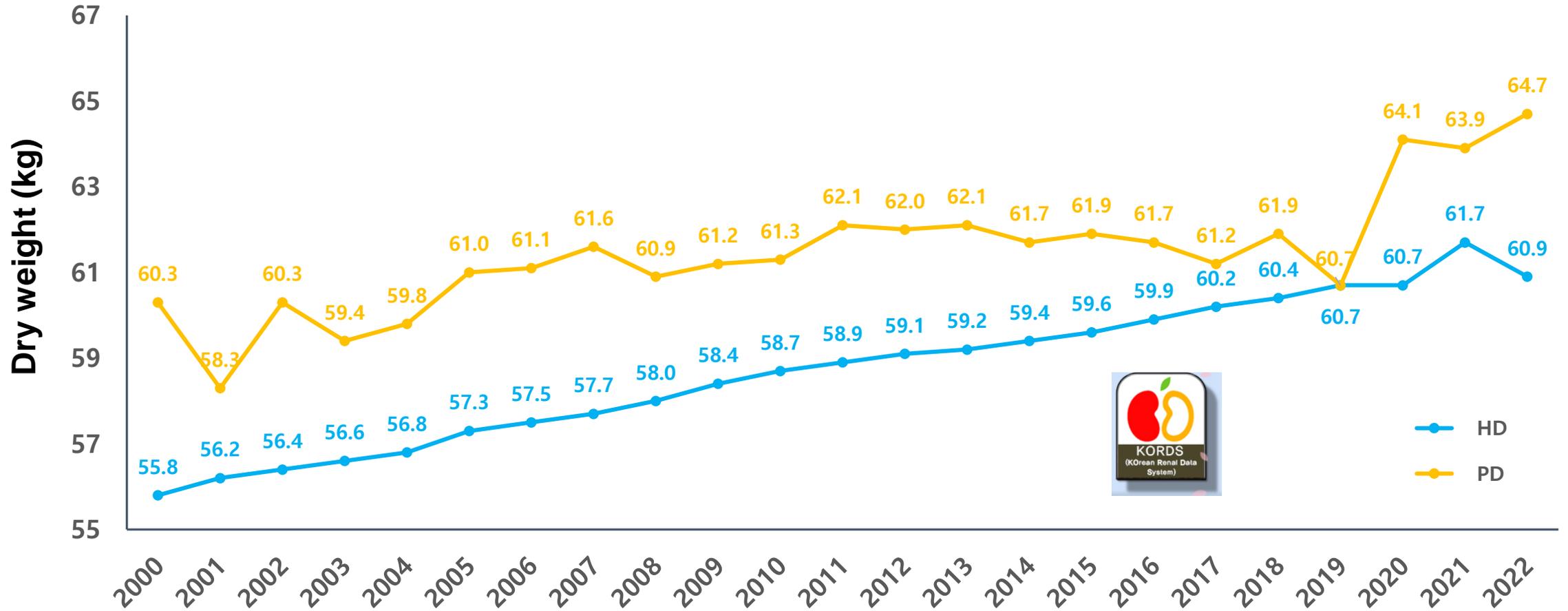
Distribution of mean blood pressure



Distribution of Height



Distribution of Dry weight

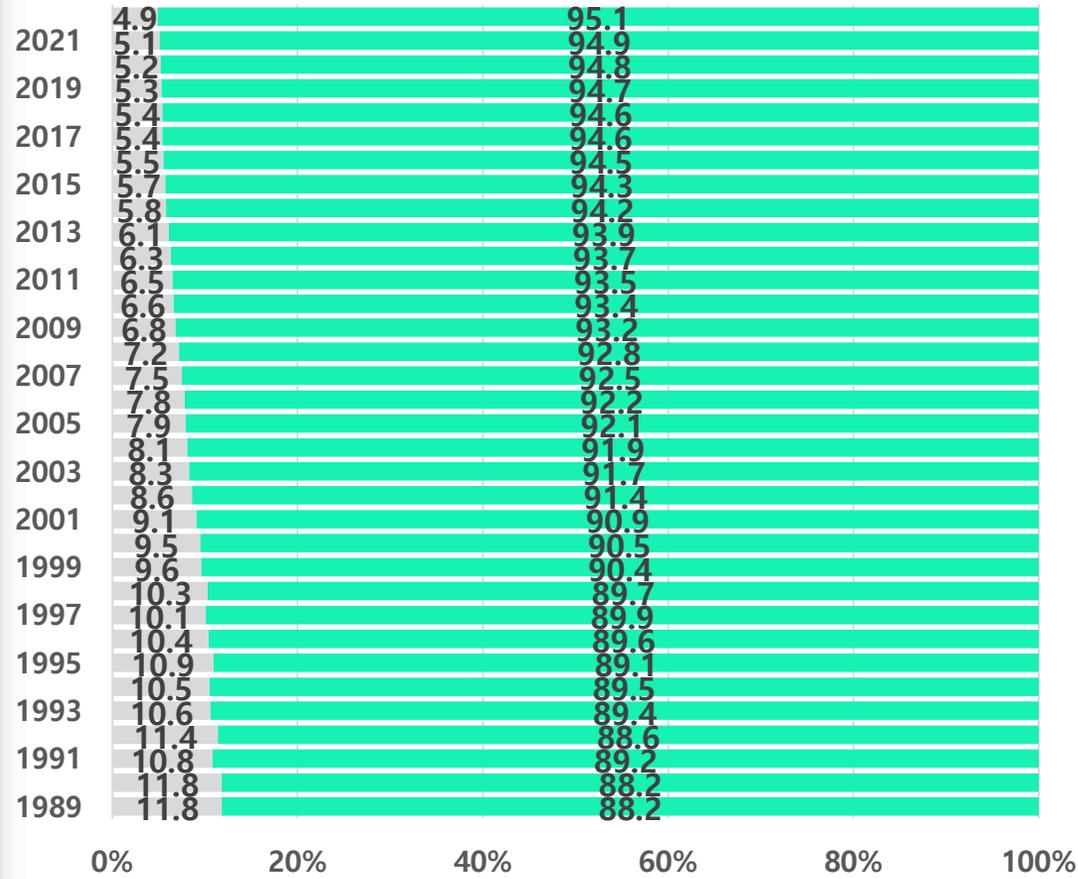


HD
PD

Hepatitis B

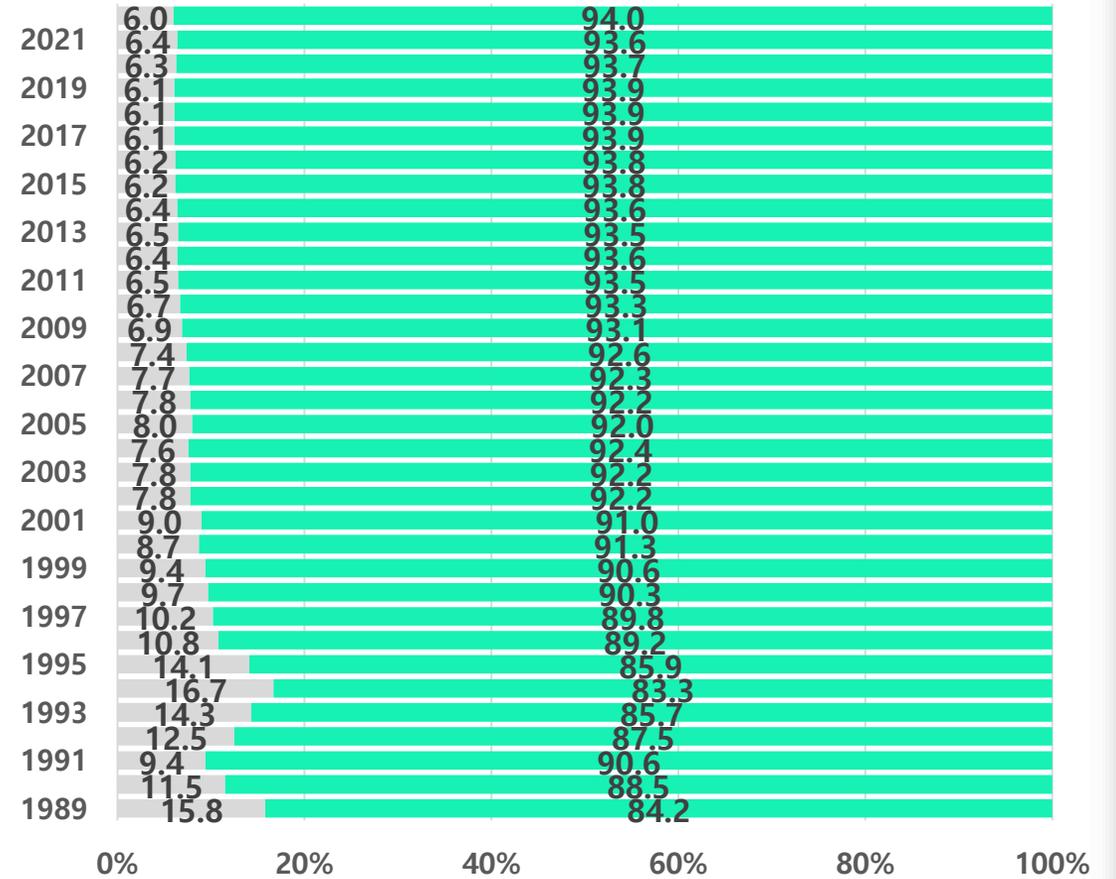
HD

HBs Ag of HD patients



PD

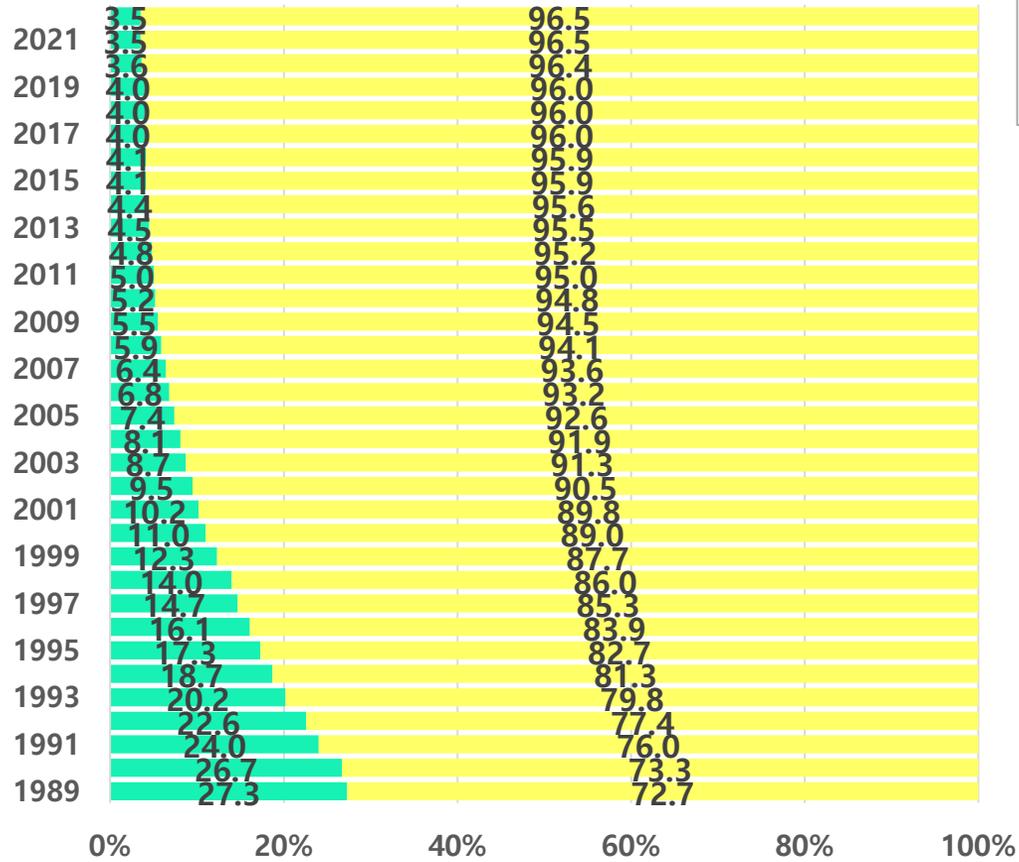
HBs Ag of PD patients



Hepatitis C

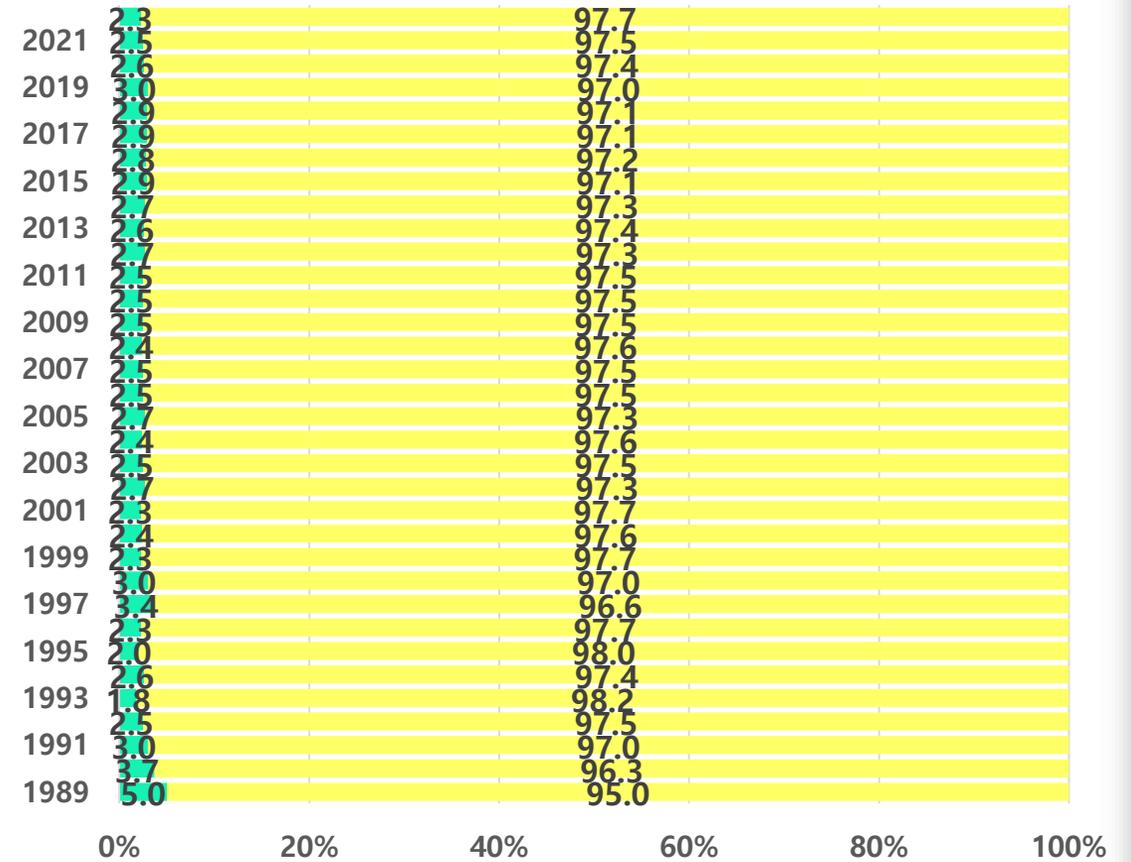
HD

HCV Ab of HD patients



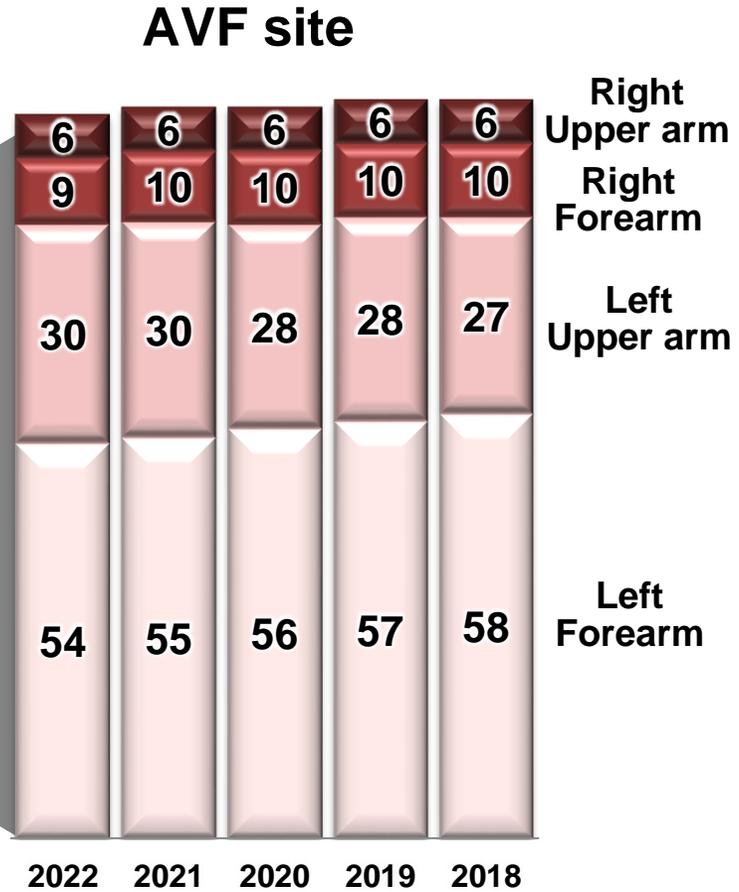
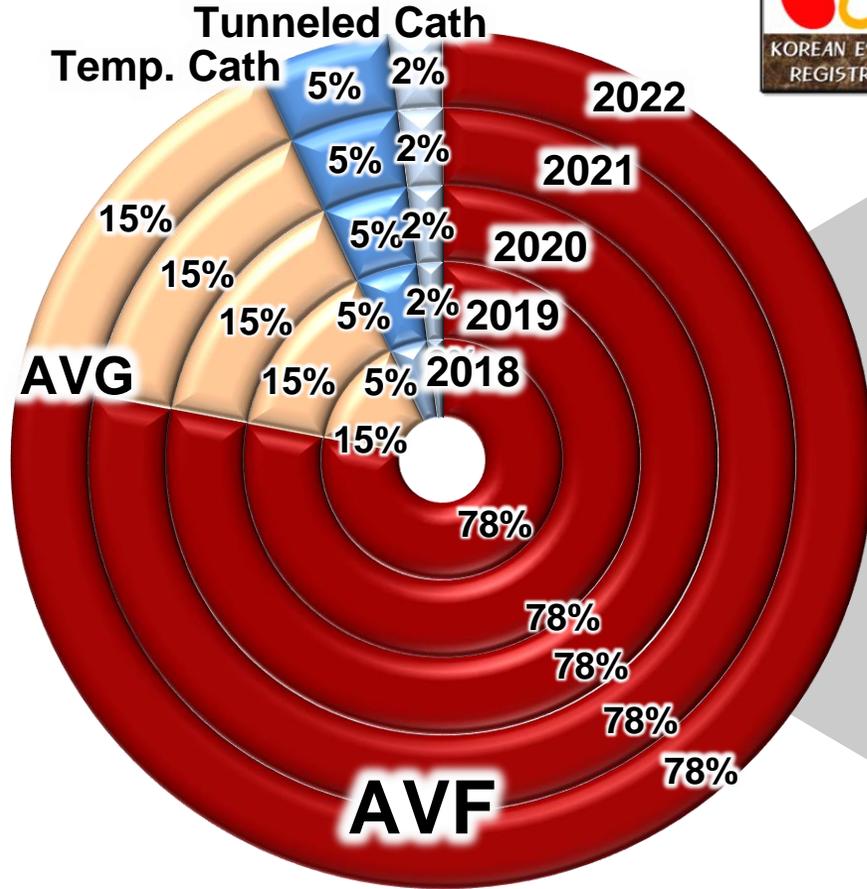
PD

HCV Ab of PD patients

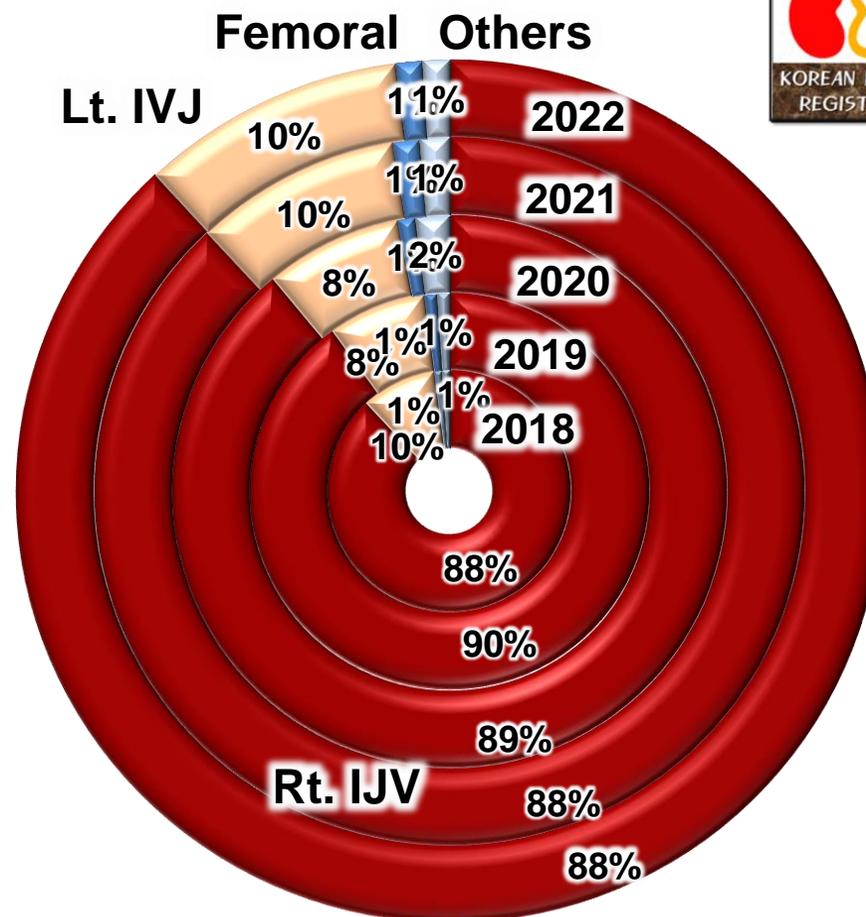


우리나라 혈액 투석 환자의 특징

Vascular Access (1)-Distribution of access type

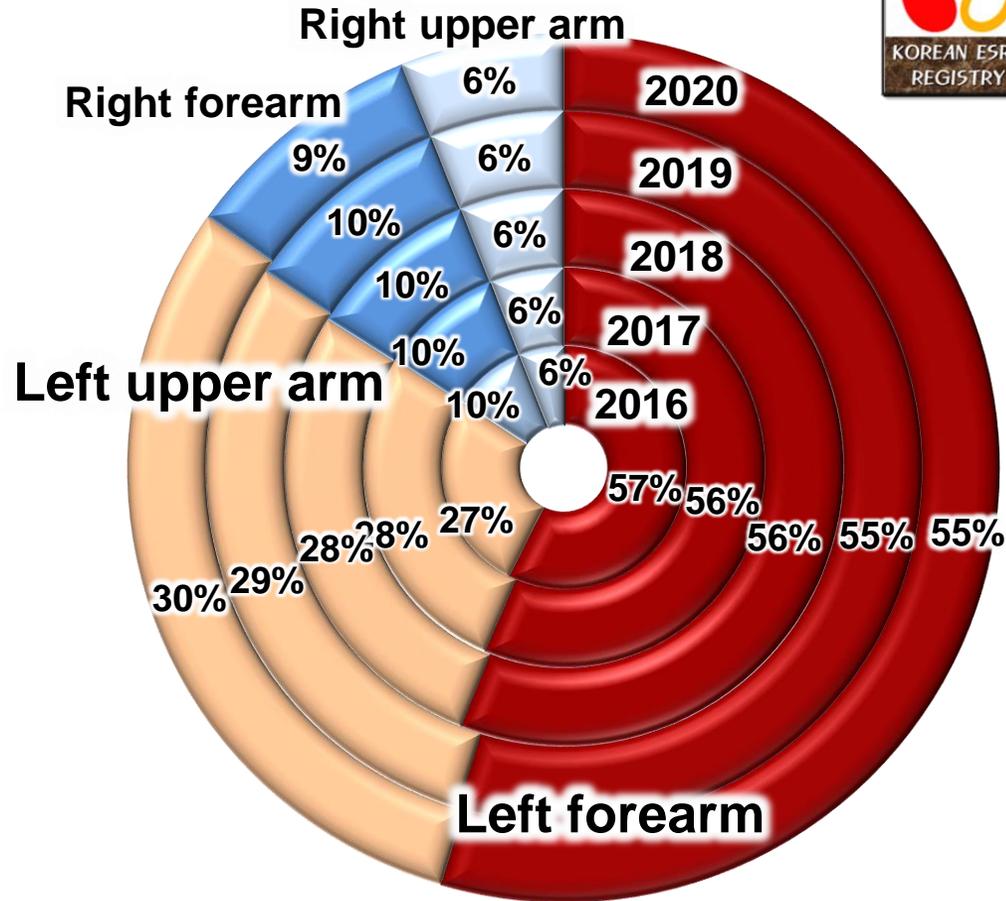


Vascular Access (2)-Location of catheter for HD

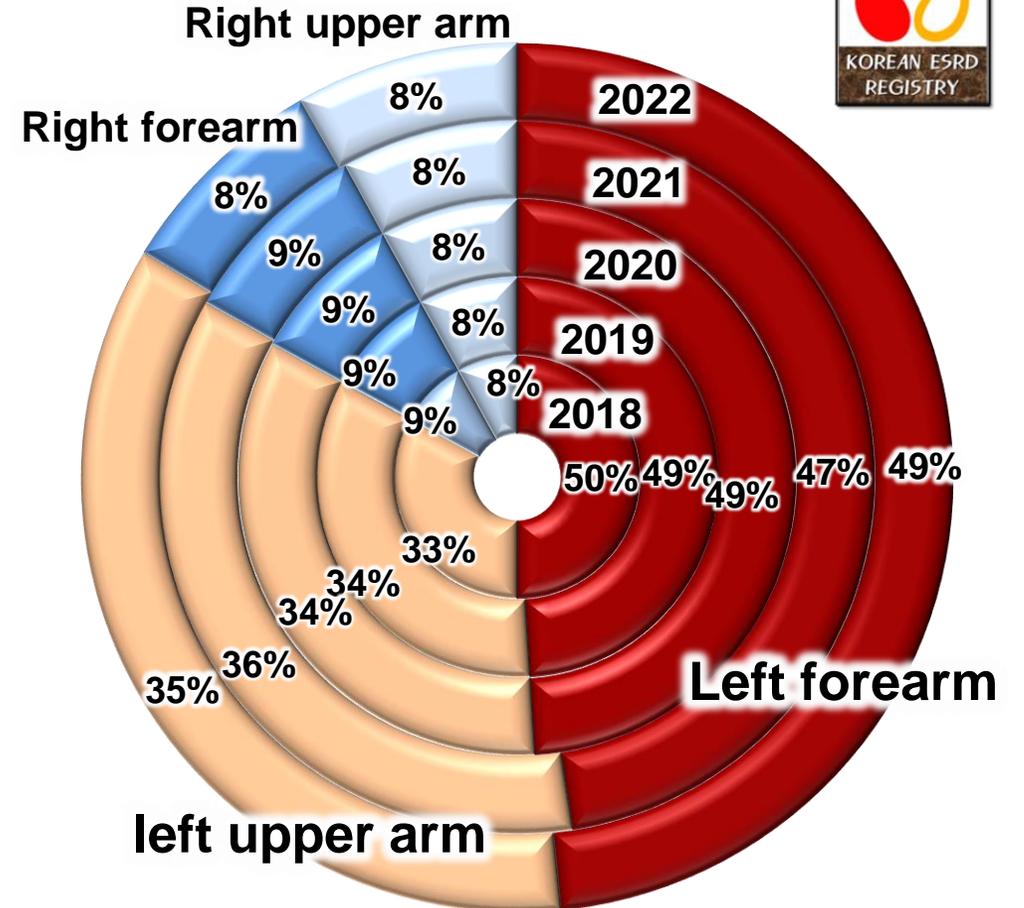


Vascular Access (3)-Distribution of OP site

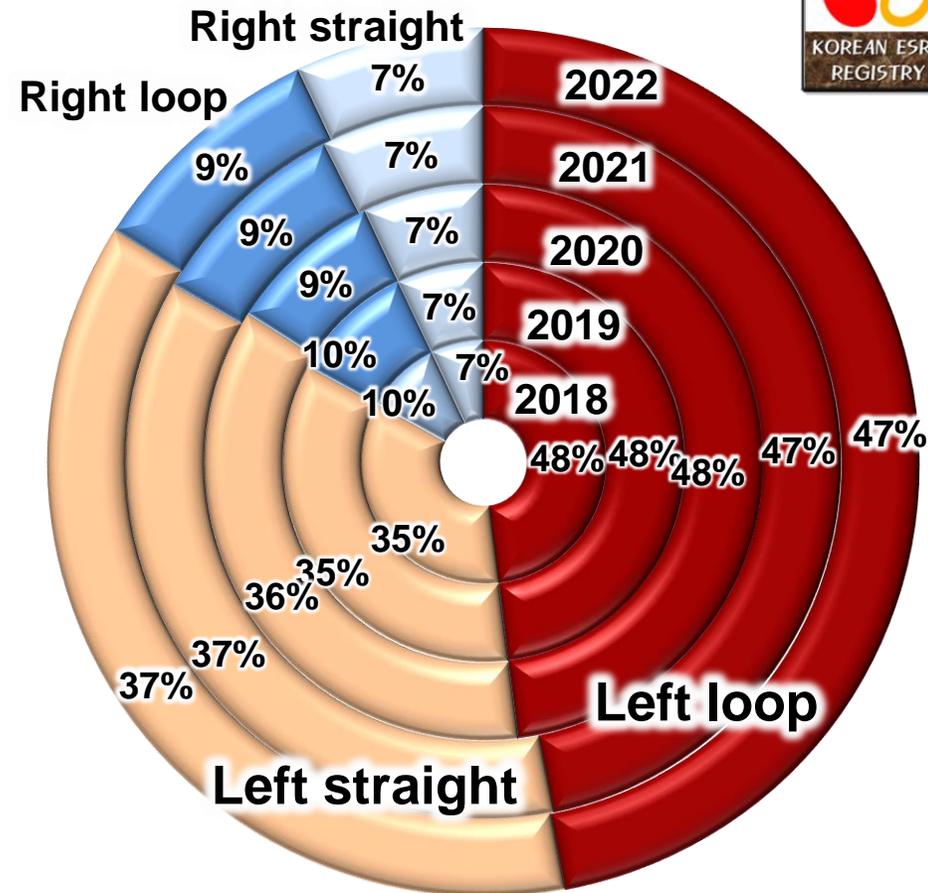
AVF



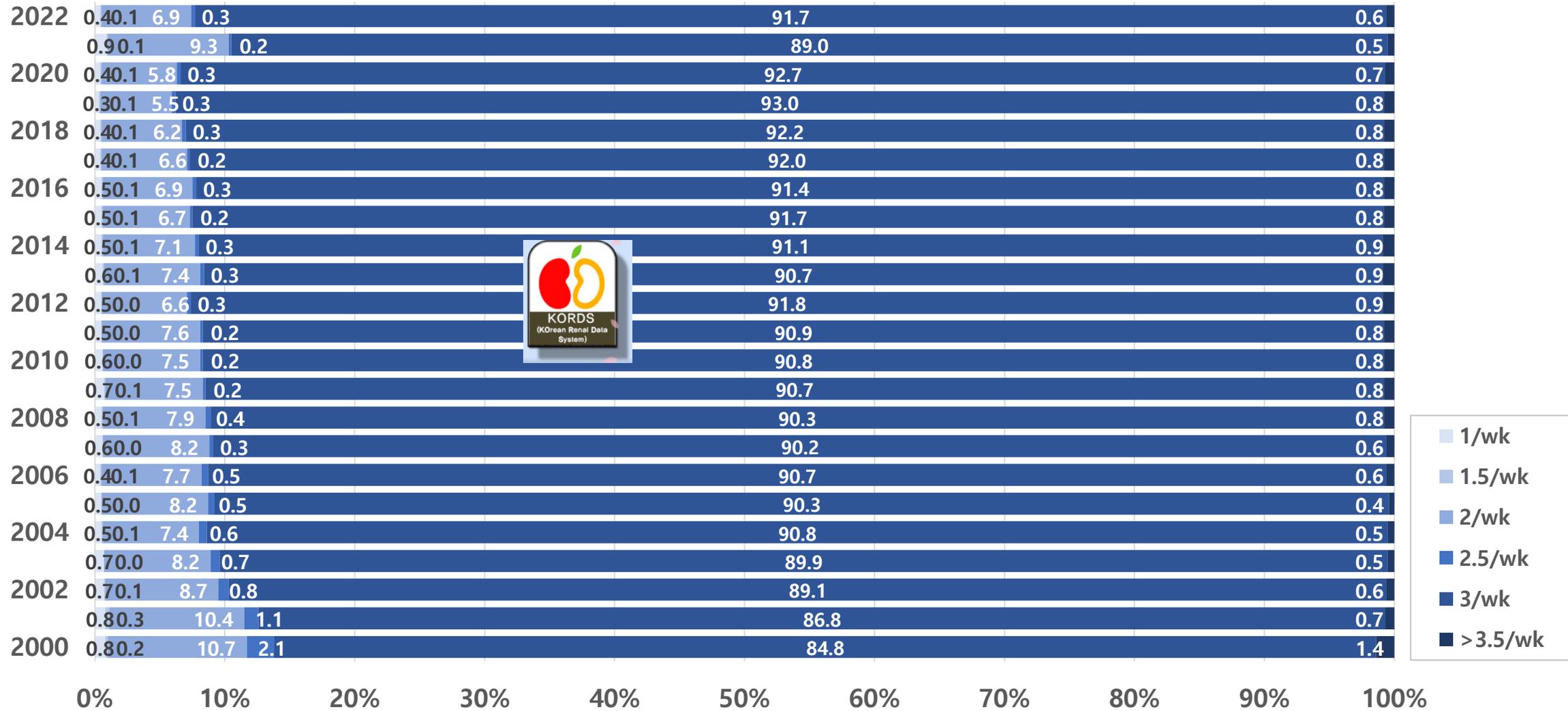
AVG



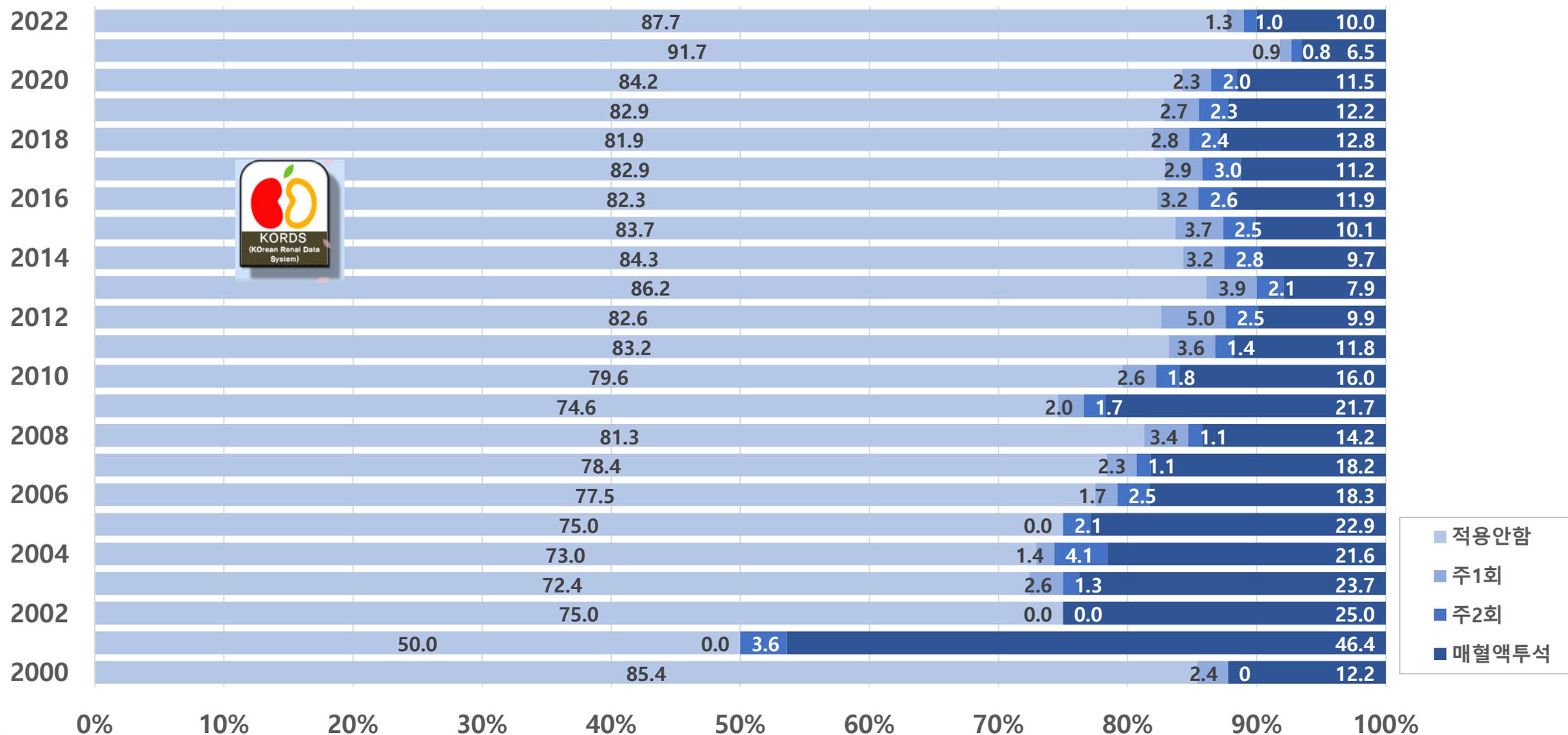
Vascular Access (4)-Type of AVG



Frequency of HD (session/week)

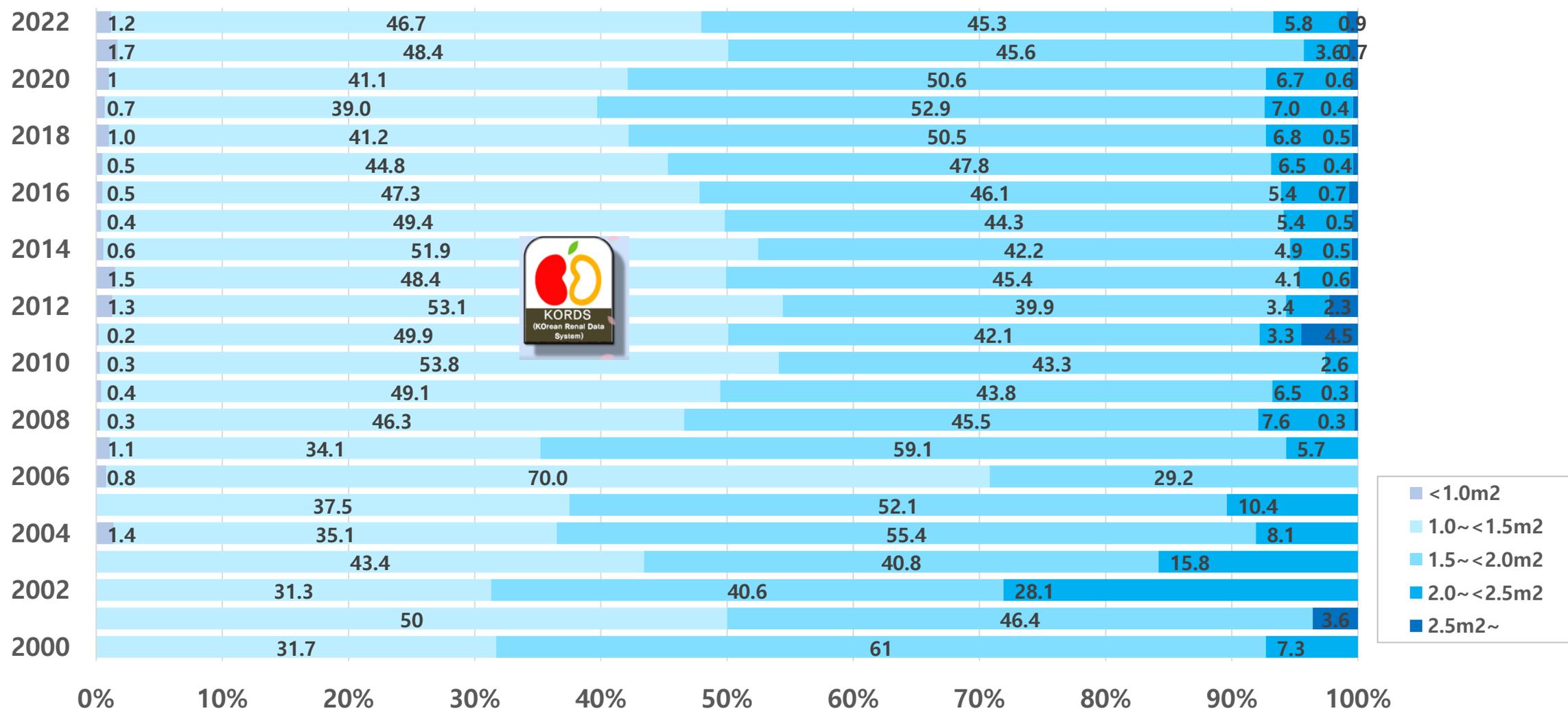


Proportion of HDF

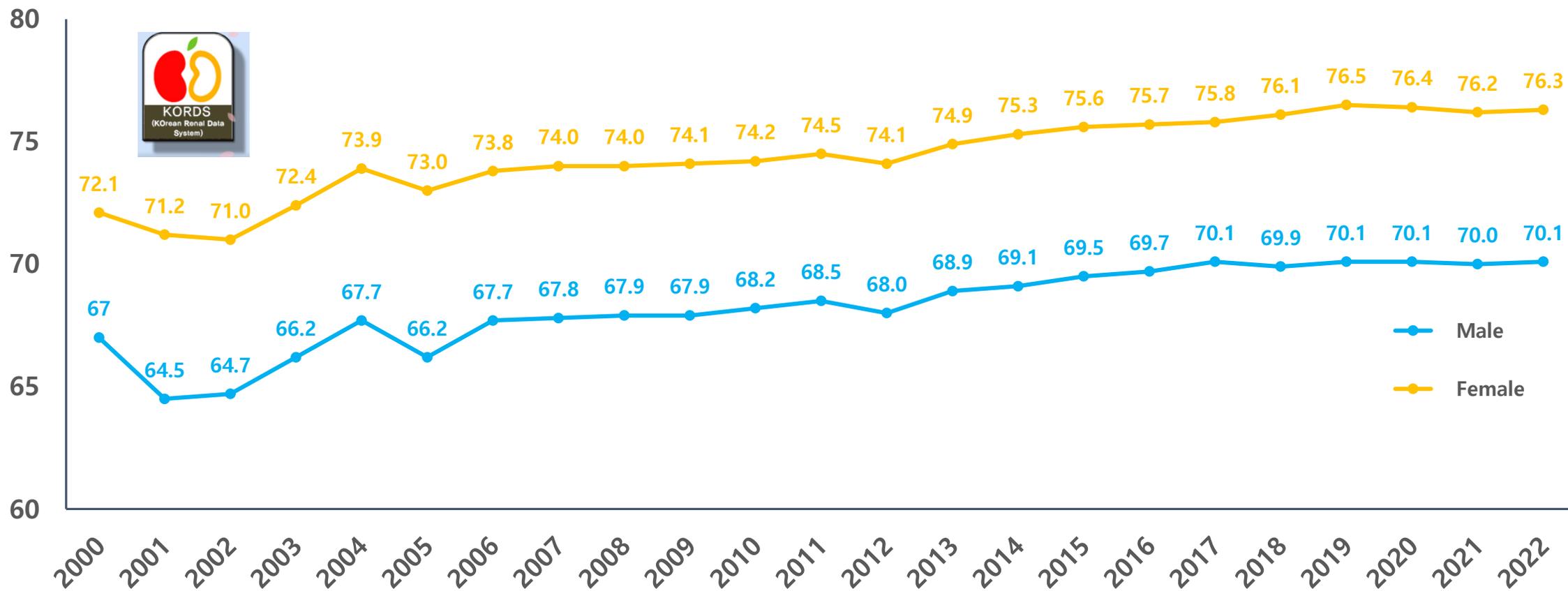


- 적용안함
- 주1회
- 주2회
- 매혈액투석

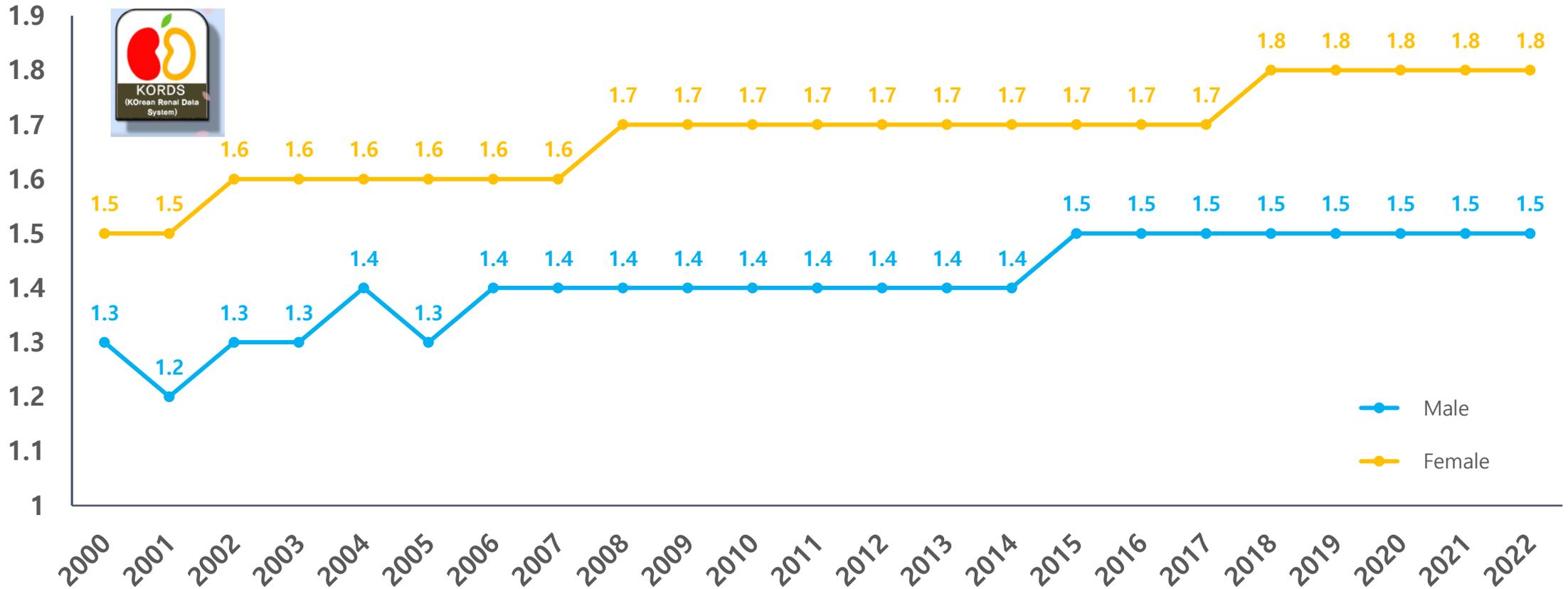
Percent of patients according to the using dialyzer membrane surface area



Adequacy of HD (Urea Reduction Rate)

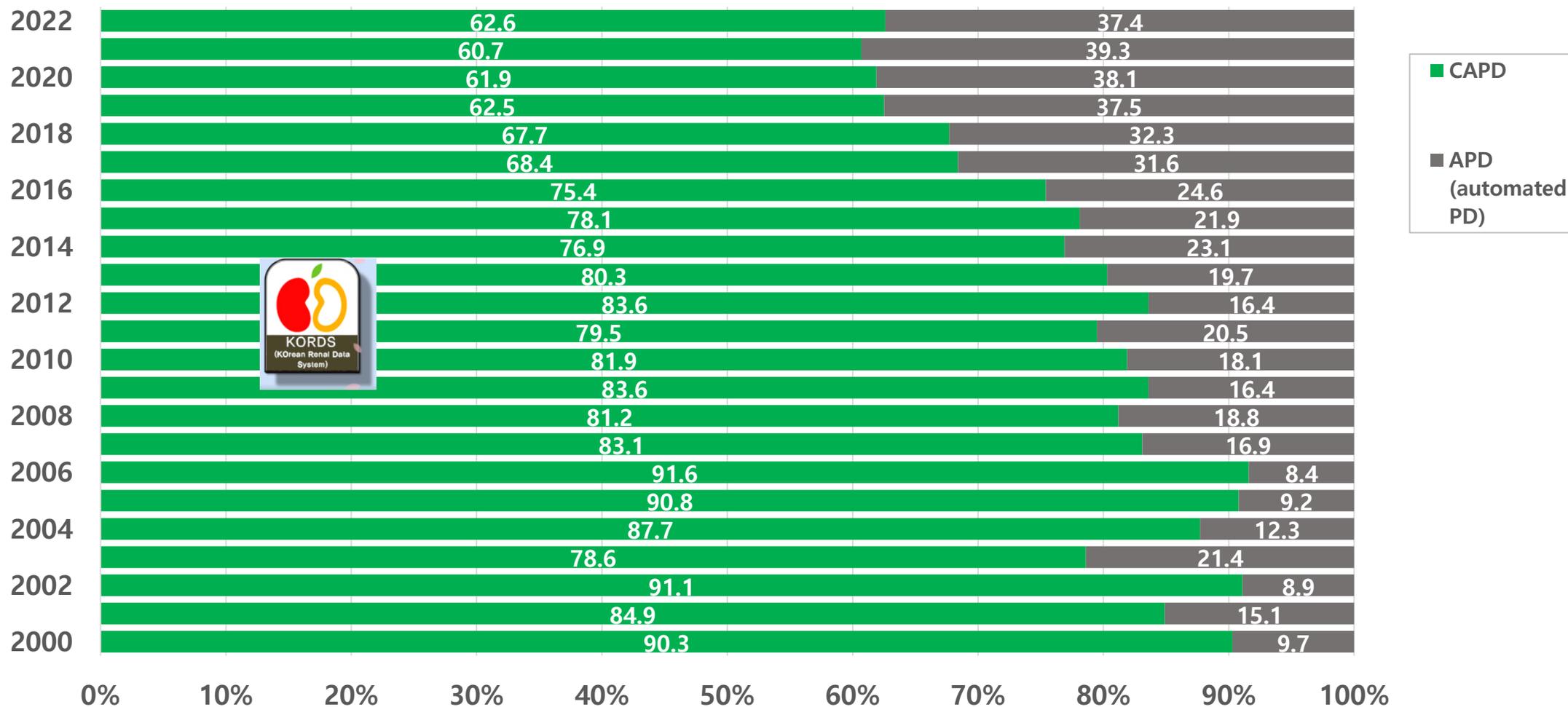


Adequacy of HD (spKt/V)

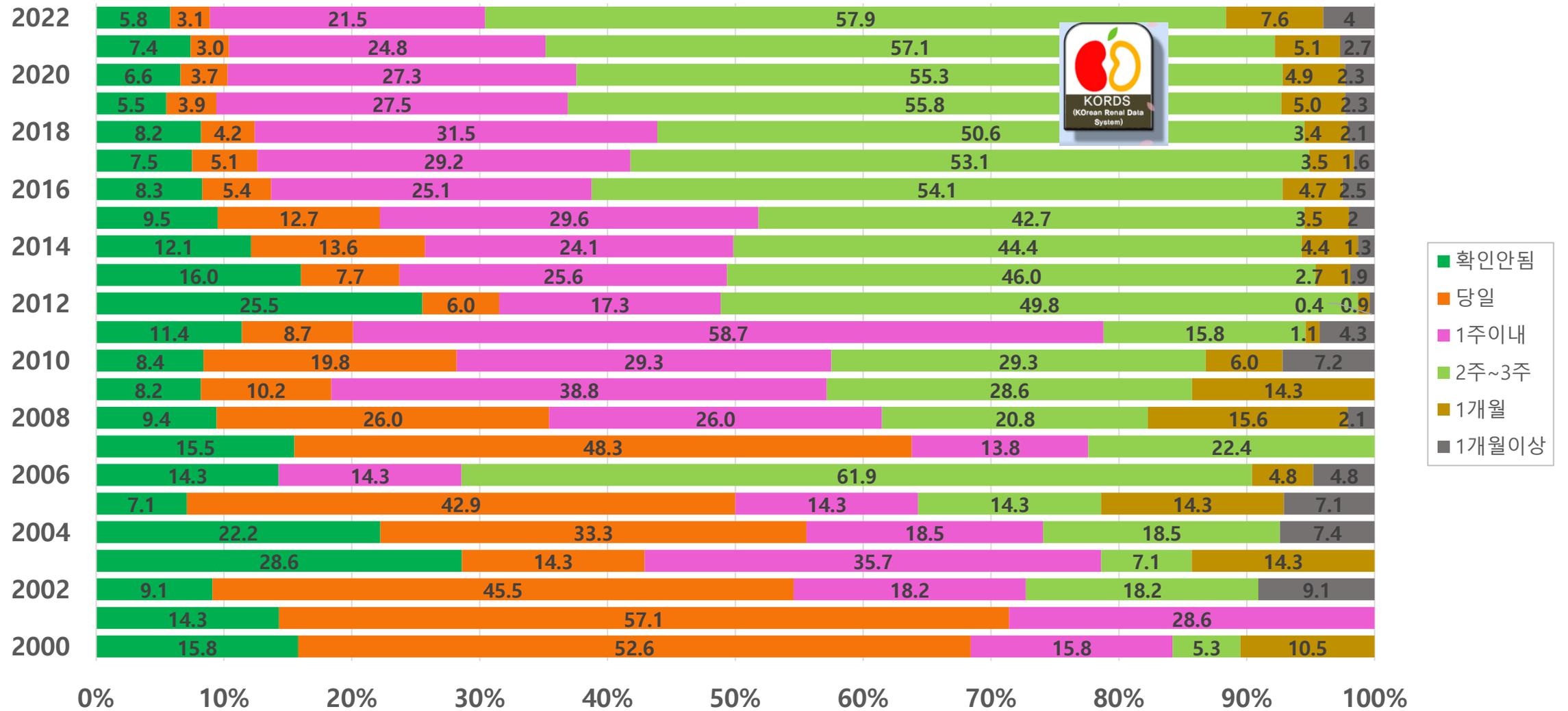


우리나라 복막 투석 환자의 특징

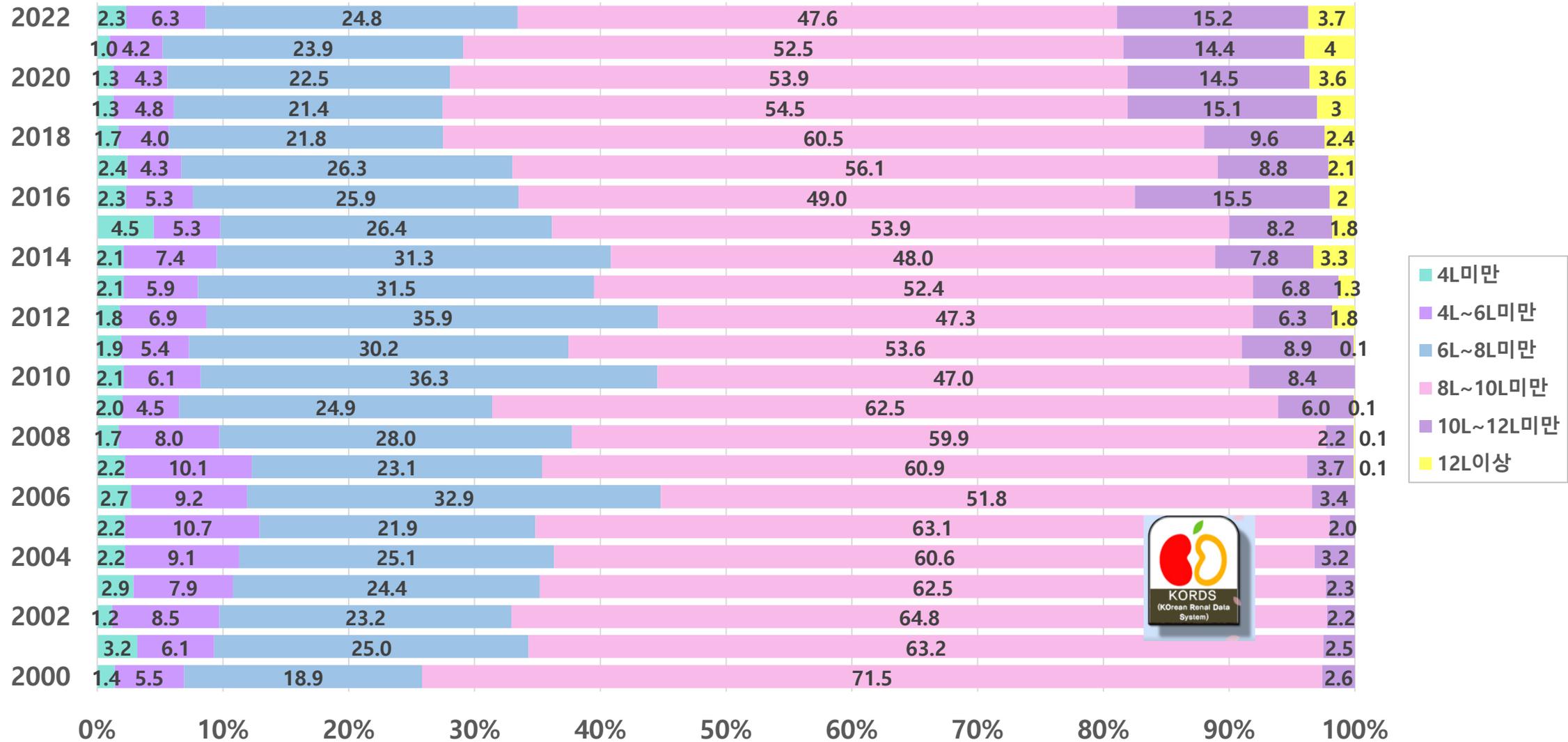
Trends in type of peritoneal dialysis (PD)



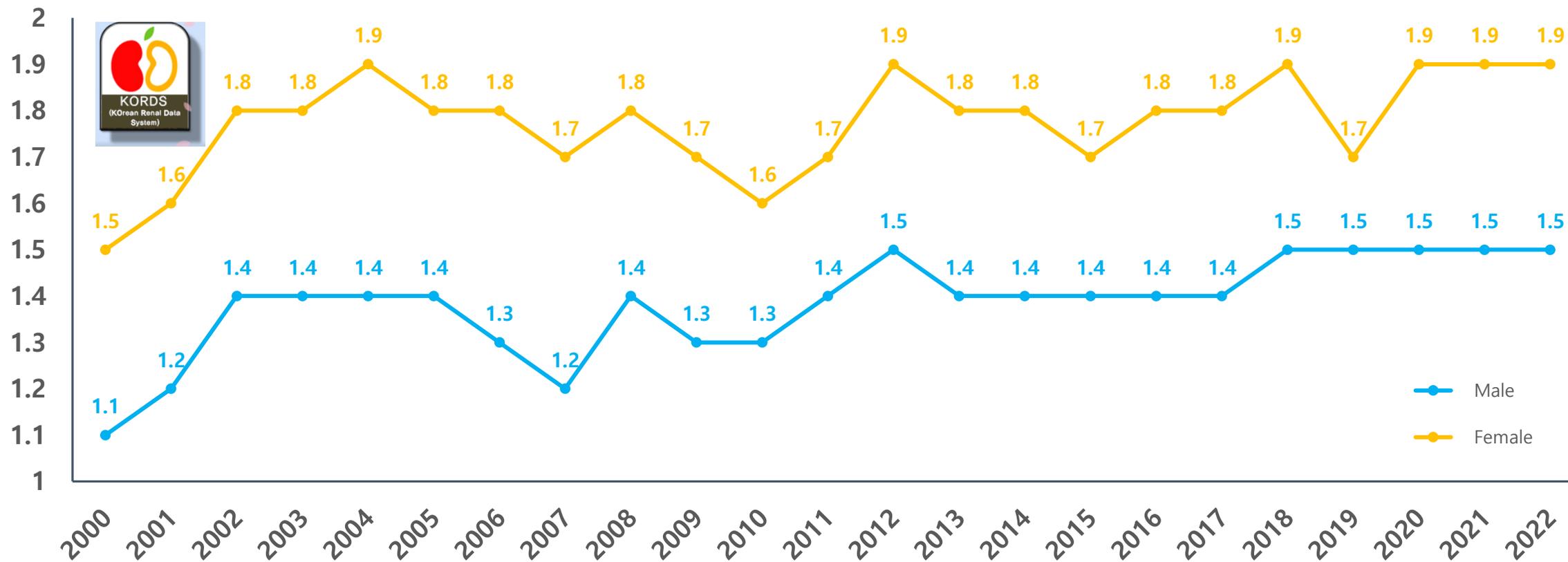
PD Catheter Insertion Break-In Period



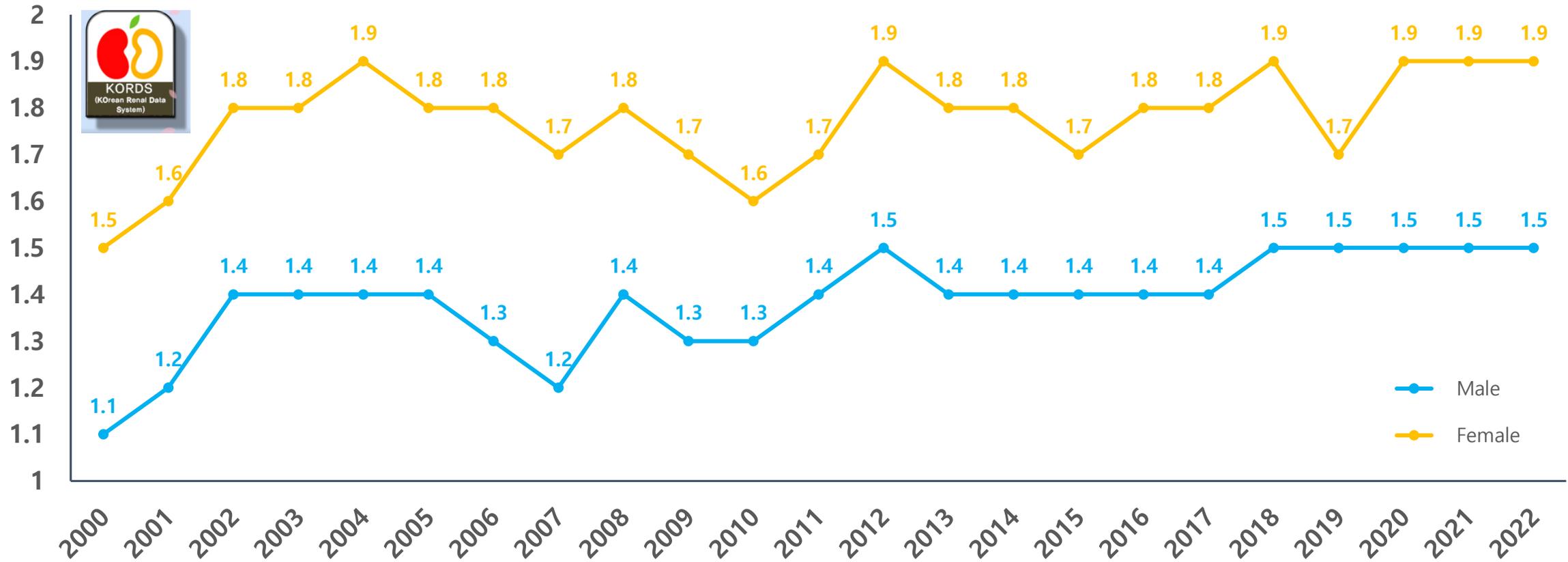
Prescriptions of PD dose per day



Adequacy of PD: weekly Kt/V (Dialysate)



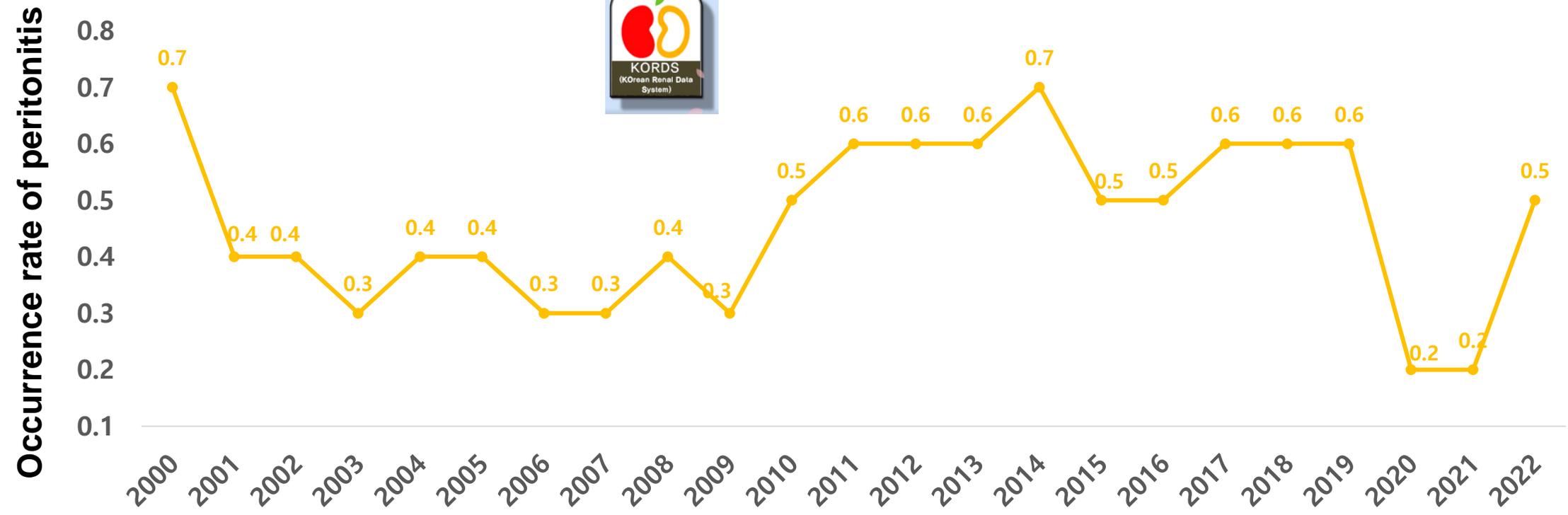
Adequacy of PD: **weekly Kt/V (Total)**



Trends in Exit infection of PD patients (%)



Trends in the occurrence rate of PD-related peritonitis

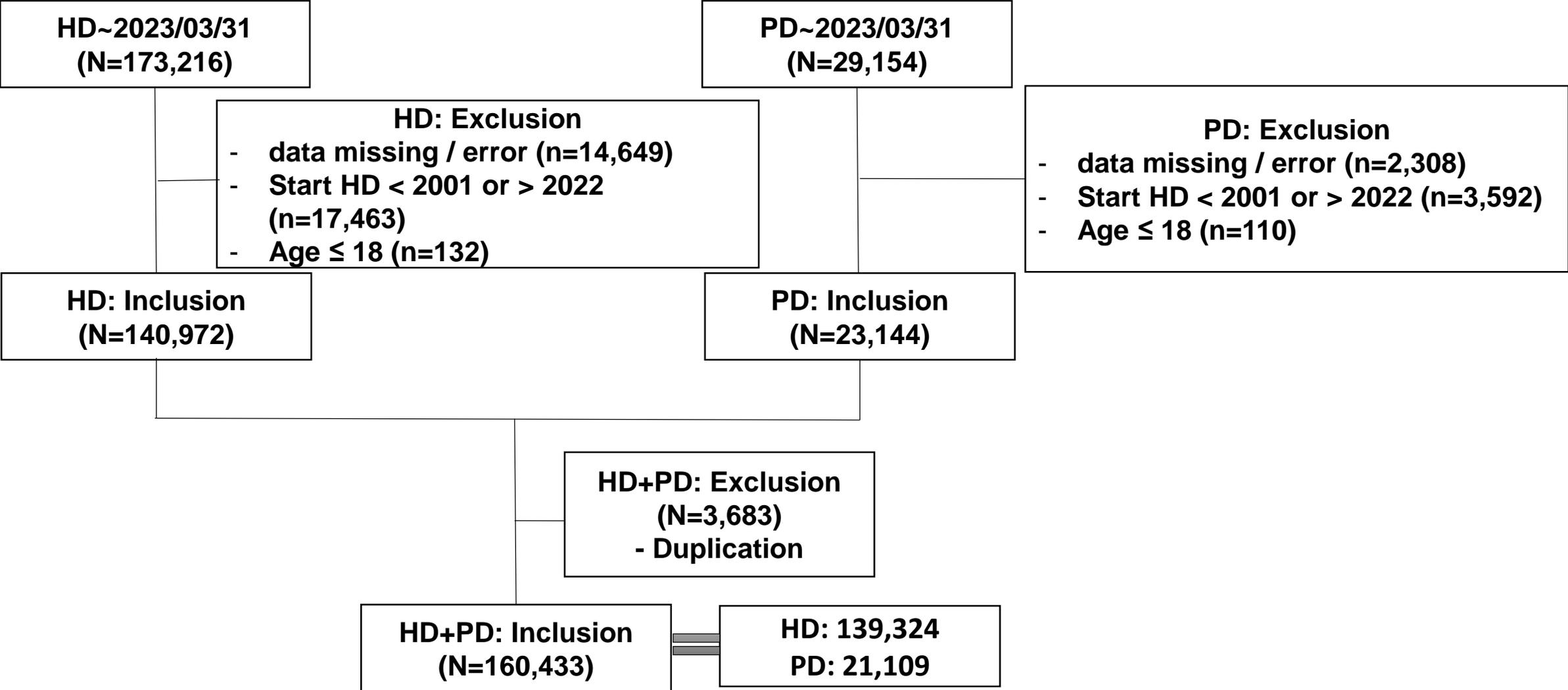


III. 우리나라 말기신부전 환자의 생존율 변화와 위험인자 (Mortality analysis of ESKD patients in Korea)

Contents

- **Hospitalization**
- **All-cause mortality for patients with prevalent dialysis**
- **Survival probability of incident dialysis patients**
- **Causes of deaths**

Flow chart of patient selection for the cohort



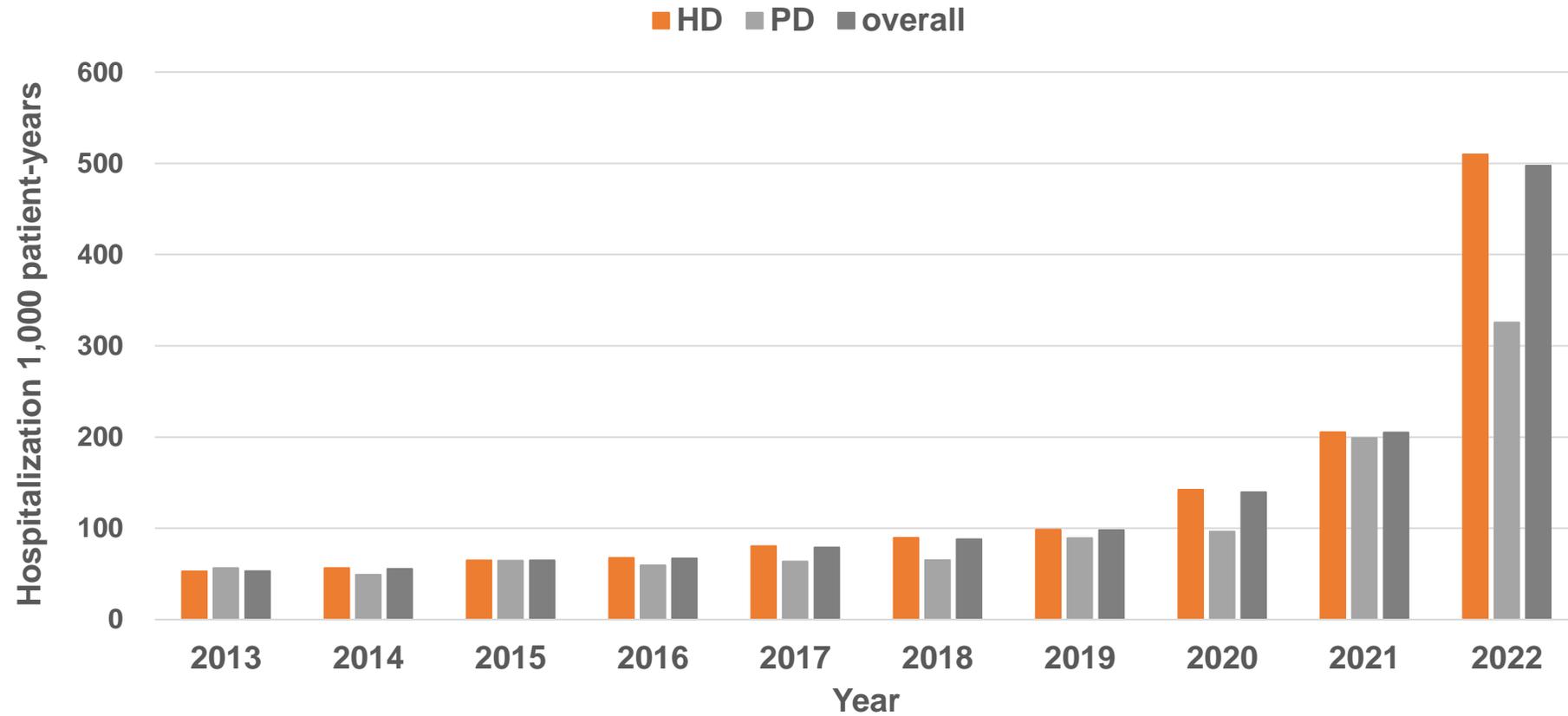
Hospitalization

All-cause hospitalization for dialysis patients

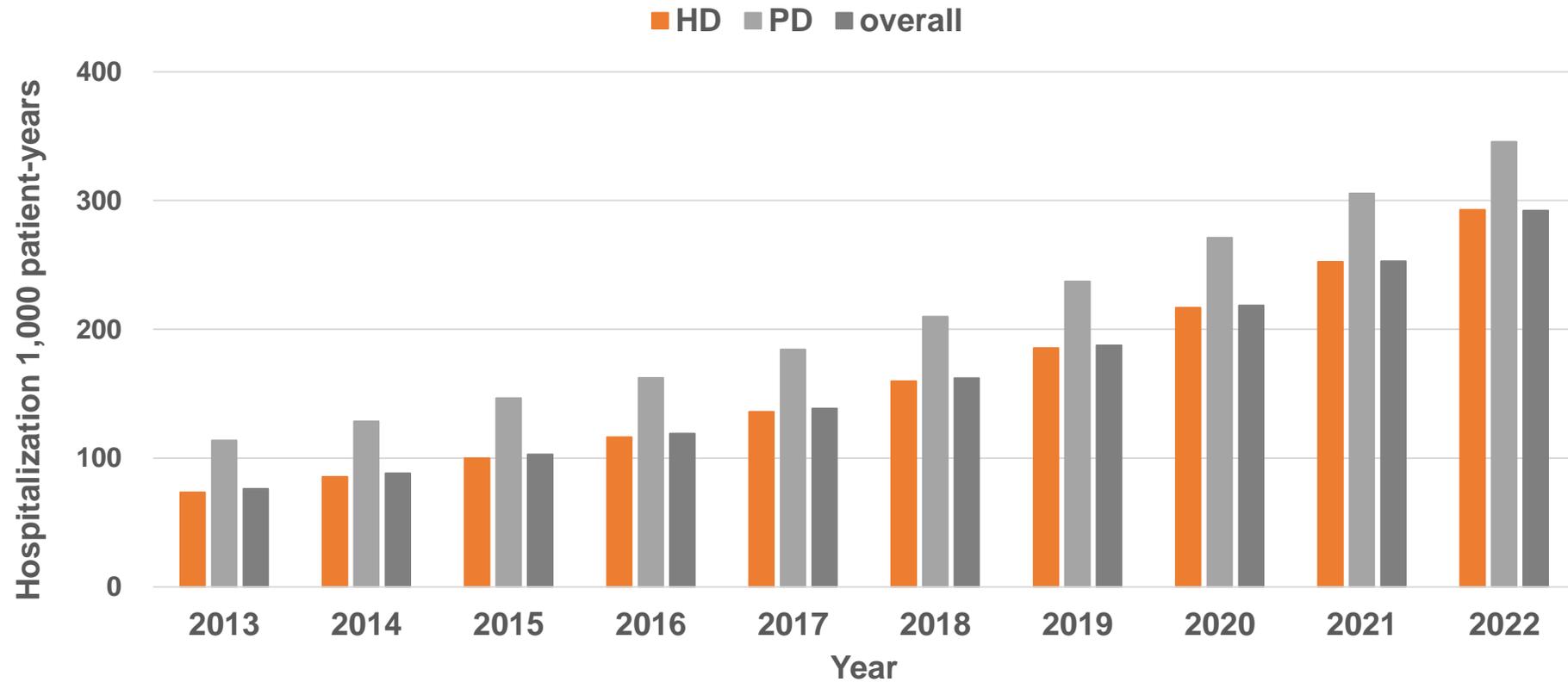
Method

- Enrolled period: 2001.01.01~2022.12.31
- Event end date: 2022.12.31
- Hospitalization: Per 1,000 person-years
- Adjusted: age & sex using Poisson regression model
- R studio version 4.2.1

All-cause hospitalization rates in dialysis patients, by treatment modality (HD and PD), 2013-2022: **Unadjusted**

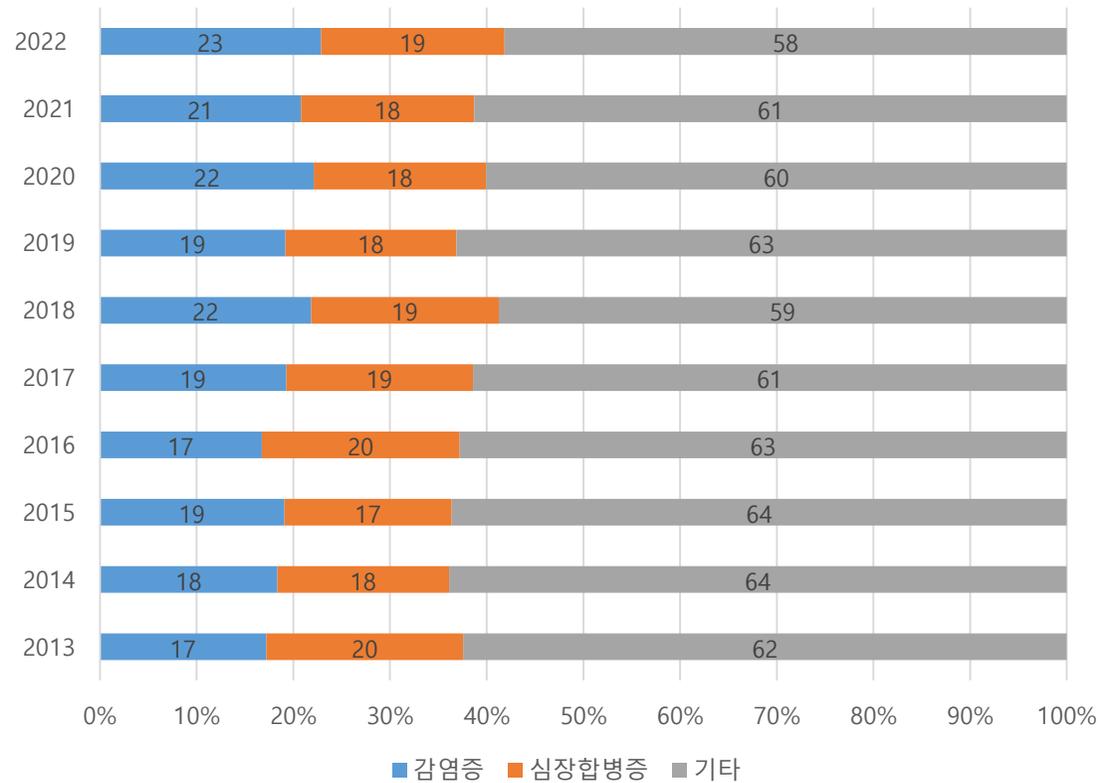


All-cause hospitalization rates in dialysis patients, by treatment modality, 2013-2022: **Adjusted by age and sex**

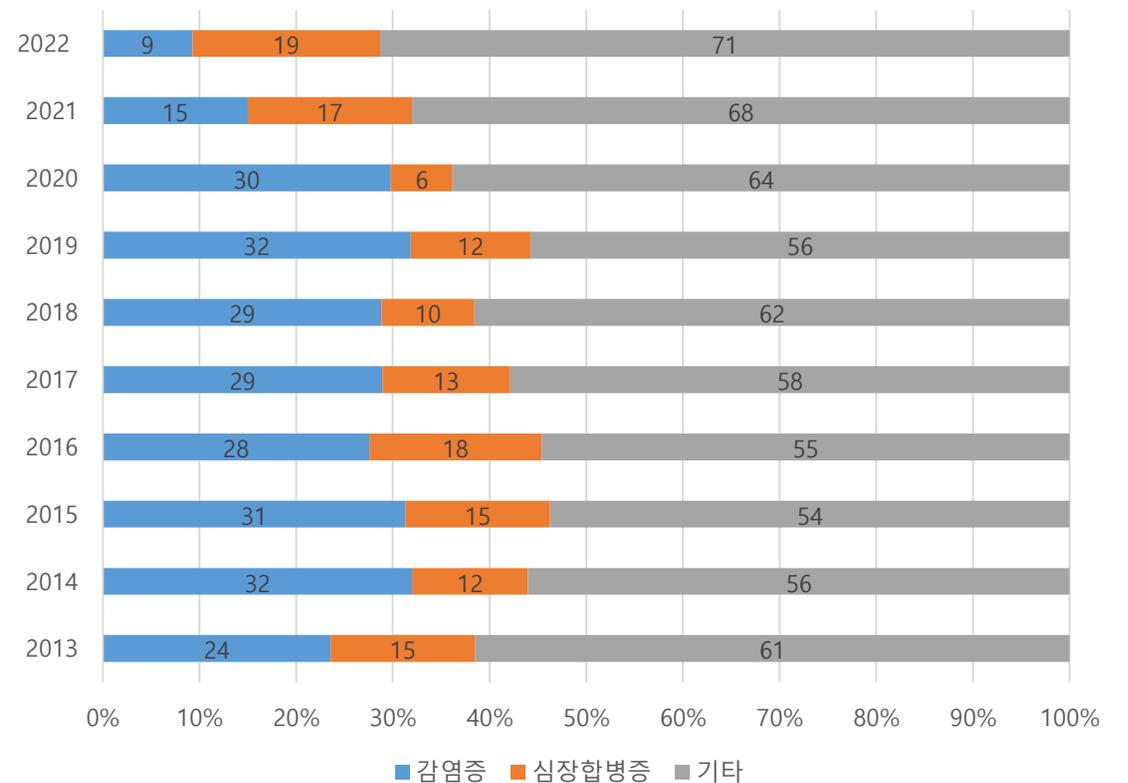


Cause of hospitalization in dialysis patients, 2013-2022

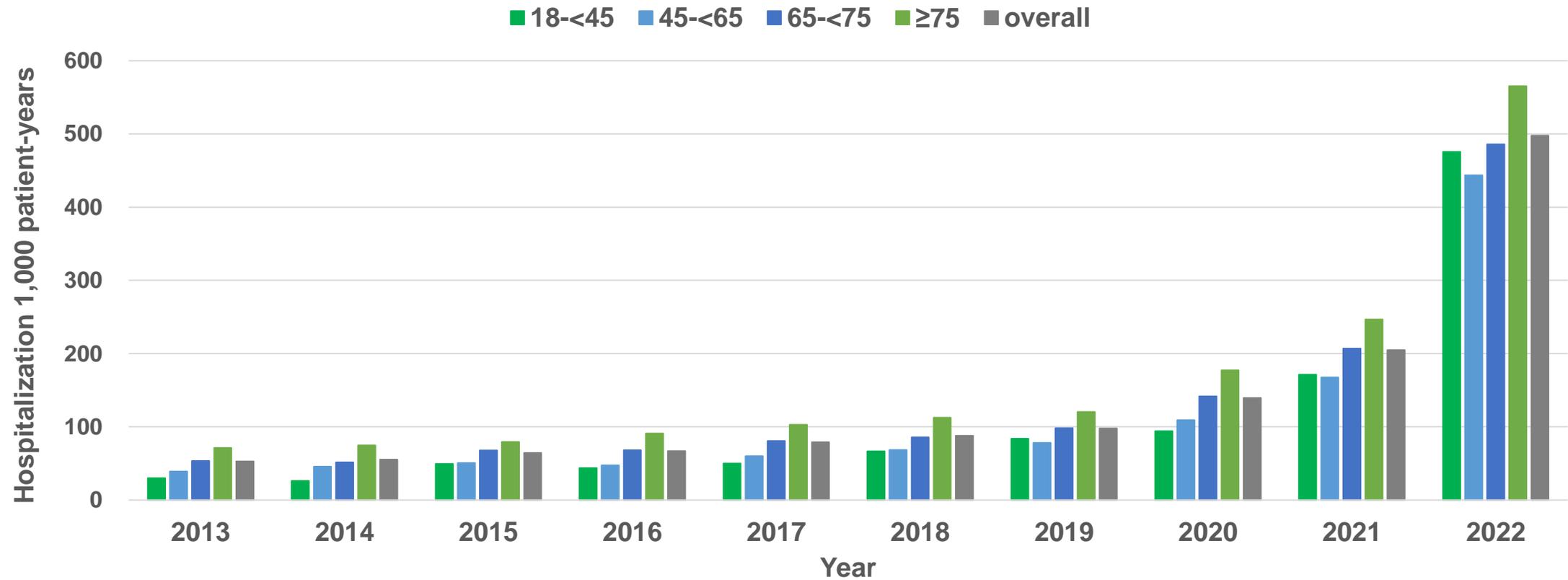
Cause of Hospitalization (HD, %)



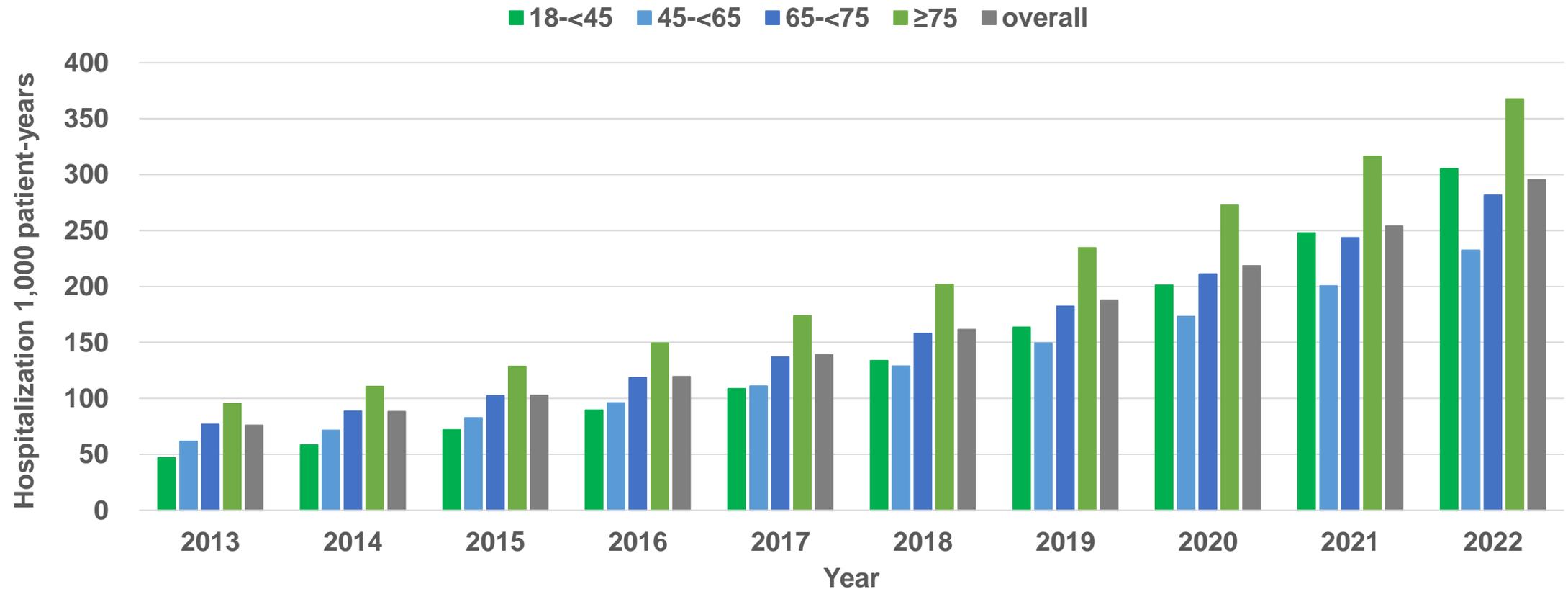
Cause of Hospitalization (PD, %)



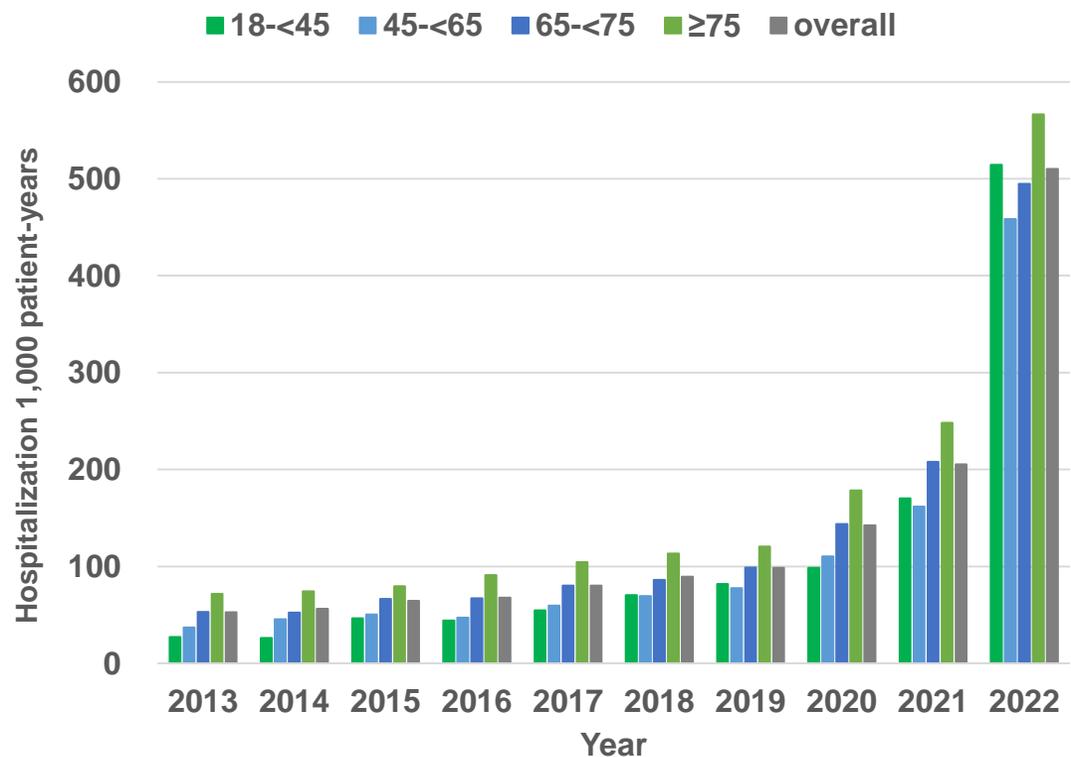
All-cause hospitalization rates in dialysis patients, by age, 2013-2022: **Unadjusted**



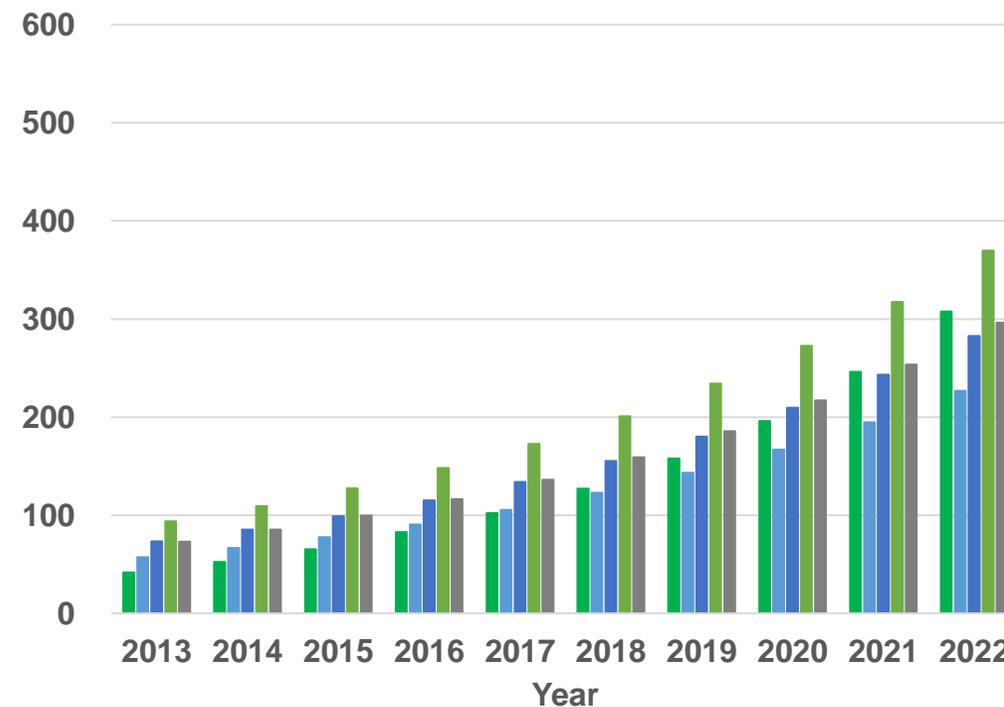
All-cause hospitalization rates in dialysis patients, by age, 2013-2022: **Adjusted by sex**



All-cause hospitalization rates in HD patients, by age, 2013-2022



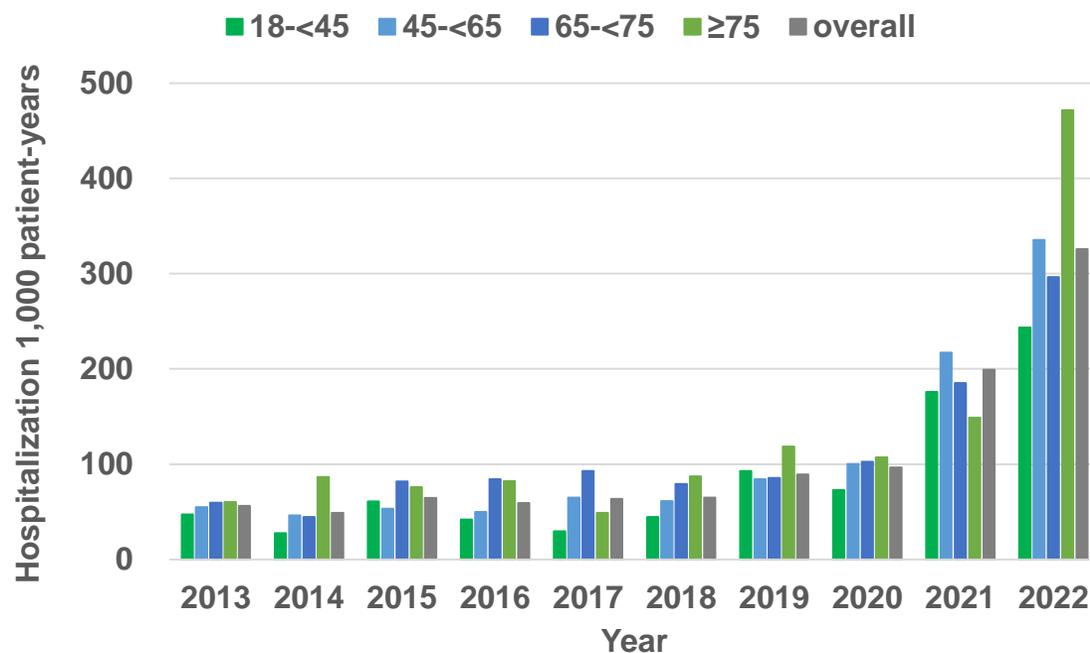
Unadjusted



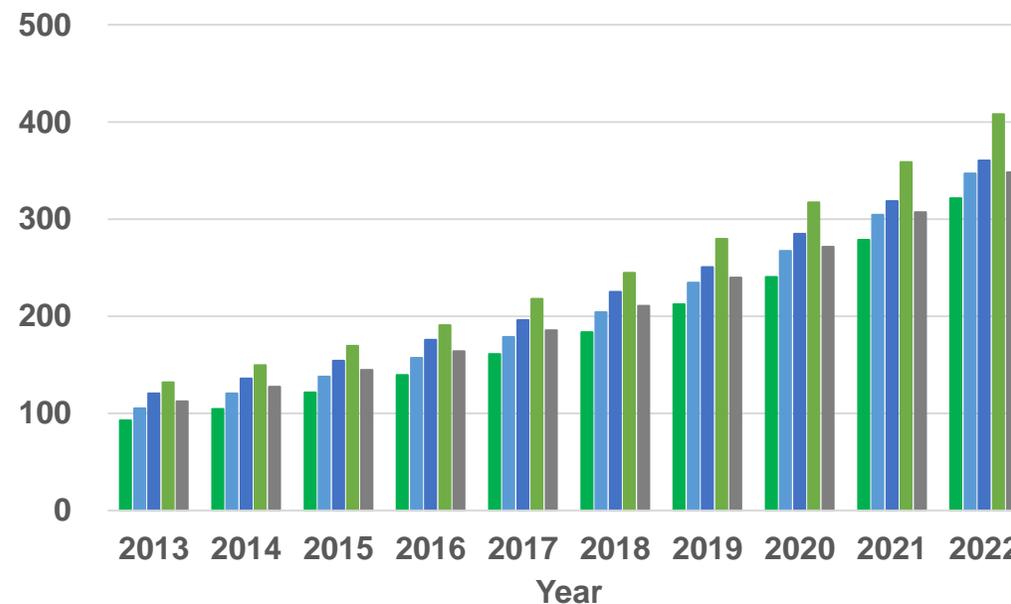
Adjusted by sex

High hospitalization rates among patients aged 18-<45

All-cause hospitalization rates in PD patients, by age, 2013-2022



Unadjusted



Adjusted by sex

Hospitalization rates tend to increase with age

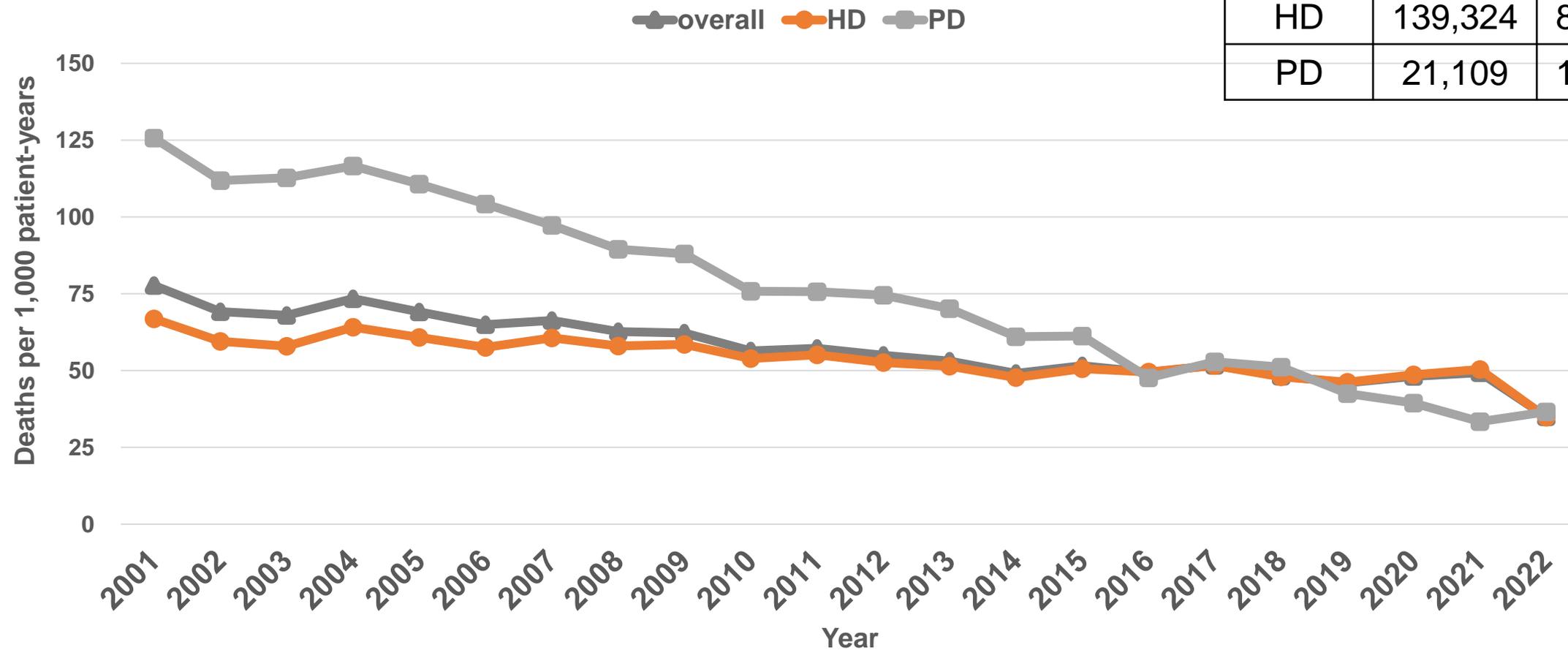
Mortality

All-cause mortality for dialysis patients

Method

- Enrolled period: 2001.01.01~2022.12.31
- Event end date: 2022.12.31
- Mortality
 - 1) Per 1,000 person-years for death rate: Poisson regression model
 - ⇒ Adjusted by age and sex
 - 2) Survival probability: Cox regression model
 - ⇒ Adjusted by age, sex, the year of dialysis onset
- R studio version 4.2.1

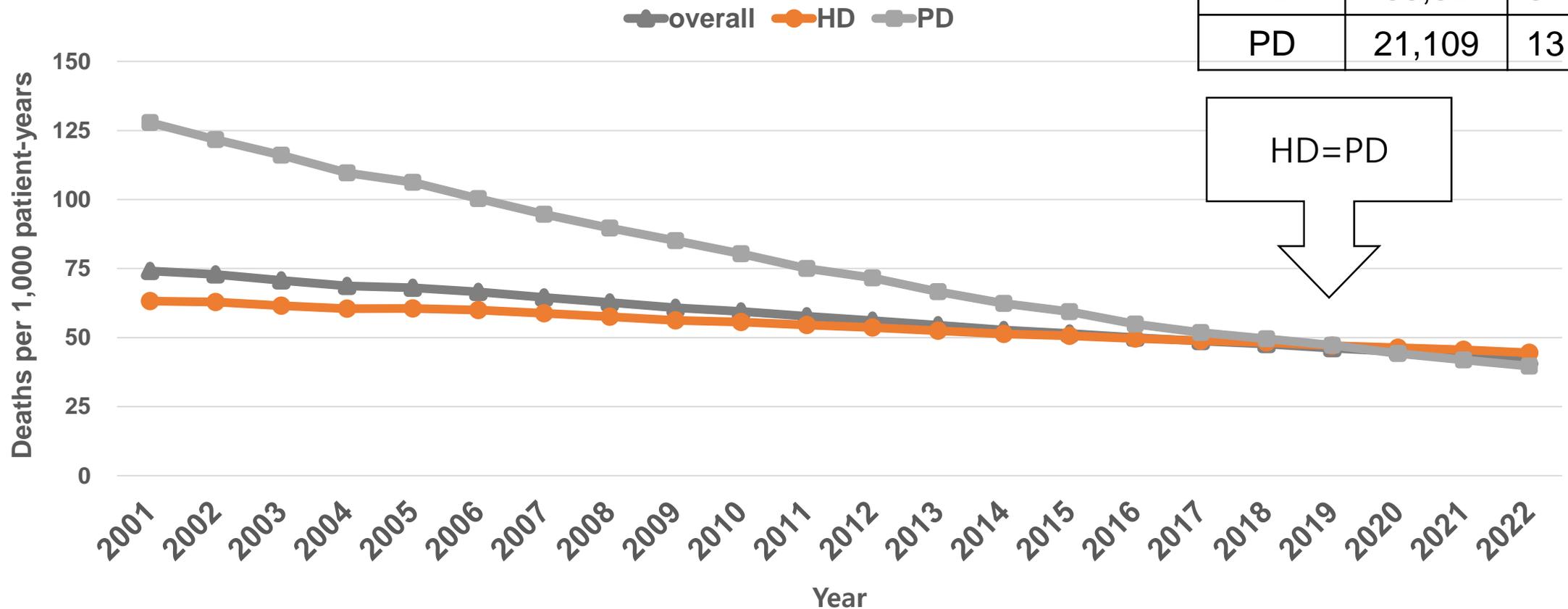
All-cause mortality in dialysis patients, by treatment modality (HD and PD), 2001-2022: **Unadjusted**



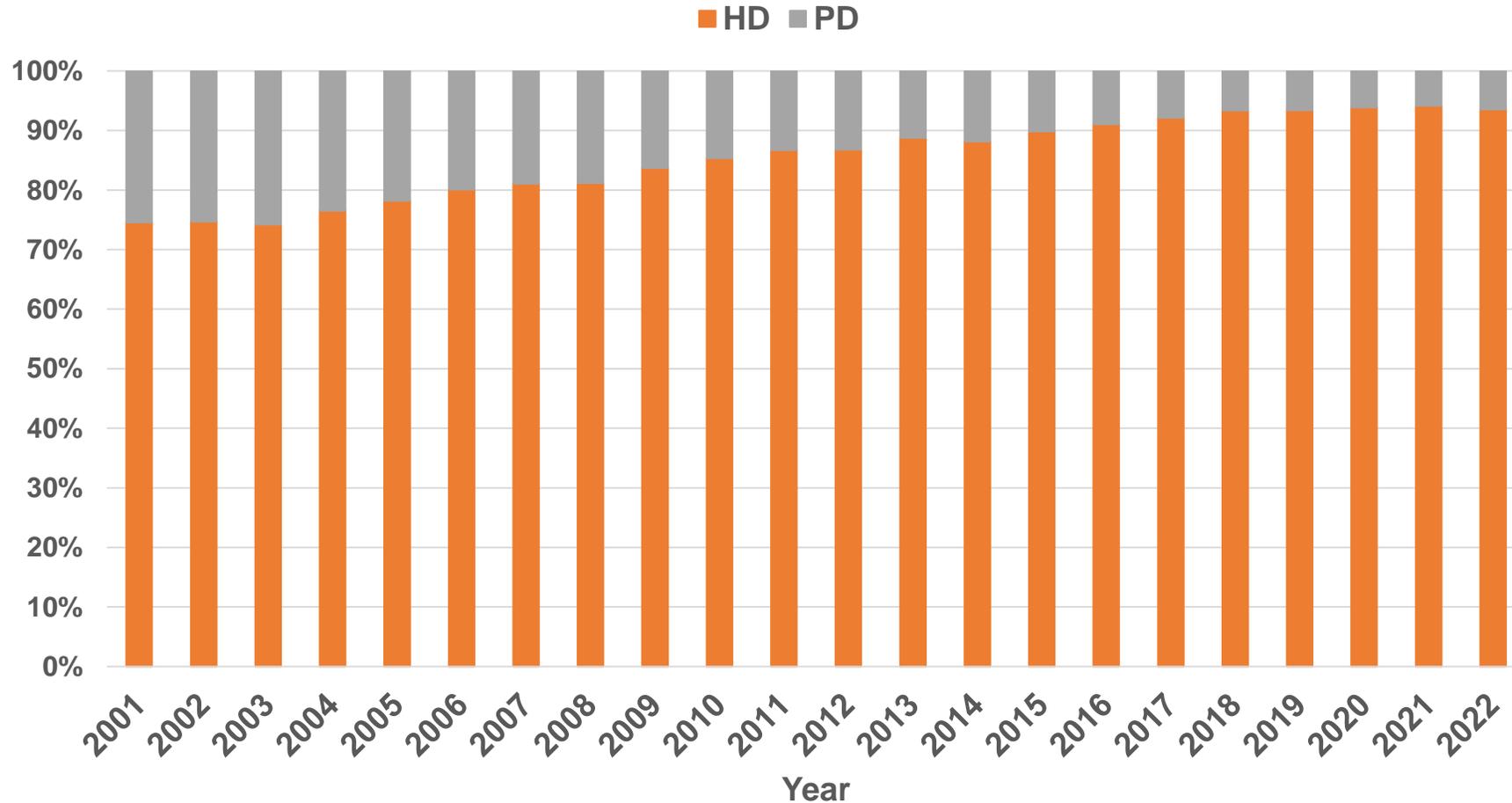
| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| HD | 139,324 | 87 |
| PD | 21,109 | 13 |

All-cause mortality in dialysis patients, by treatment modality (HD and PD), 2001-2022: **Adjusted by age and sex**

| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| HD | 139,324 | 87 |
| PD | 21,109 | 13 |

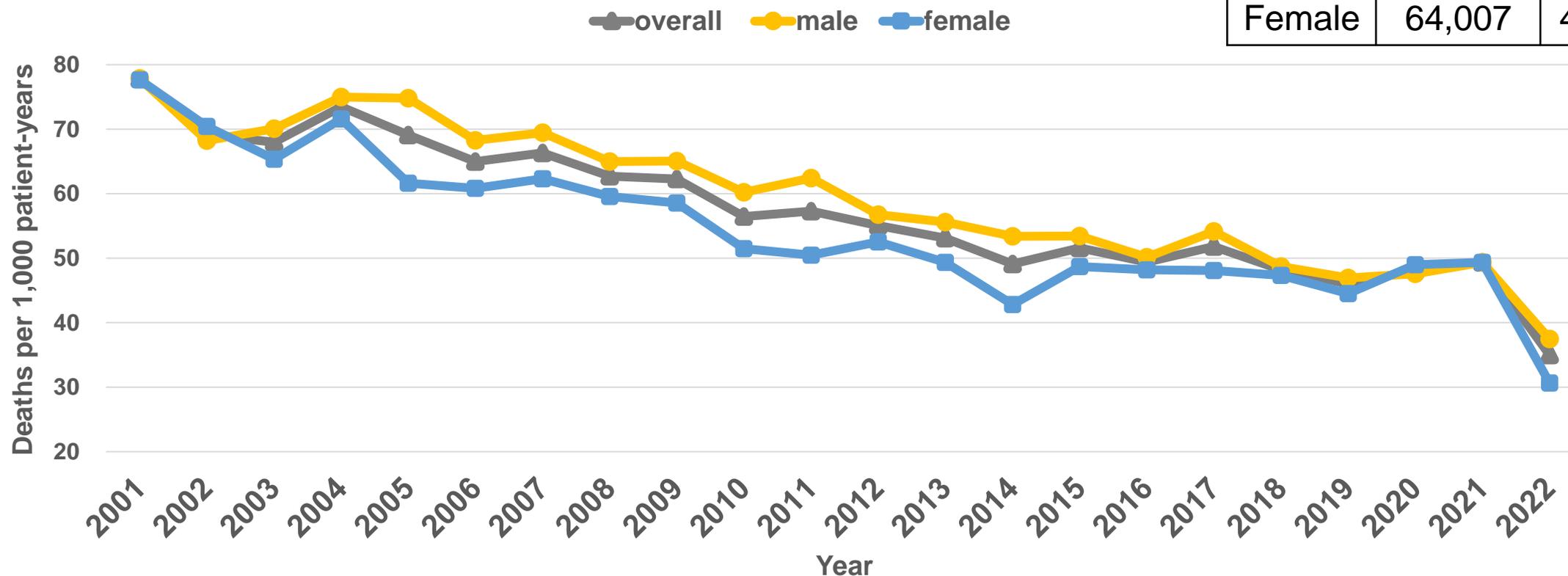


The proportion of incident patients included in survival analysis, 2001-2022



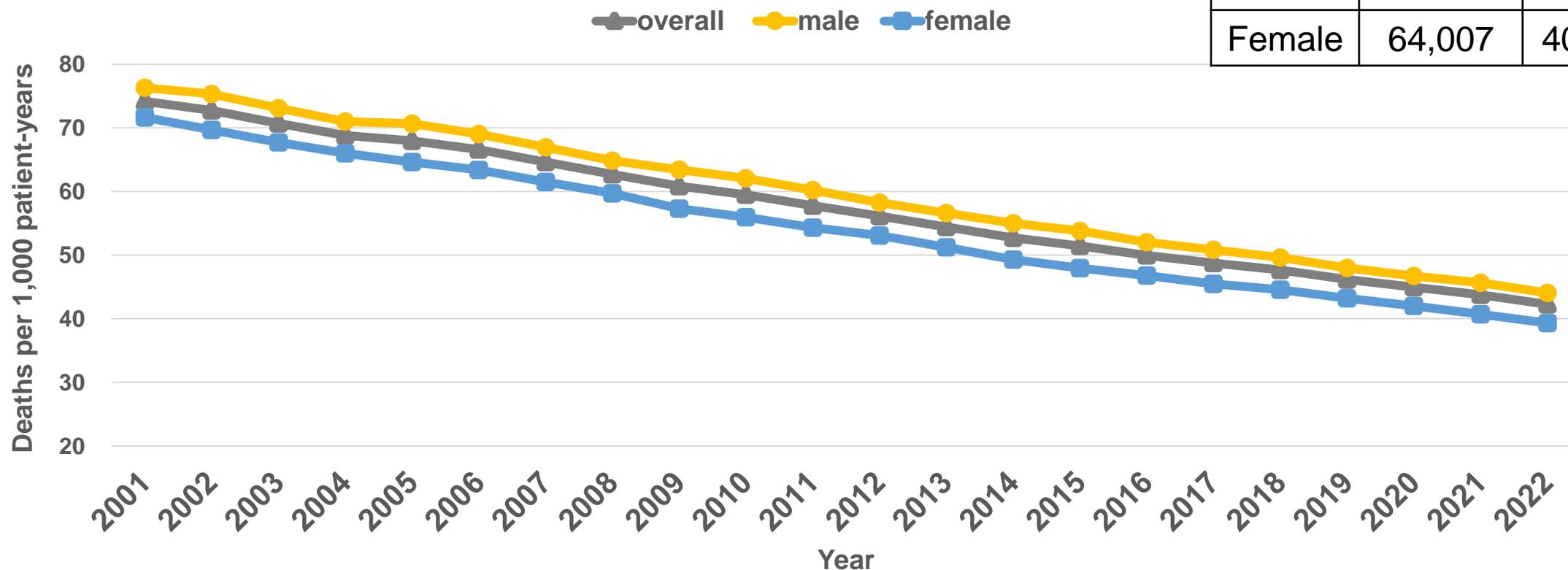
All-cause mortality in dialysis patients, by sex (male and female), 2001-2022: **Unadjusted**

| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| Male | 96,426 | 60 |
| Female | 64,007 | 40 |



All-cause mortality in dialysis patients, by sex (male and female), 2001-2022: **Adjusted by age**

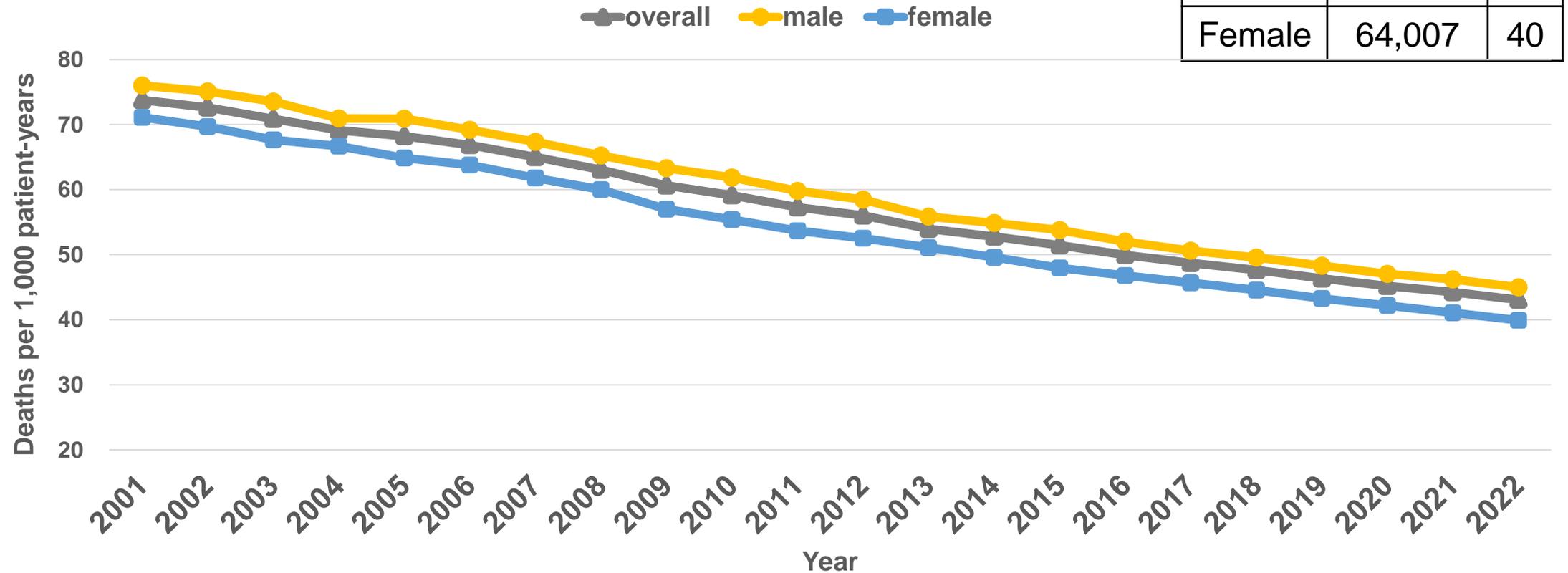
| | | |
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| Female | 64,007 | 40 |



Mortality: Male > Female

All-cause mortality in dialysis patients, by sex (male and female), 2001-2022: **Adjusted by age and modality**

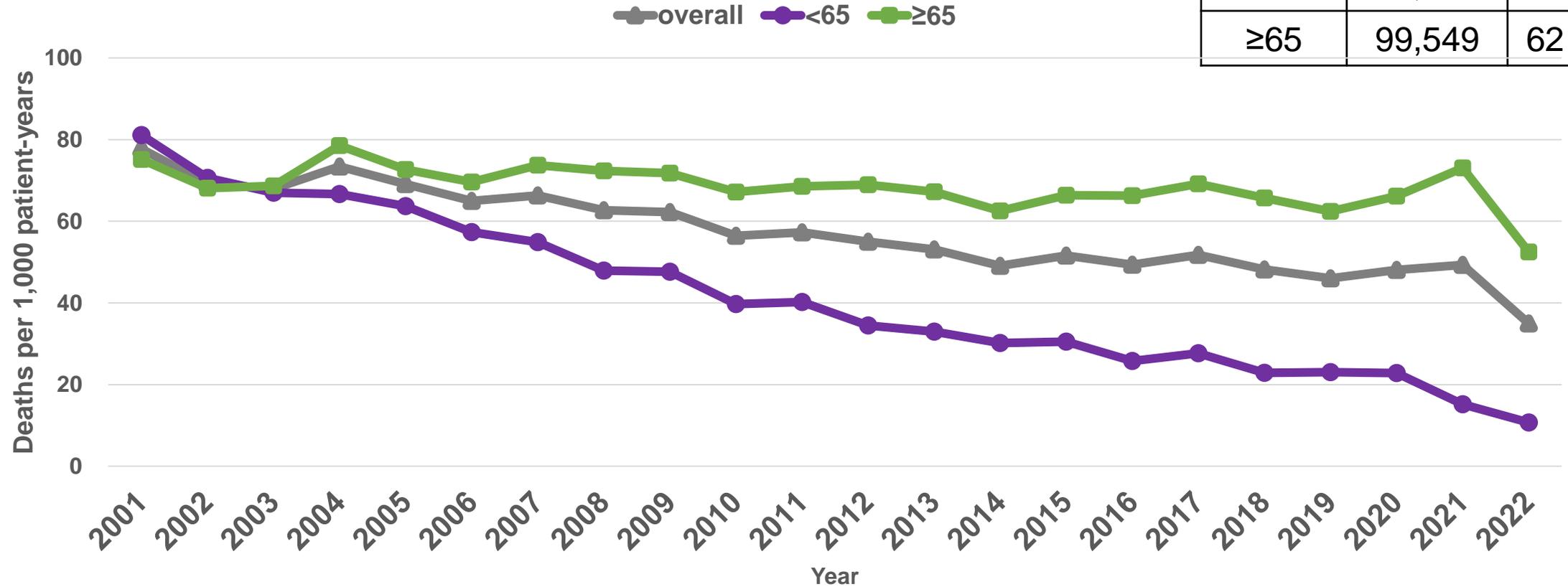
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Mortality: Male > Female

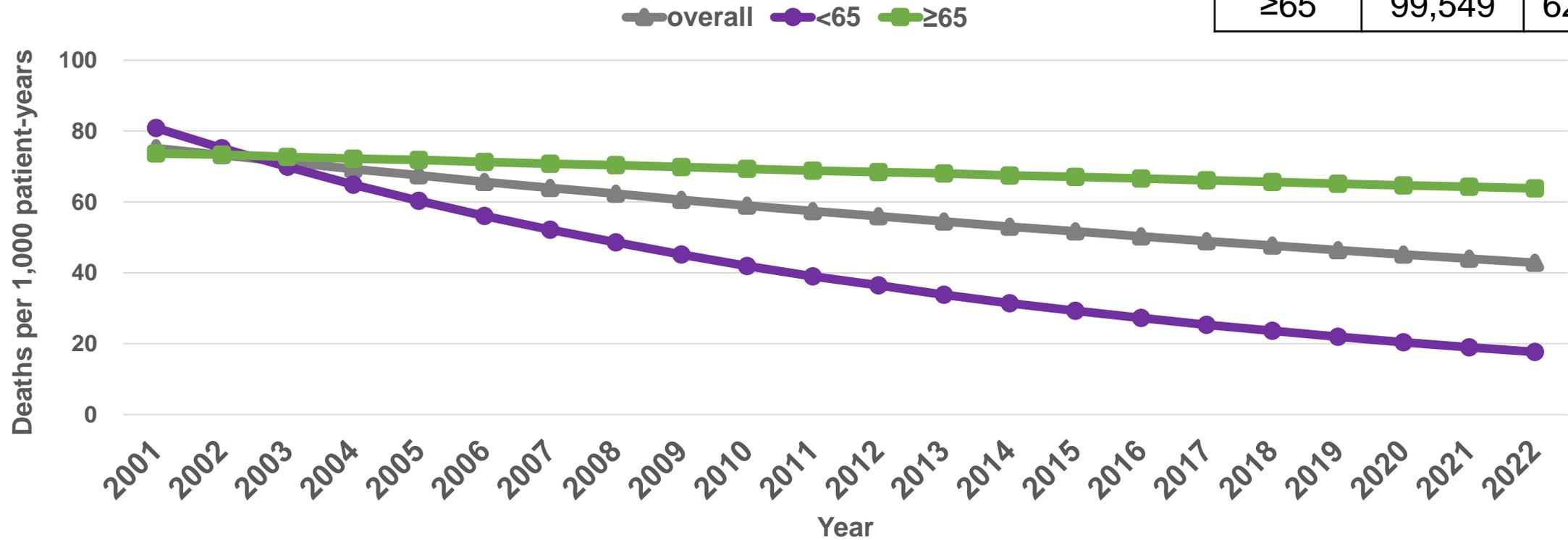
All-cause mortality in dialysis patients, by age (<65, ≥65), 2001-2022: **Unadjusted**

| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| <65 | 60,884 | 38 |
| ≥65 | 99,549 | 62 |



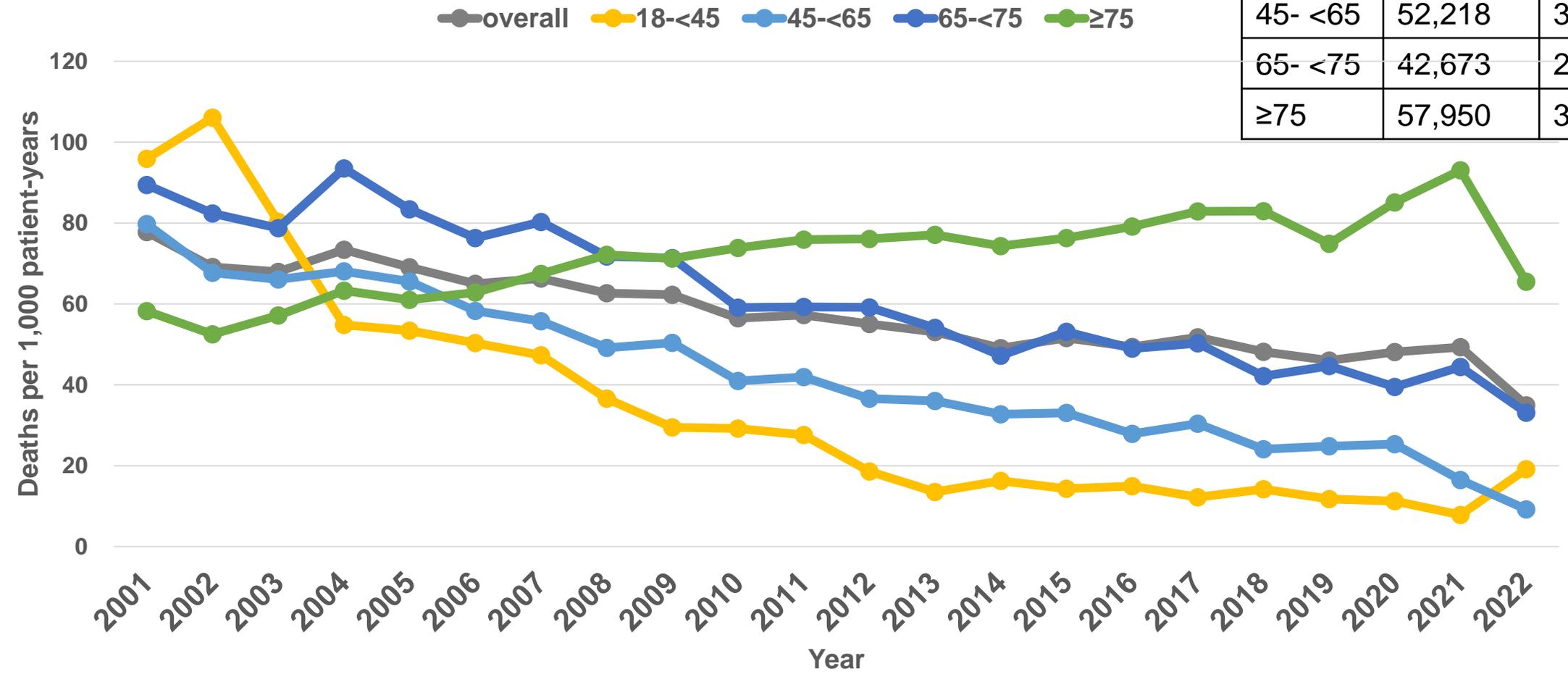
All-cause mortality in dialysis patients, by age (<65, ≥65), 2001-2022: **Adjusted by sex**

| | | |
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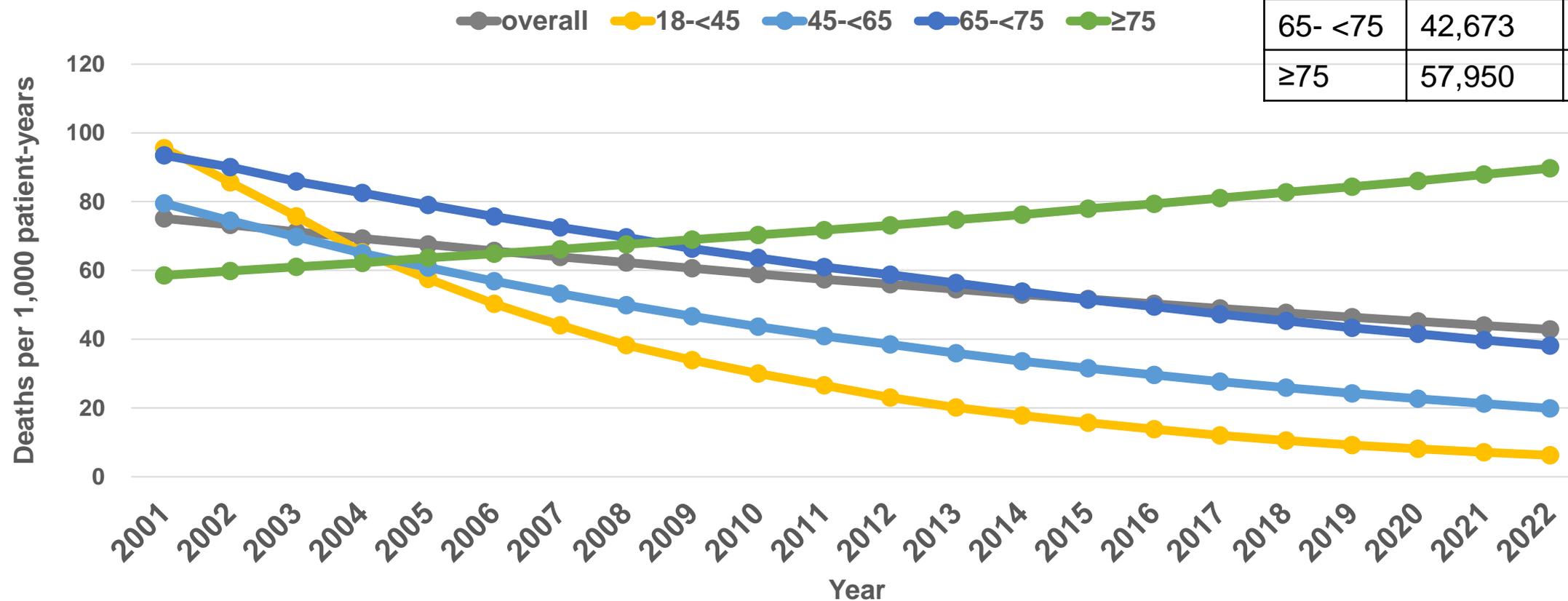
All-cause mortality in dialysis patients, by 4 age group, 2001-2022: **Unadjusted**

| | | | |
|---------|---------|------|-----|
| Overall | 160,433 | % | 0.5 |
| 18- <45 | 7,595 | 4.7 | ↓ |
| 45- <65 | 52,218 | 32.5 | |
| 65- <75 | 42,673 | 26.6 | |
| ≥75 | 57,950 | 36.1 | ↑ |

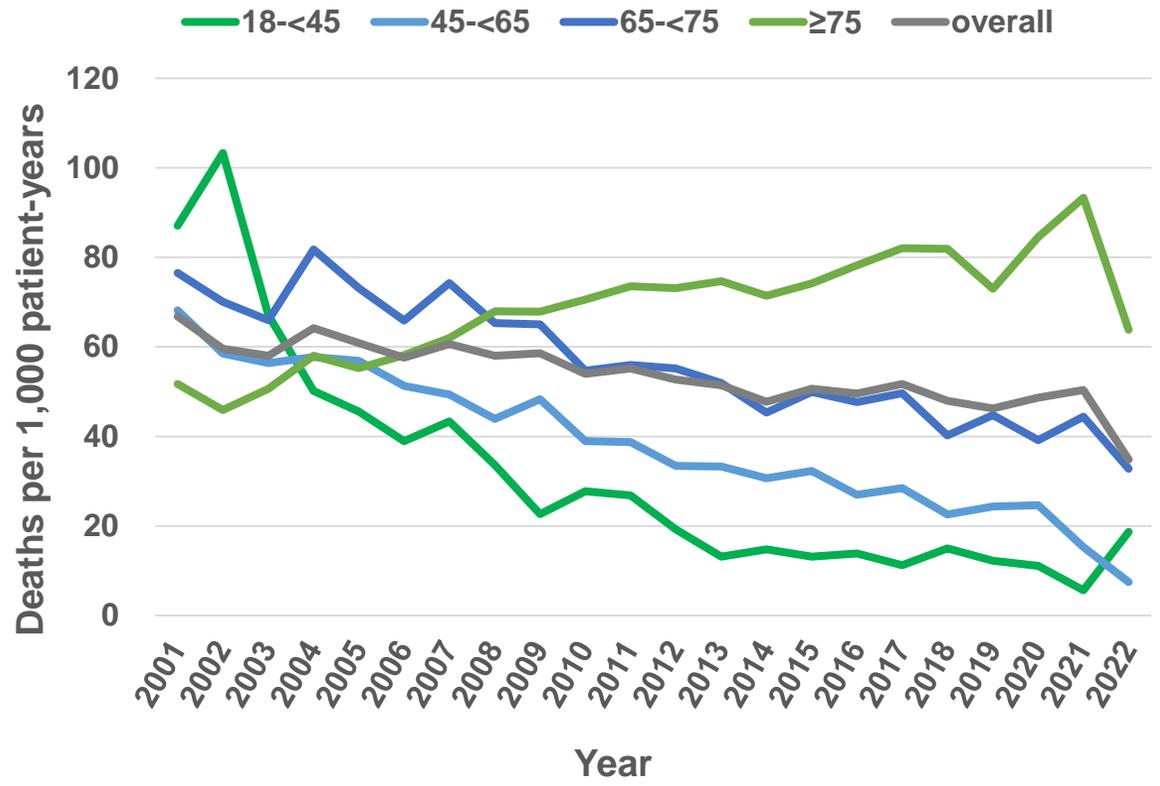


All-cause mortality in dialysis patients, by 4 age group, 2001-2022: **Adjusted by sex**

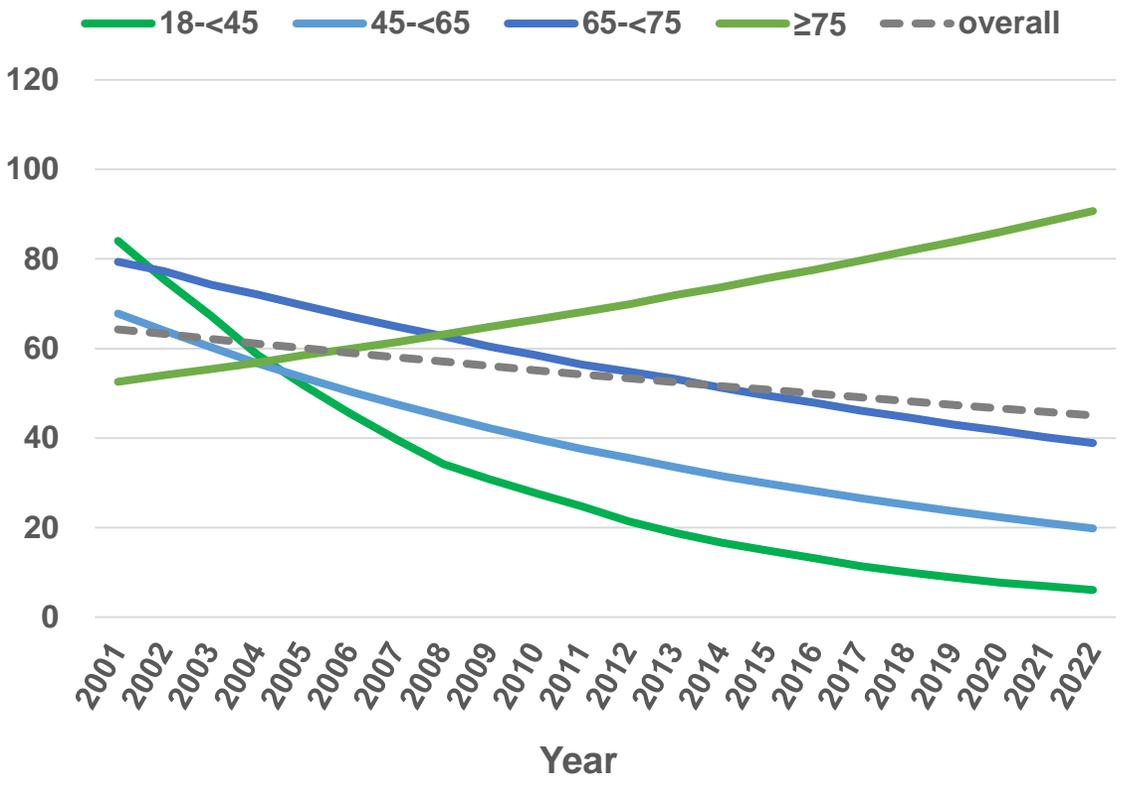
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| 18- <45 | 7,595 | 4.7 |
| 45- <65 | 52,218 | 32.5 |
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All-cause mortality in HD patients, by 4 age group, 2001-2022

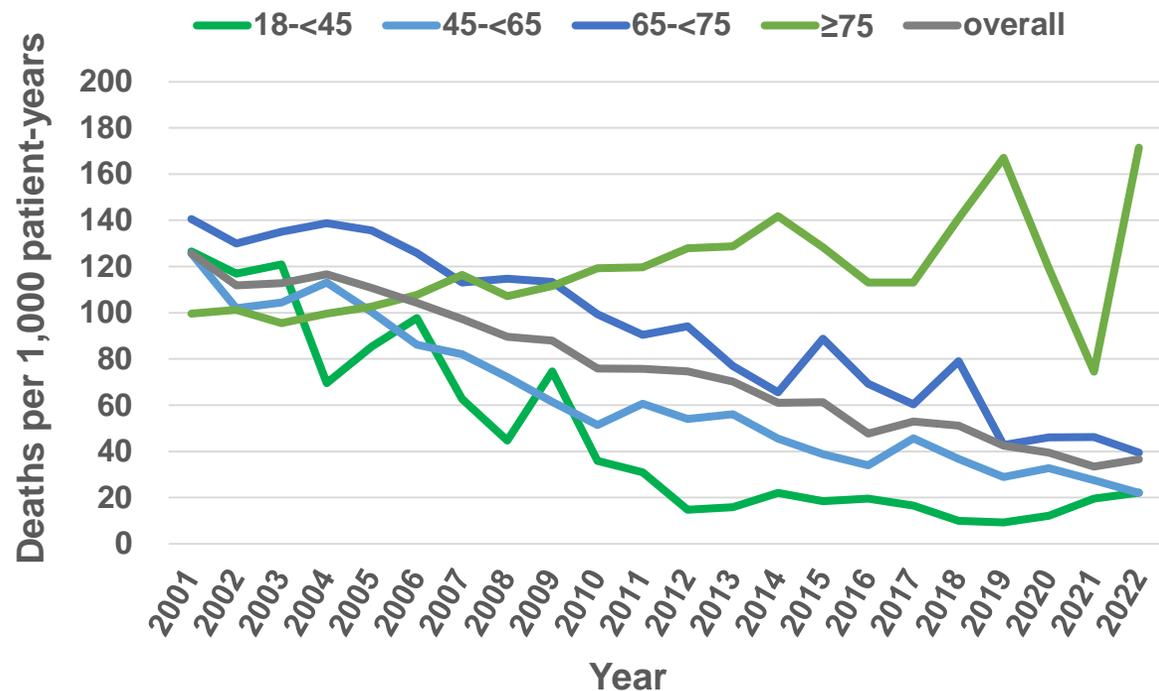


Unadjusted

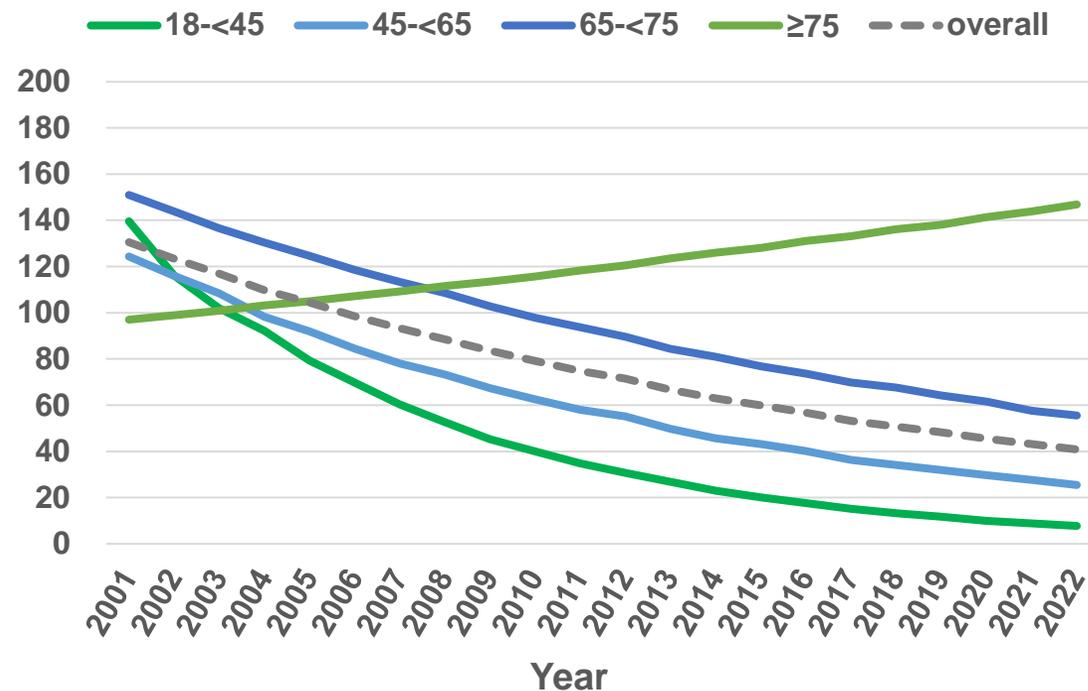


Adjusted by sex

All-cause mortality in PD patients, by 4 age group, 2001-2022

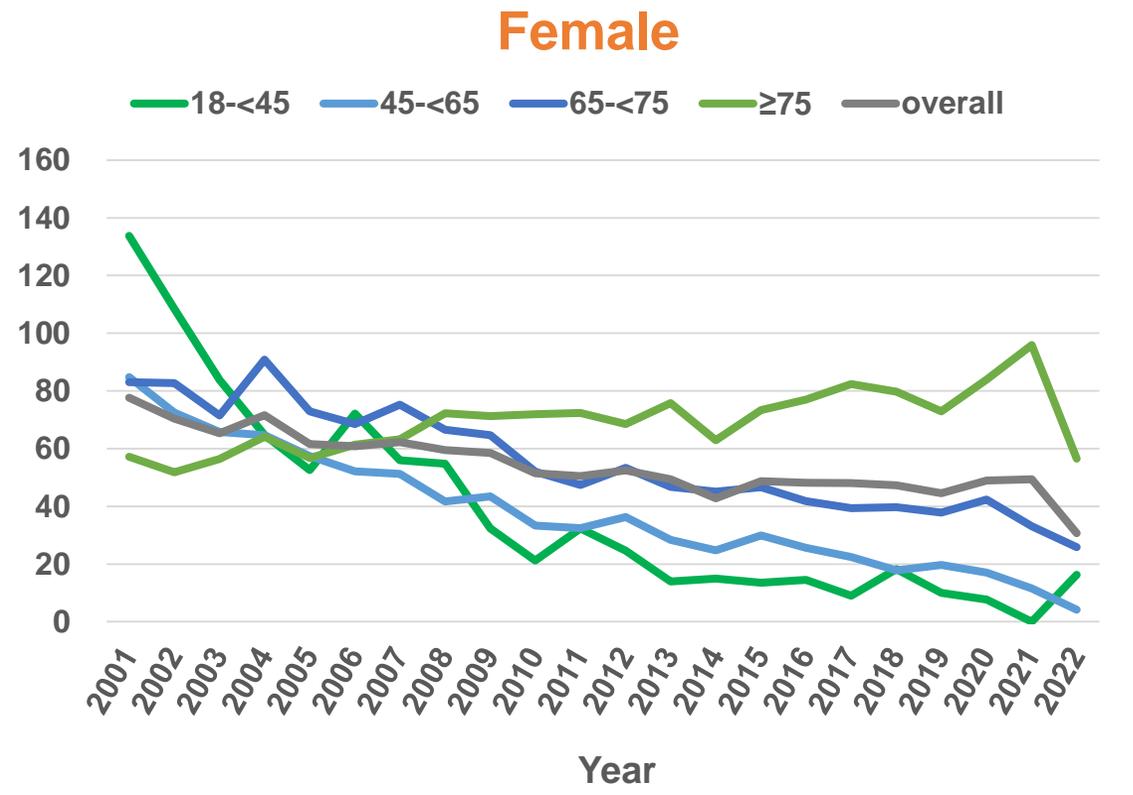
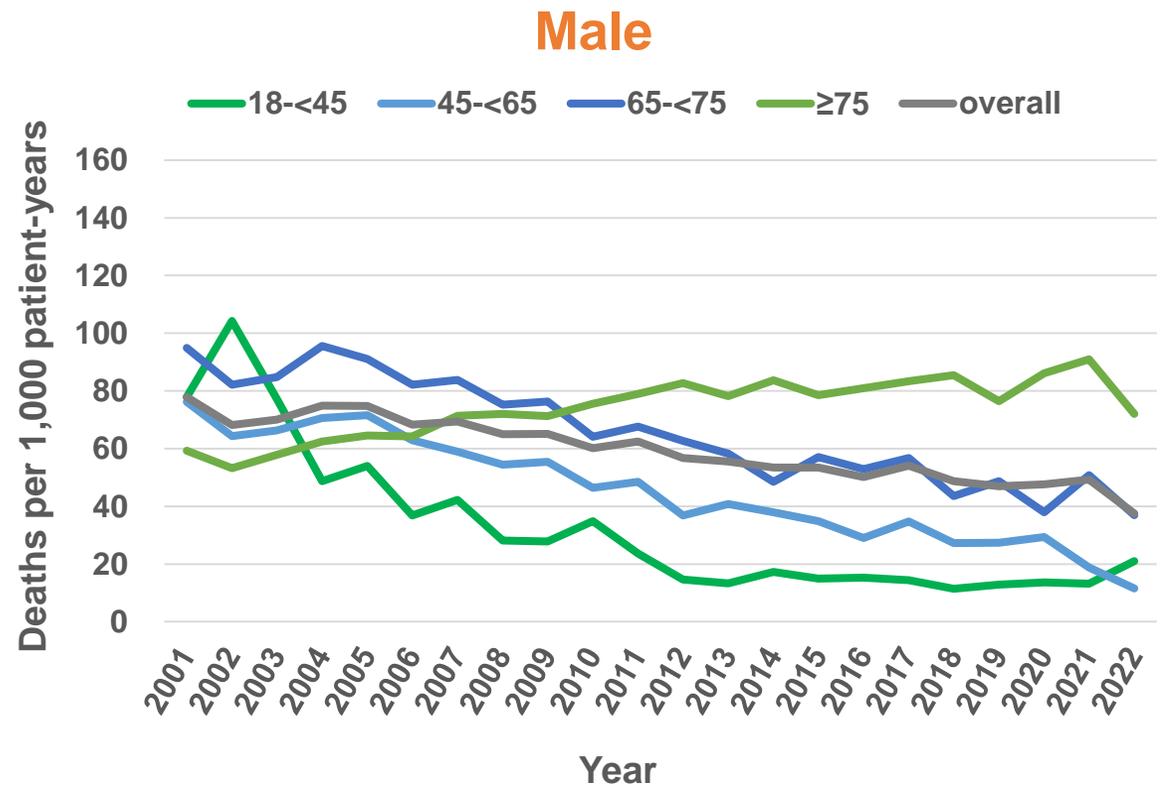


Unadjusted



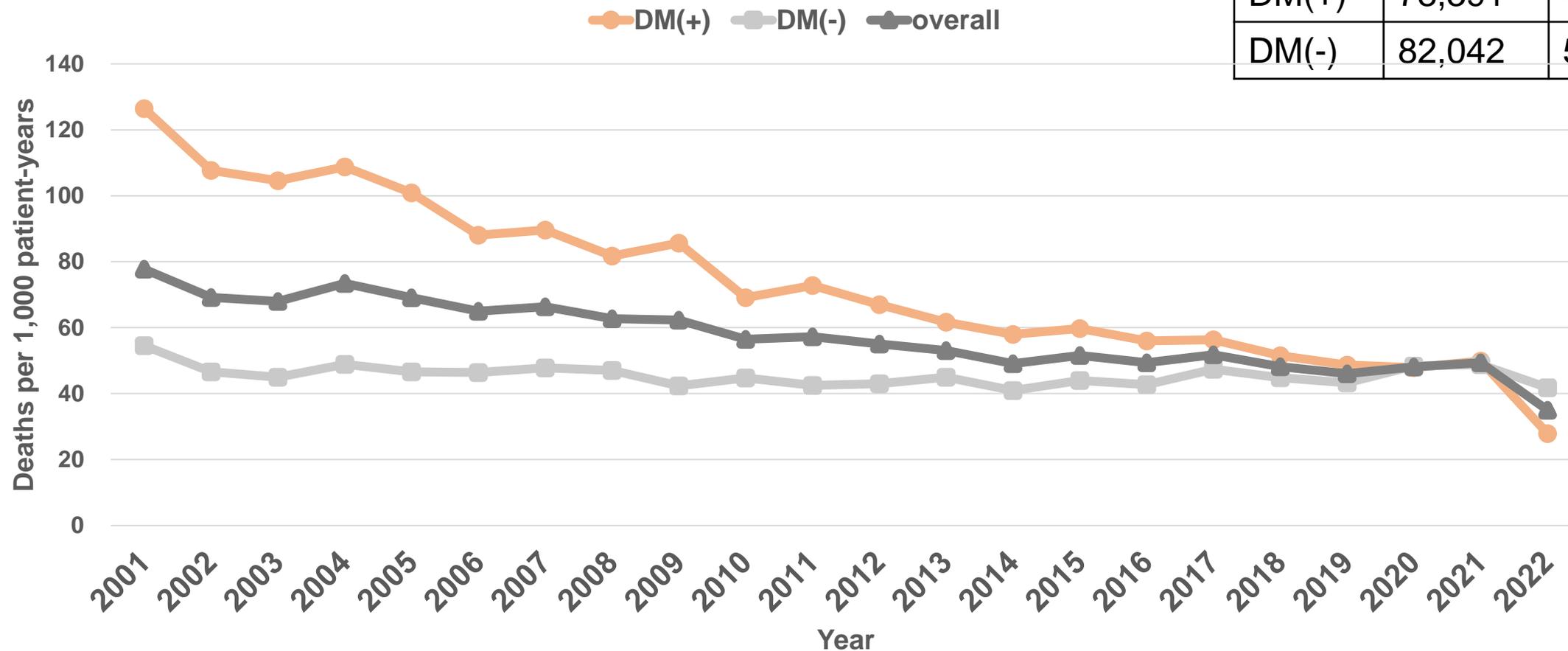
Adjusted by sex

All-cause mortality in dialysis patients, by 4 age group across sex, 2001-2022: **Unadjusted**



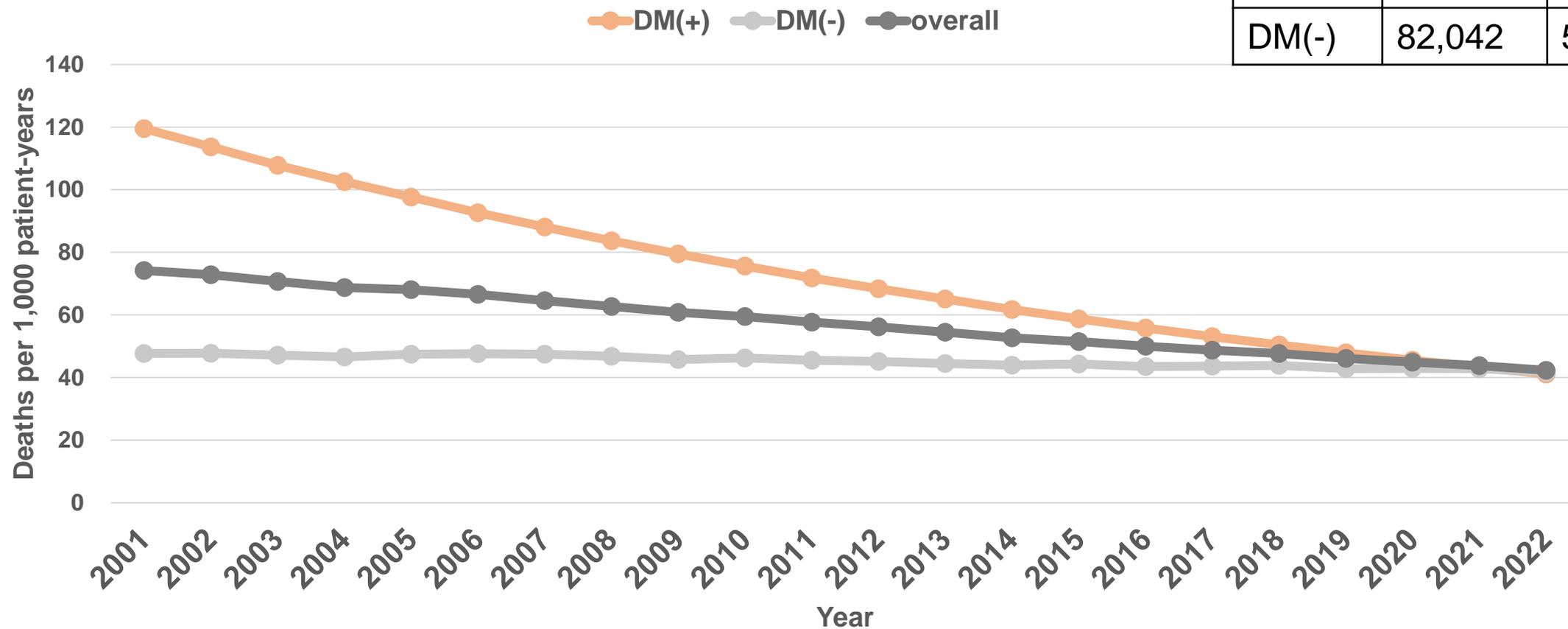
All-cause mortality in dialysis patients, by DM, 2001-2022: **Unadjusted**

| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| DM(+) | 78,391 | 49 |
| DM(-) | 82,042 | 51 |



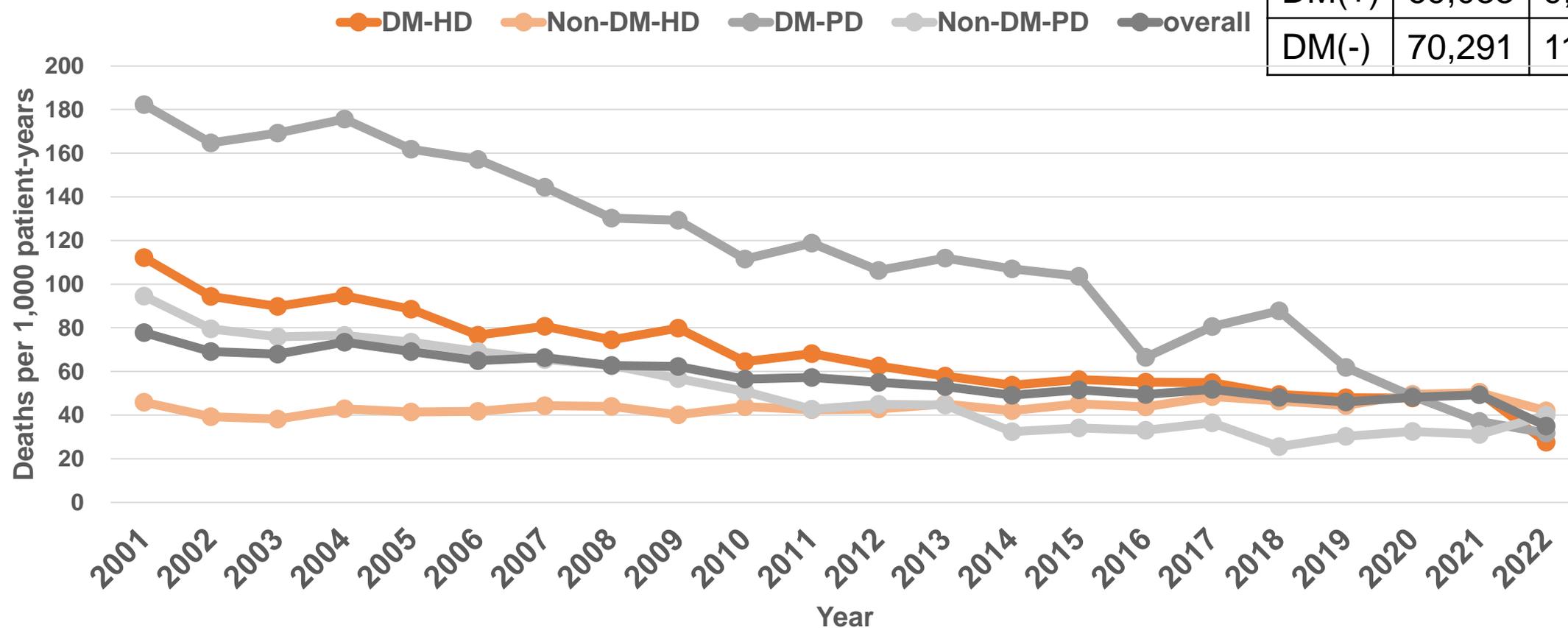
All-cause mortality in dialysis patients, by DM, 2001-2022: Adjusted by age and sex

| | | |
|---------|----------------|----|
| Overall | 160,433 | % |
| DM(+) | 78,391 | 49 |
| DM(-) | 82,042 | 51 |



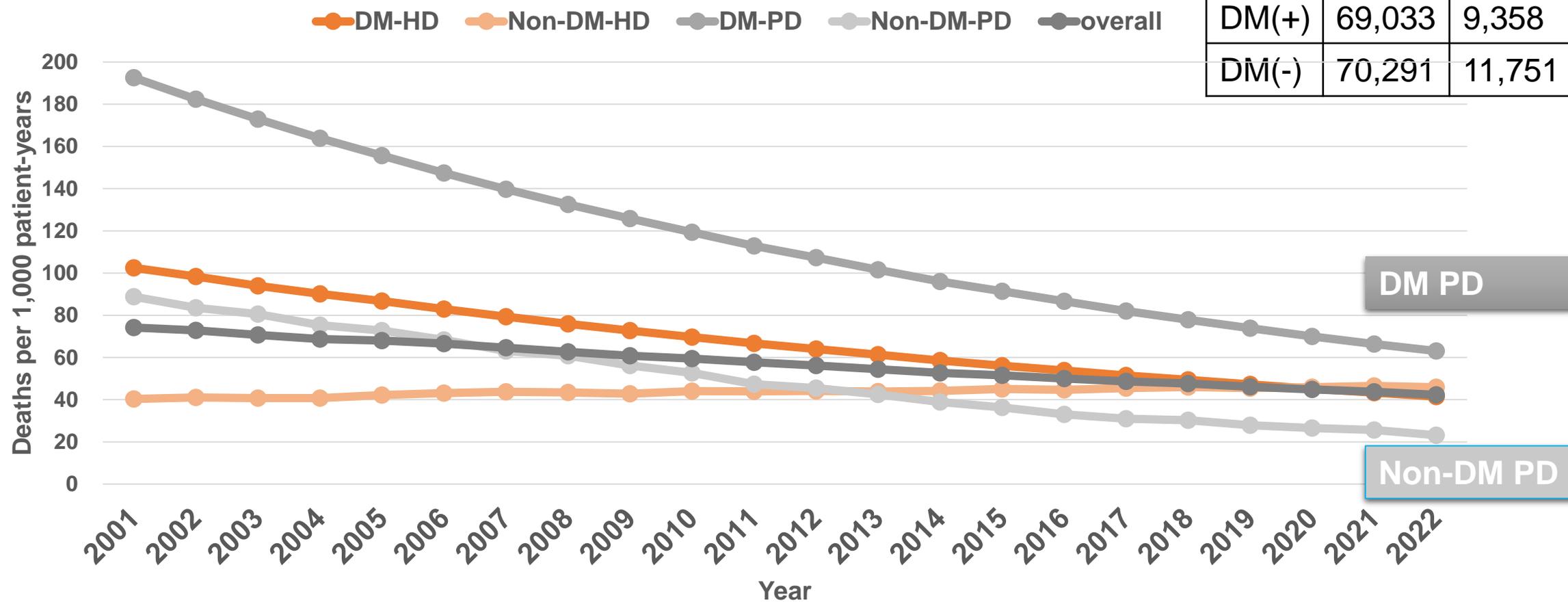
All-cause mortality in dialysis patients by DM and treatment modality (HD and PD), 2001-2022: **Unadjusted**

| | HD | PD |
|-------|--------|--------|
| DM(+) | 69,033 | 9,358 |
| DM(-) | 70,291 | 11,751 |



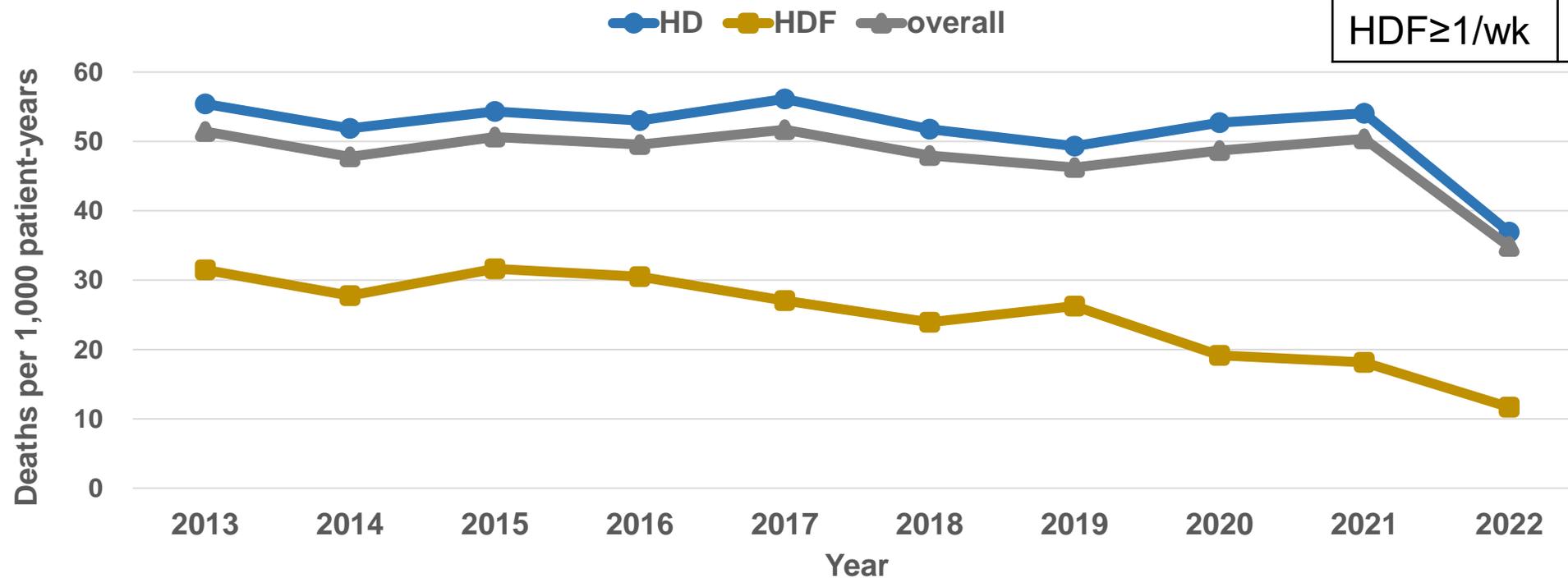
All-cause mortality in dialysis patients by DM and treatment modality (HD and PD), 2001-2022: **Adjusted by age and sex**

| | HD | PD |
|-------|--------|--------|
| DM(+) | 69,033 | 9,358 |
| DM(-) | 70,291 | 11,751 |



All-cause mortality in hemodialysis patients, by HD technique (HD vs HDF), 2013-2022: **Unadjusted**

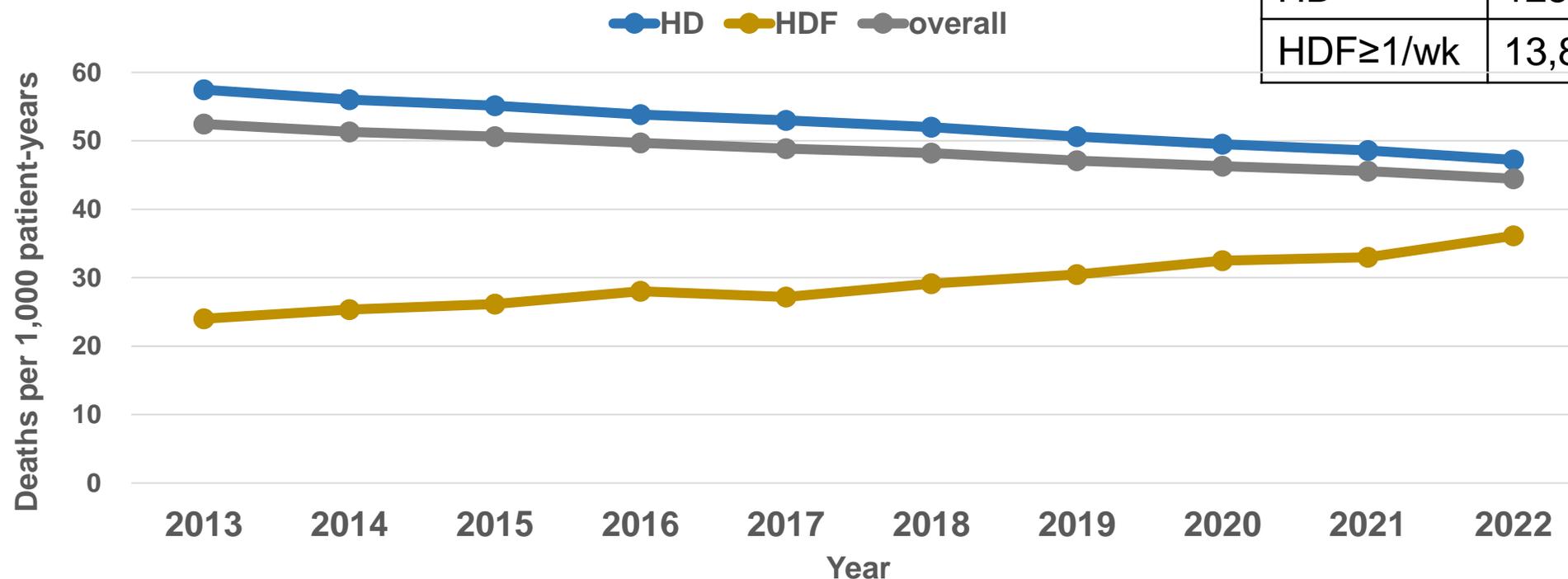
| | | |
|----------|----------------|----|
| All HD | 139,324 | % |
| HD | 125,469 | 90 |
| HDF≥1/wk | 13,855 | 10 |



| | | | | | | | | | | |
|-----------|------|------|------|------|------|------|------|------|------|------|
| HD | 5763 | 5858 | 6462 | 6943 | 7225 | 7734 | 7755 | 8085 | 7885 | 7301 |
| HDF ≥1/wk | 964 | 1010 | 960 | 980 | 1007 | 914 | 961 | 935 | 709 | 501 |

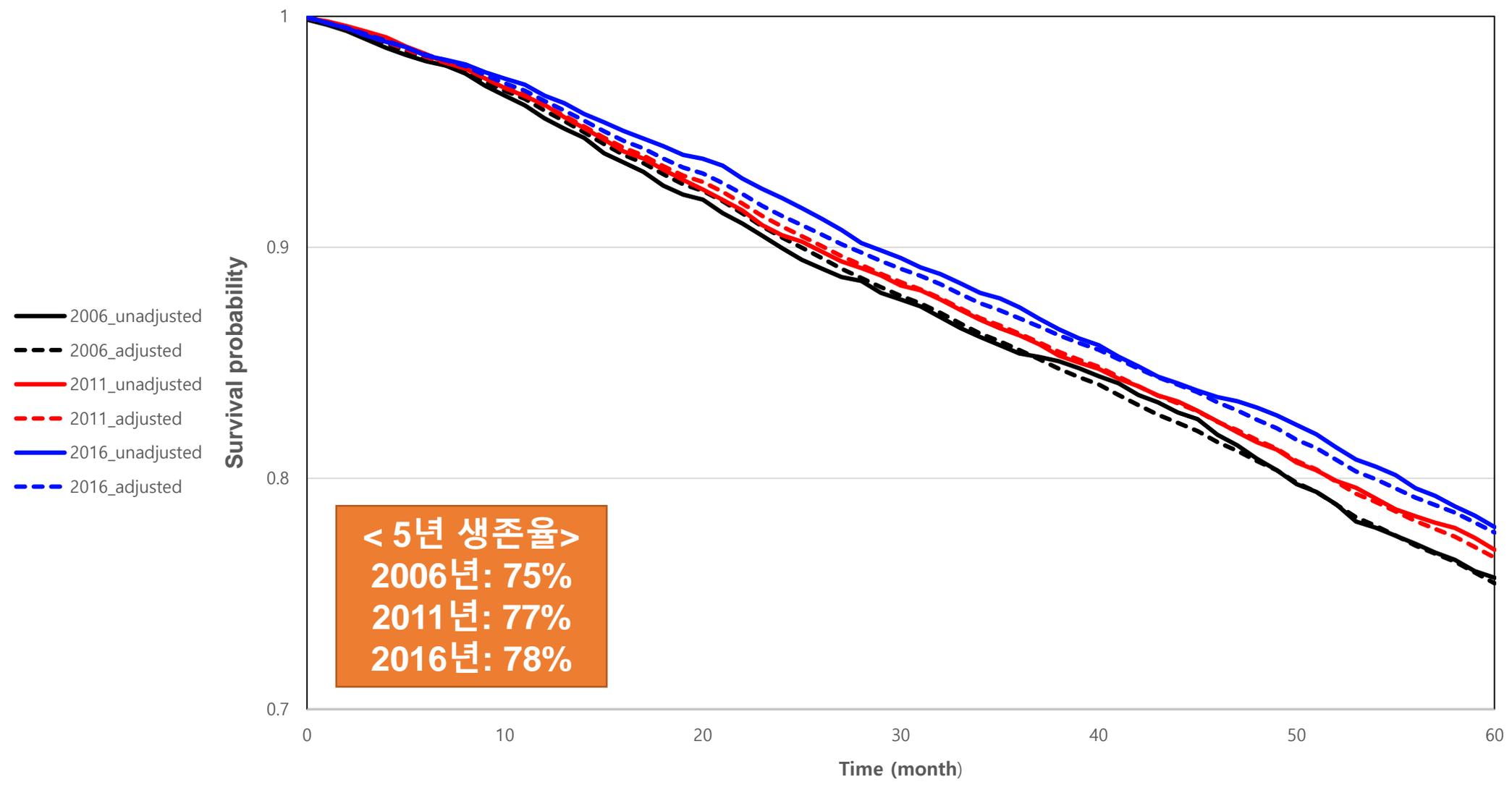
All-cause mortality in hemodialysis patients, by HD technique (HD vs HDF), 2013-2022: **Adjusted by age and sex**

| | | |
|----------|----------------|----|
| All HD | 139,324 | % |
| HD | 125,469 | 90 |
| HDF≥1/wk | 13,855 | 10 |

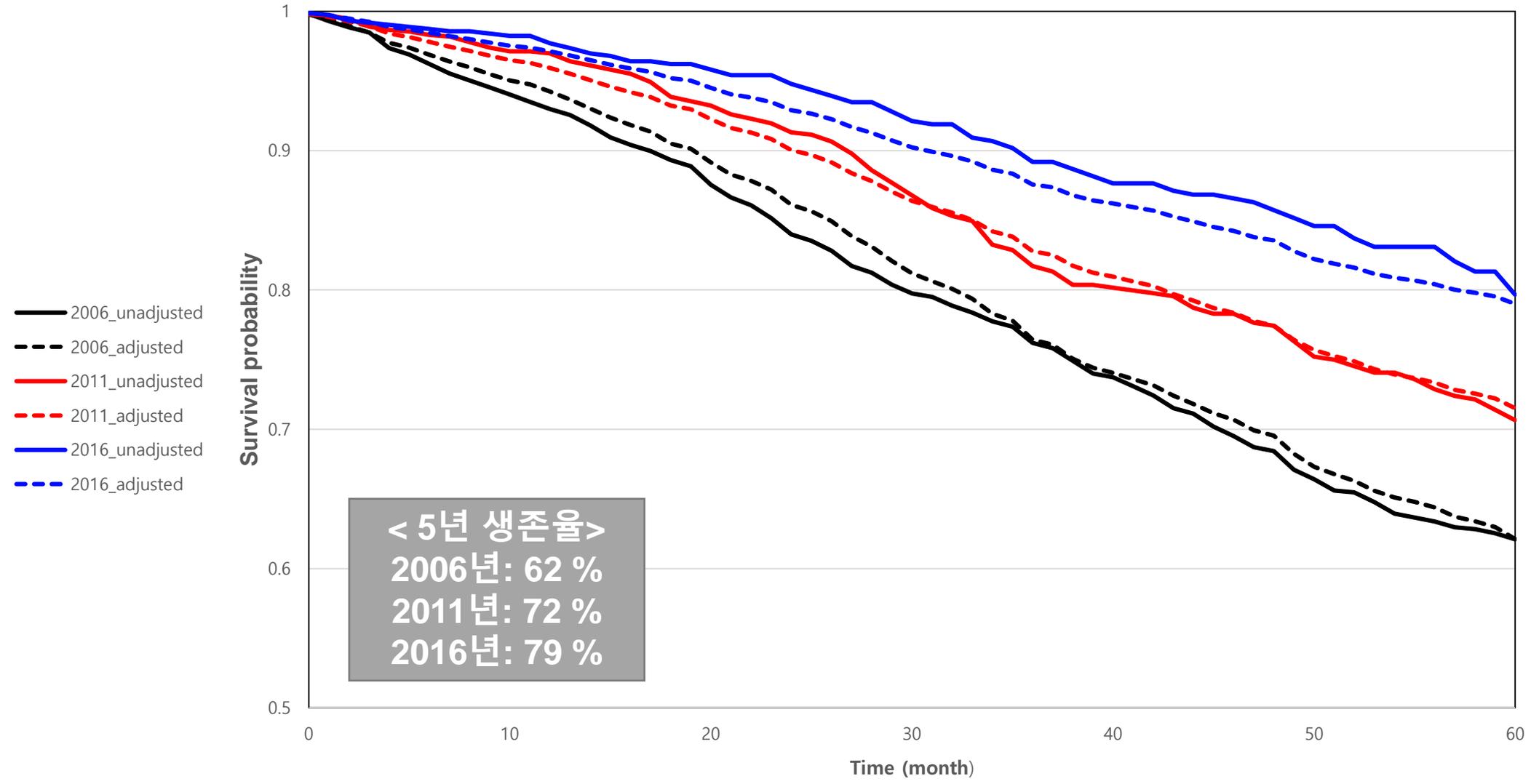


| | | | | | | | | | | |
|-----------|------|------|------|------|------|------|------|------|------|------|
| HD | 5763 | 5858 | 6462 | 6943 | 7225 | 7734 | 7755 | 8085 | 7885 | 7301 |
| HDF ≥1/wk | 964 | 1010 | 960 | 980 | 1007 | 914 | 961 | 935 | 709 | 501 |

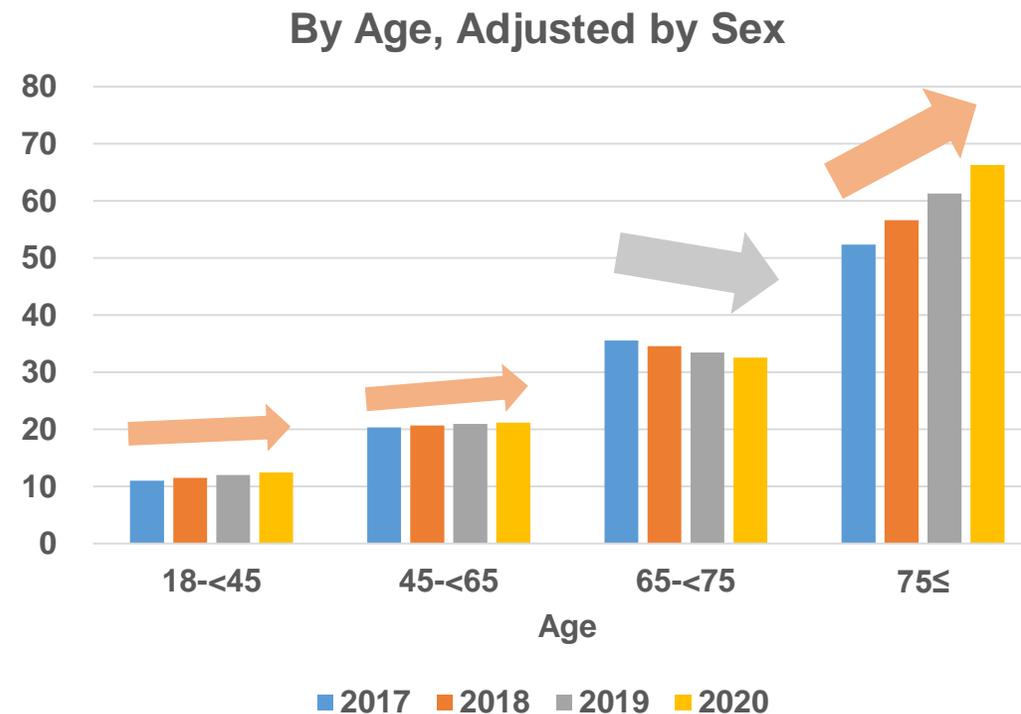
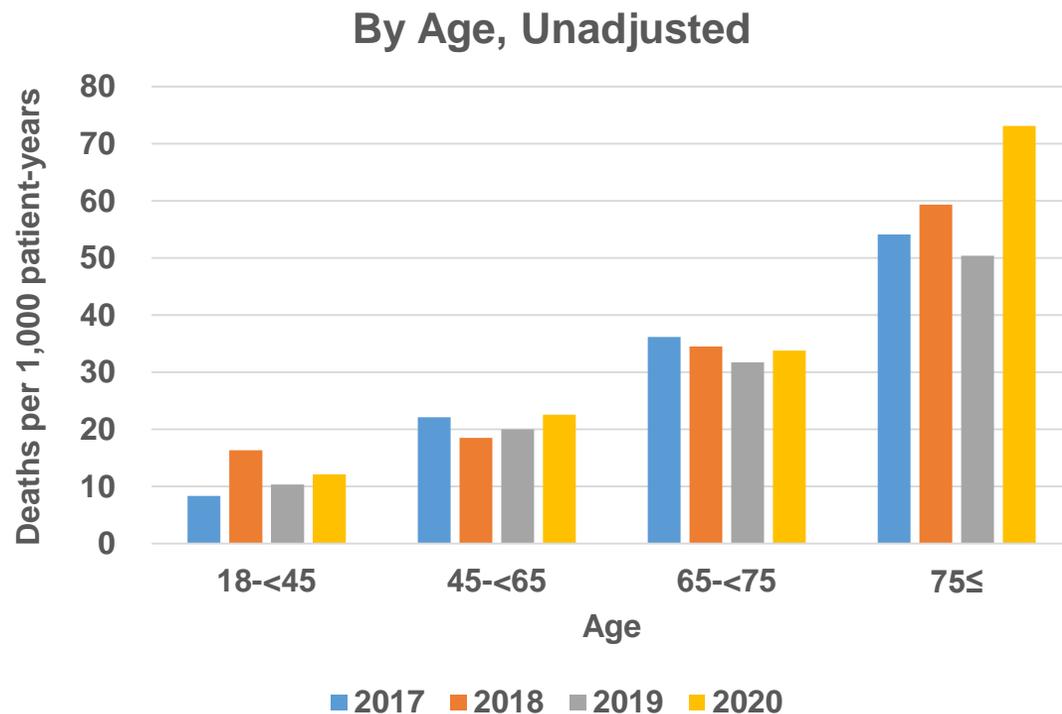
Survival probability of incident ESRD patients over the first 5 years after HD and year of ESRD onset, 2006, 2011, and 2016



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



The first 2-year mortality in HD patients by age, the year of dialysis initiation, 2017, 2018, 2019 and 2020

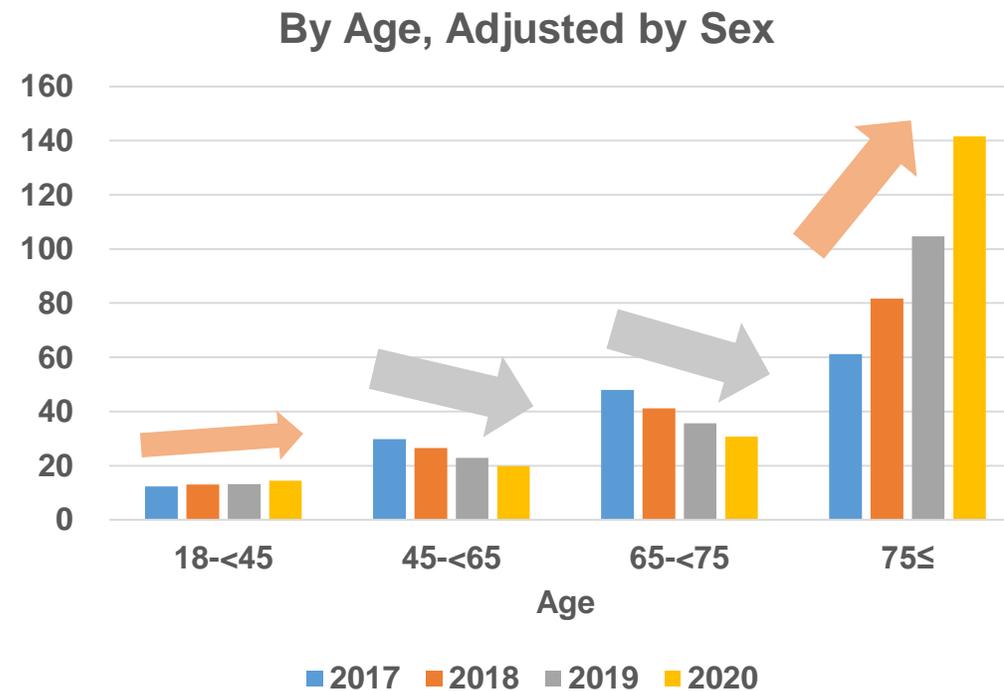
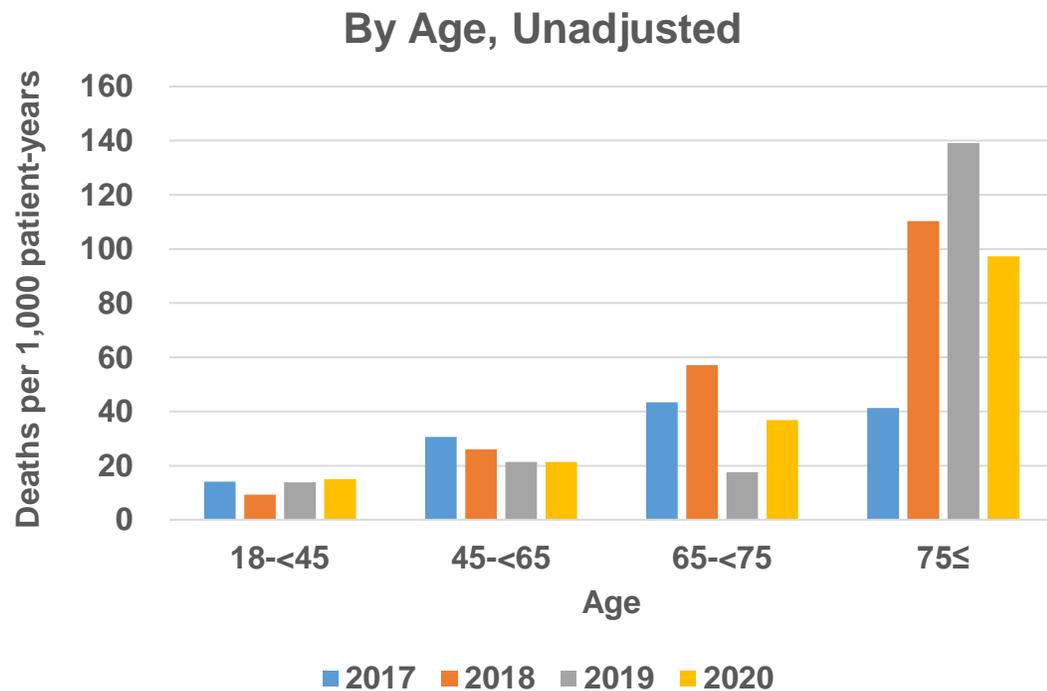


The first 2-year mortality in HD patients by age, the year of dialysis initiation, 2017, 2018, 2019 and 2020

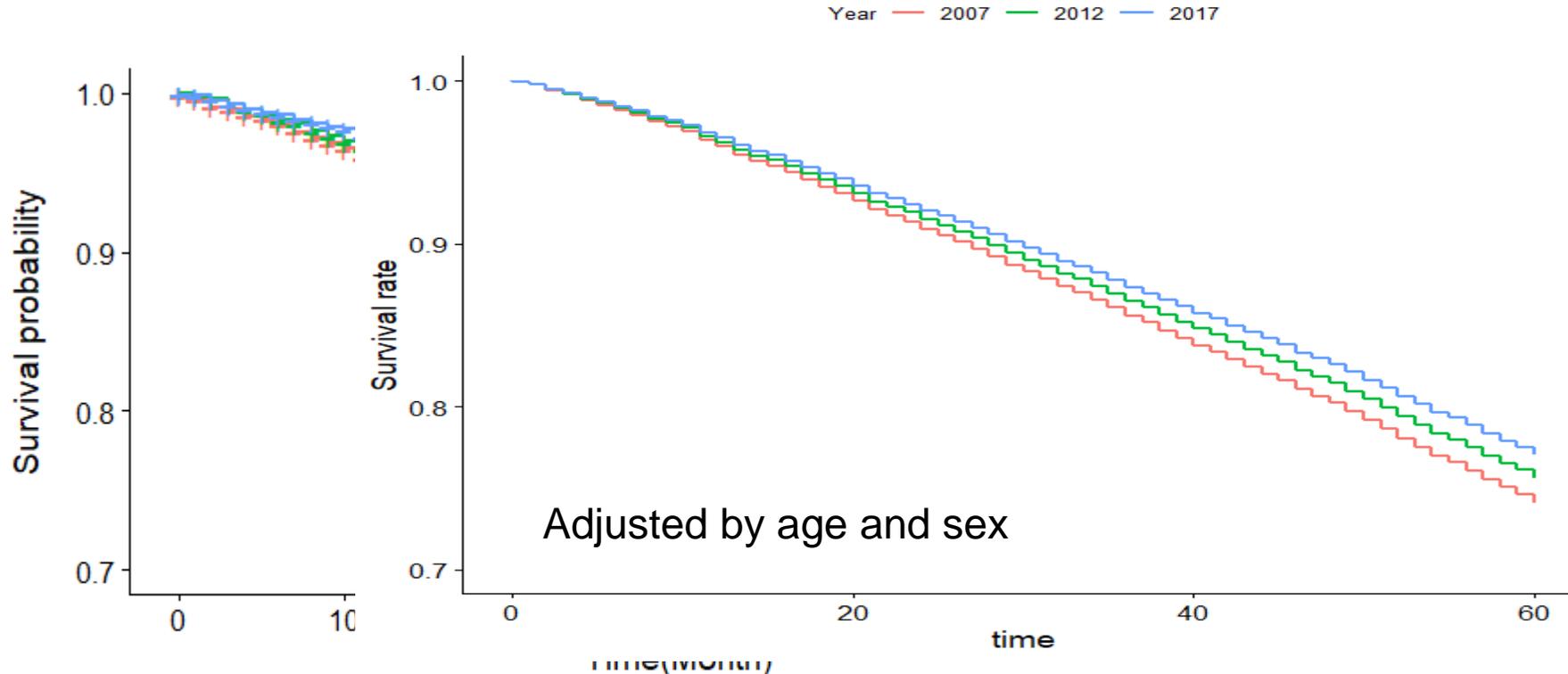
Deaths per 1,000 patient-years

| | 2017 | 2018 | 2019 | 2020 |
|--------|------|------|------|------|
| 18-<45 | 11.0 | 11.5 | 12.0 | 12.4 |
| 45-<65 | 20.3 | 20.7 | 20.9 | 21.2 |
| 65-<75 | 35.6 | 34.6 | 33.4 | 32.6 |
| 75≤ | 52.3 | 56.6 | 61.3 | 66.3 |

The first 2-year mortality in PD patients by age, the year of dialysis initiation, 2017, 2018, 2019 and 2020



Survival of incident HD patients over the first 5 years, year of ESRD onset, 2007, 2012, and 2017



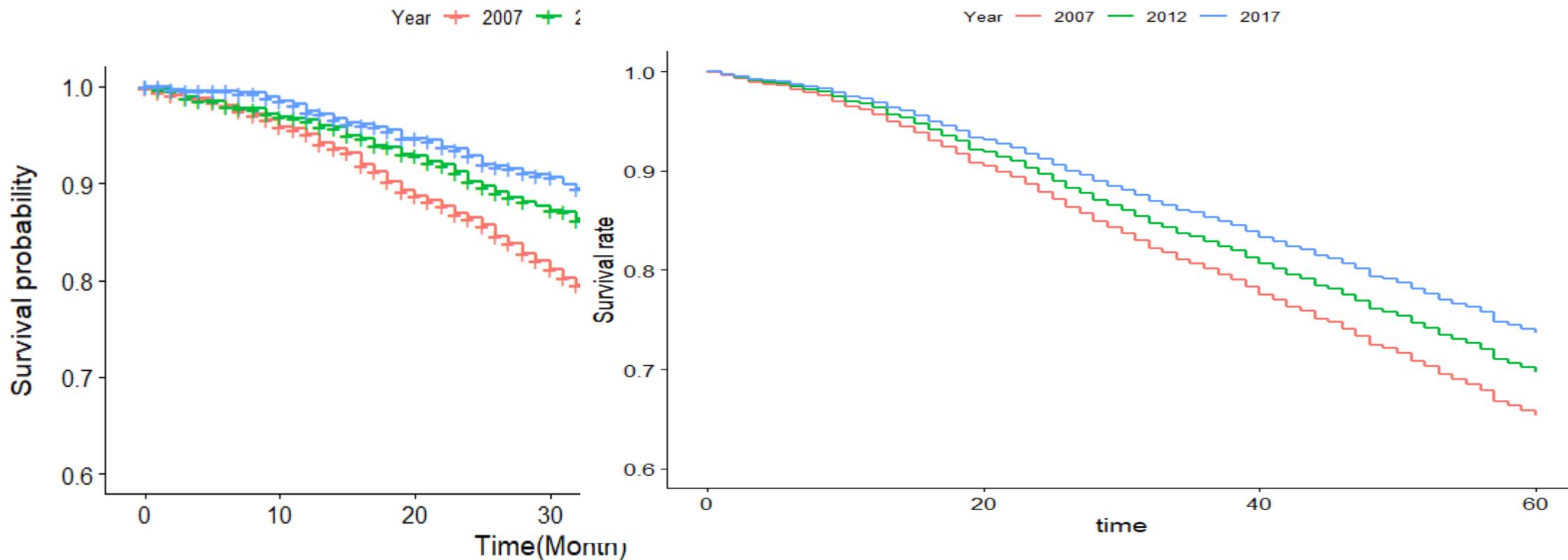
For 45 months, incident HD patients in 2017 had the highest survival rates. The year 2021 was in the middle of COVID-19.

Number at risk

| Year | 0 | 10 | 20 | 30 | 40 | 50 | 60 |
|------|------|------|------|------|------|------|------|
| 2007 | 4965 | 4090 | 3645 | 3202 | 2805 | 2463 | 2175 |
| 2012 | 6224 | 5066 | 4395 | 3911 | 3541 | 3179 | 2796 |
| 2017 | 8232 | 6587 | 5703 | 4930 | 4282 | 3507 | 2753 |

Time(Month)

Survival of incident PD patients over the first 5 years, year of ESRD onset, 2007, 2012, and 2017



Number at risk

| Year | 0 | 10 | 20 | 30 | 40 | 50 | 60 |
|------|------|-----|-----|-----|-----|-----|-----|
| 2007 | 1161 | 939 | 777 | 660 | 573 | 499 | 405 |
| 2012 | 947 | 742 | 607 | 529 | 441 | 368 | 315 |
| 2017 | 705 | 559 | 454 | 390 | 327 | 259 | 205 |

Time(Month)

2022 USRDS

Figure 6.7 Adjusted survival of incident ESRD patients over the first 5 years after onset of ESRD, by treatment modality and year of ESRD onset, 2006, 2011, and 2016

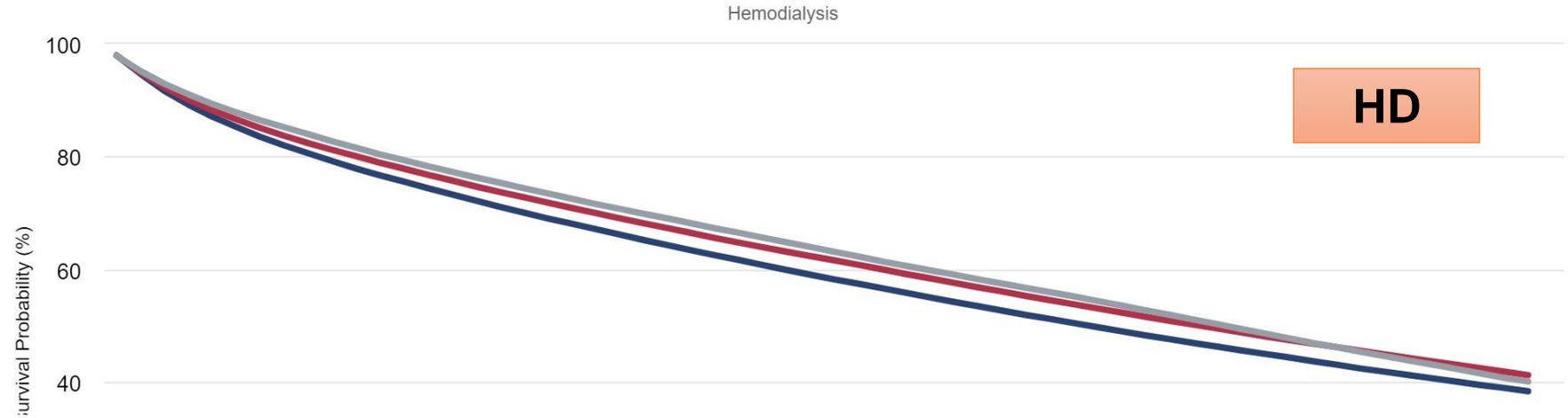
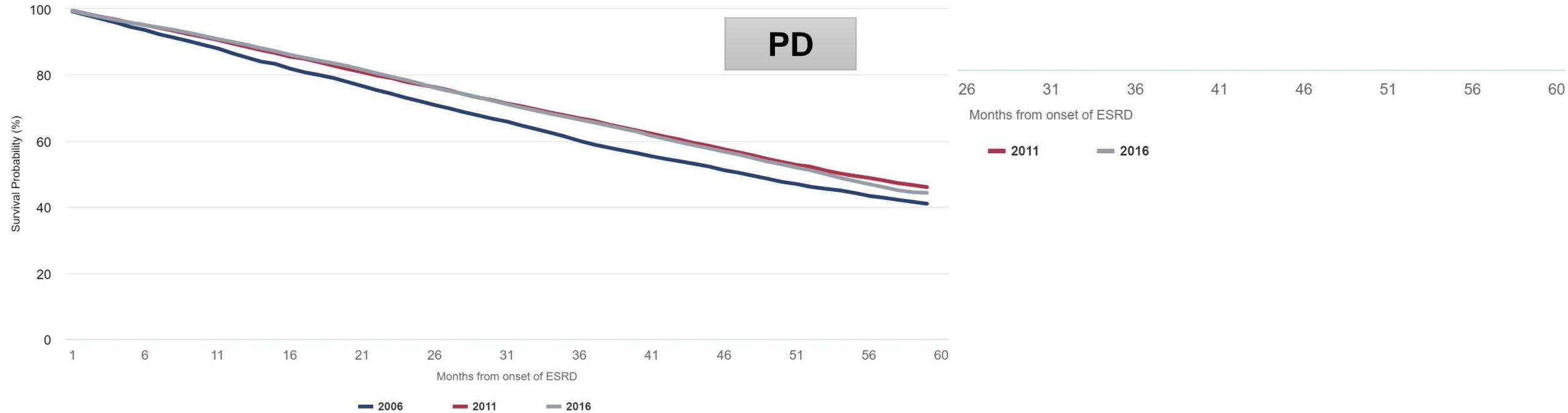


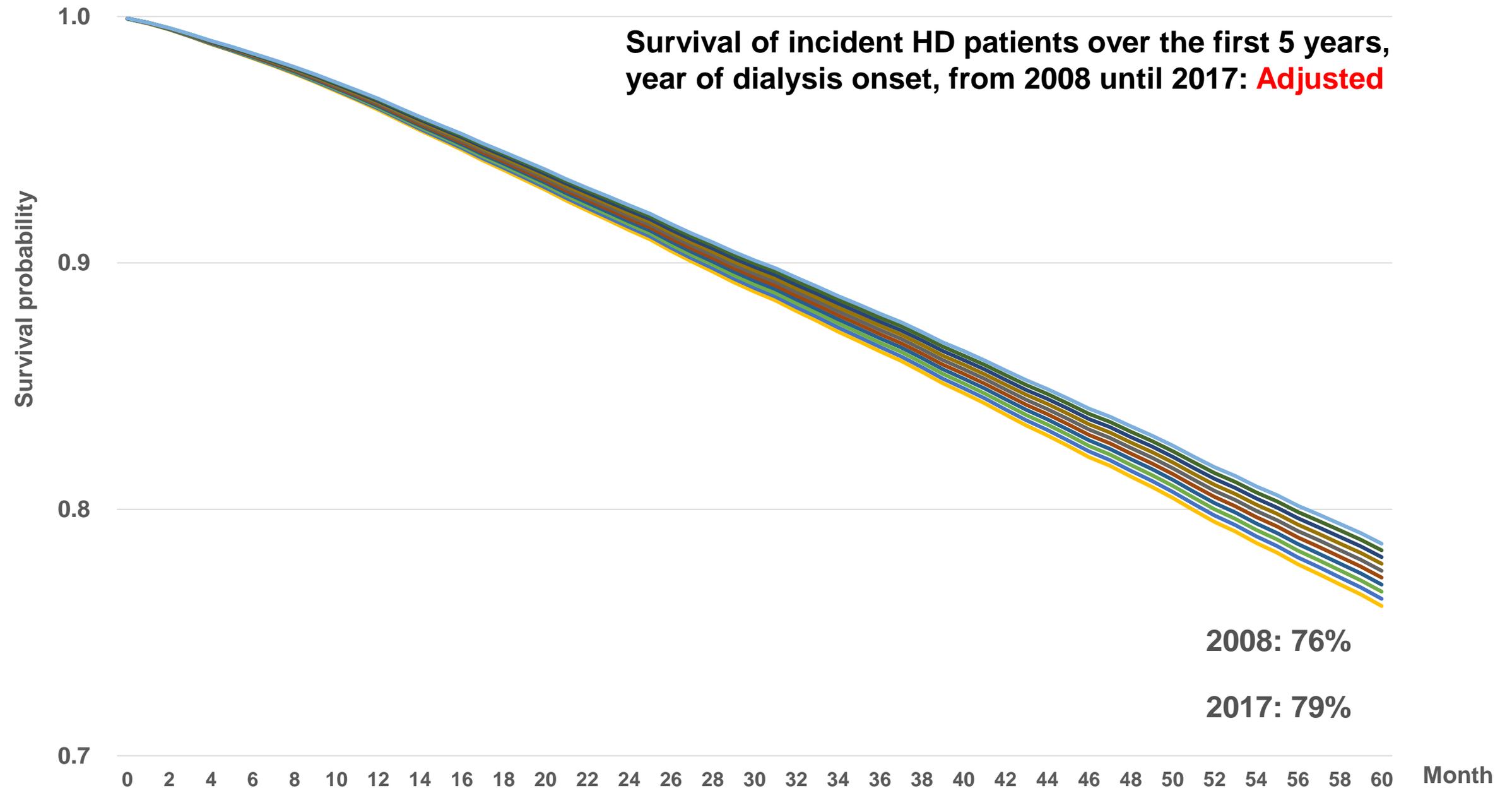
Figure 6.7 Adjusted survival of incident ESRD patients over the first 5 years after onset of ESRD, by treatment modality and year of ESRD onset, 2006, 2011, and 2016

Peritoneal Dialysis



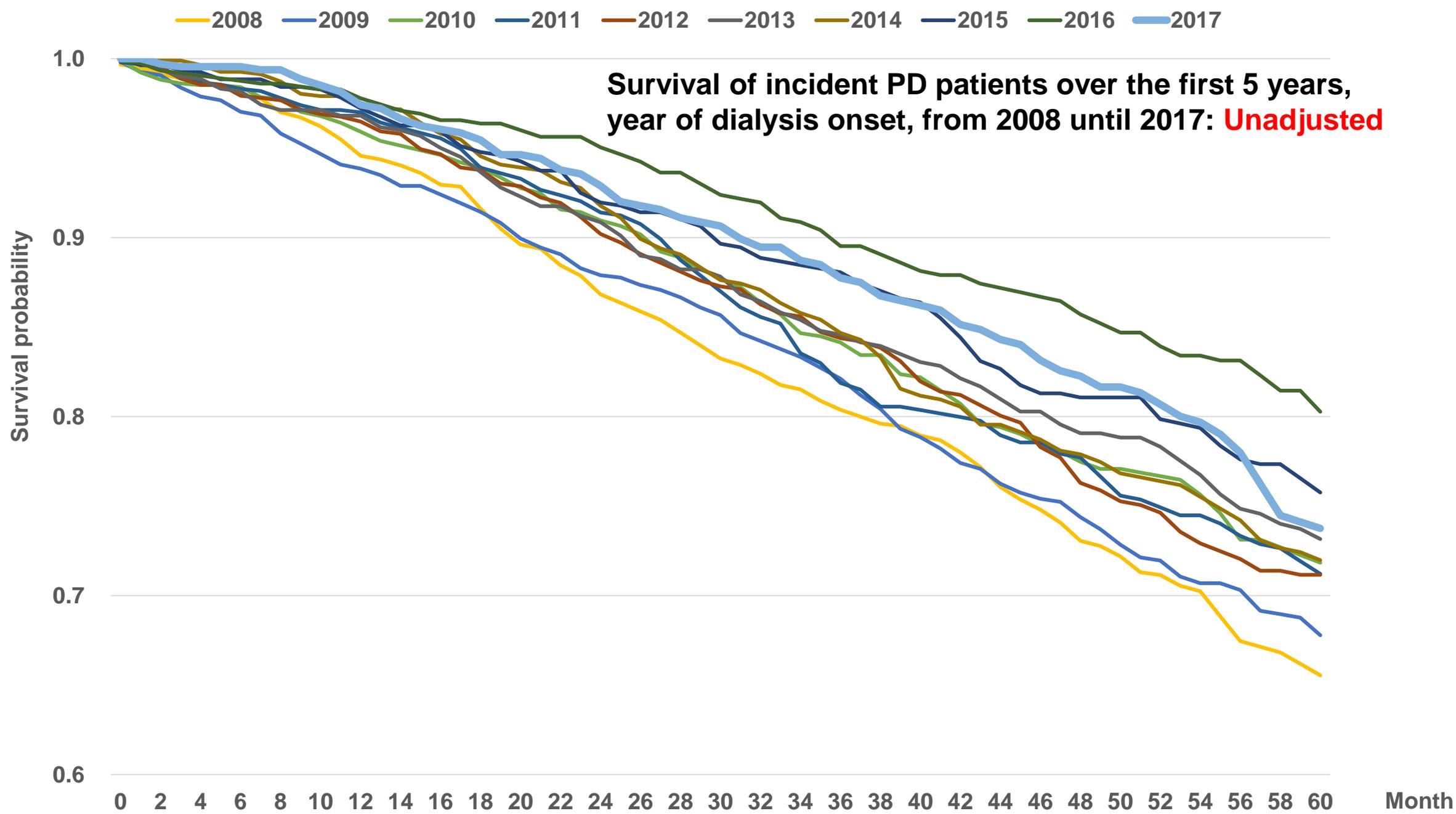
—2008 —2009 —2010 —2011 —2012 —2013 —2014 —2015 —2016 —2017

**Survival of incident HD patients over the first 5 years,
year of dialysis onset, from 2008 until 2017: Adjusted**

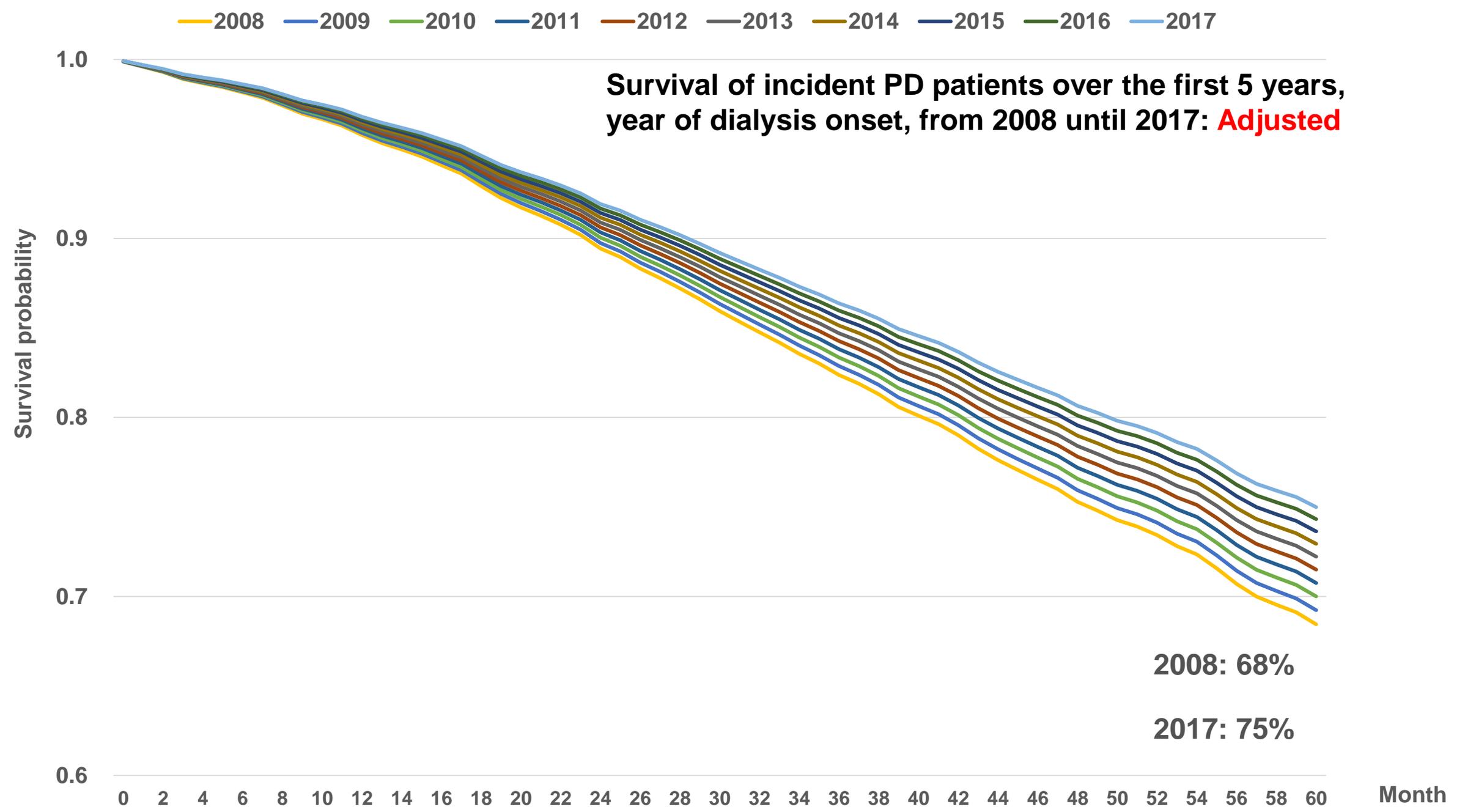


2008: 76%

2017: 79%



Survival of incident PD patients over the first 5 years,
year of dialysis onset, from 2008 until 2017: **Adjusted**

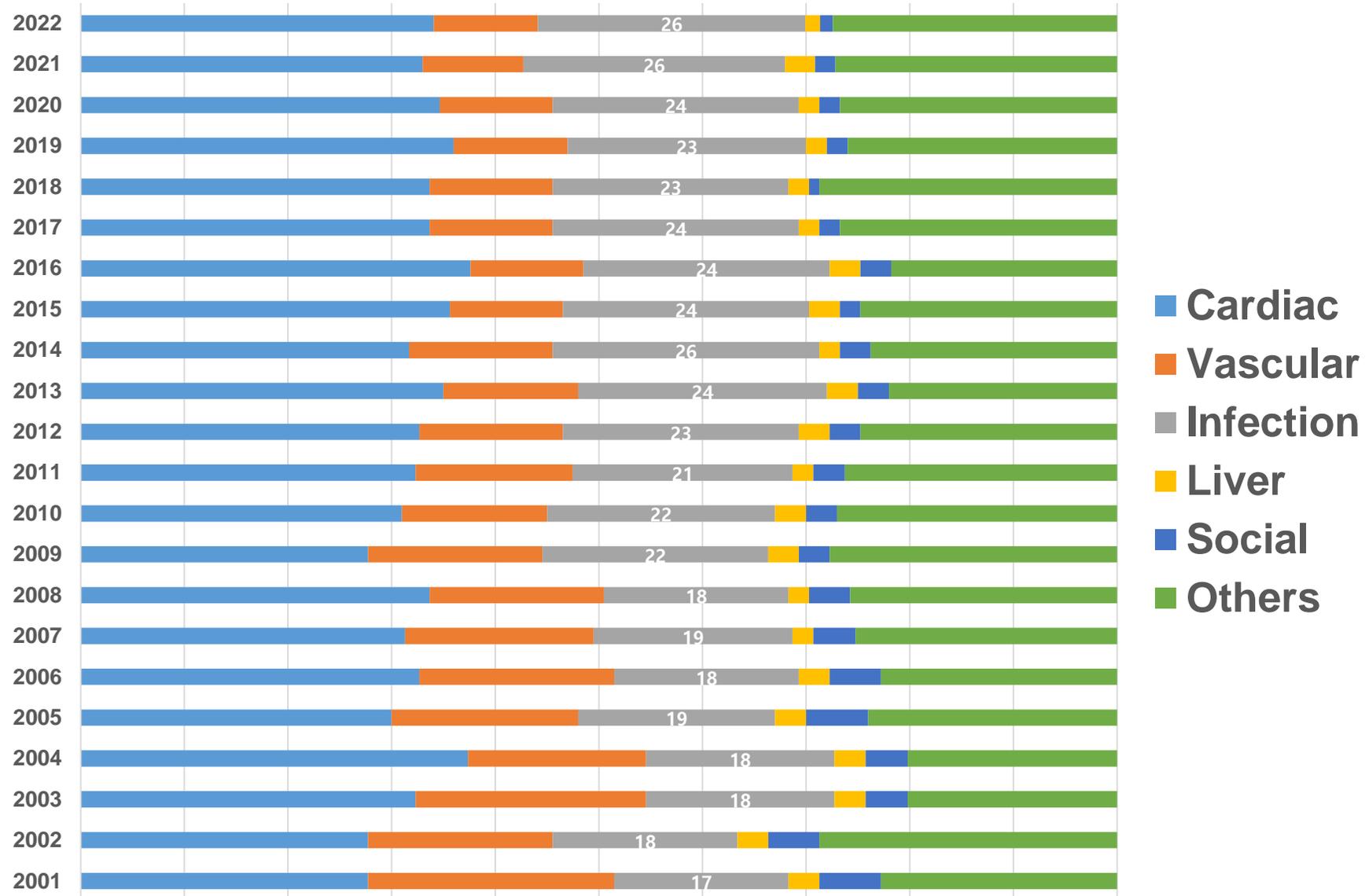


Causes of deaths

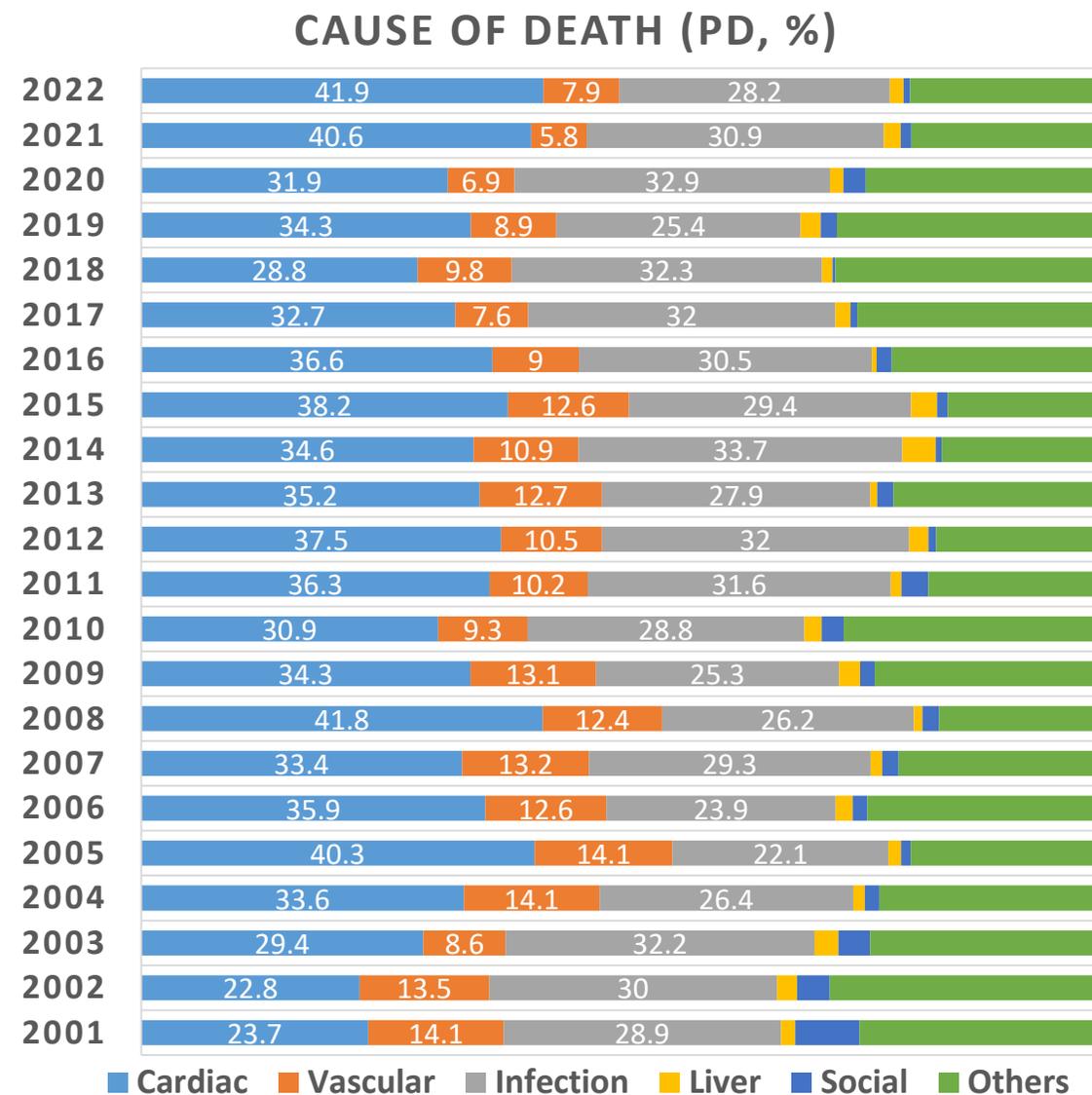
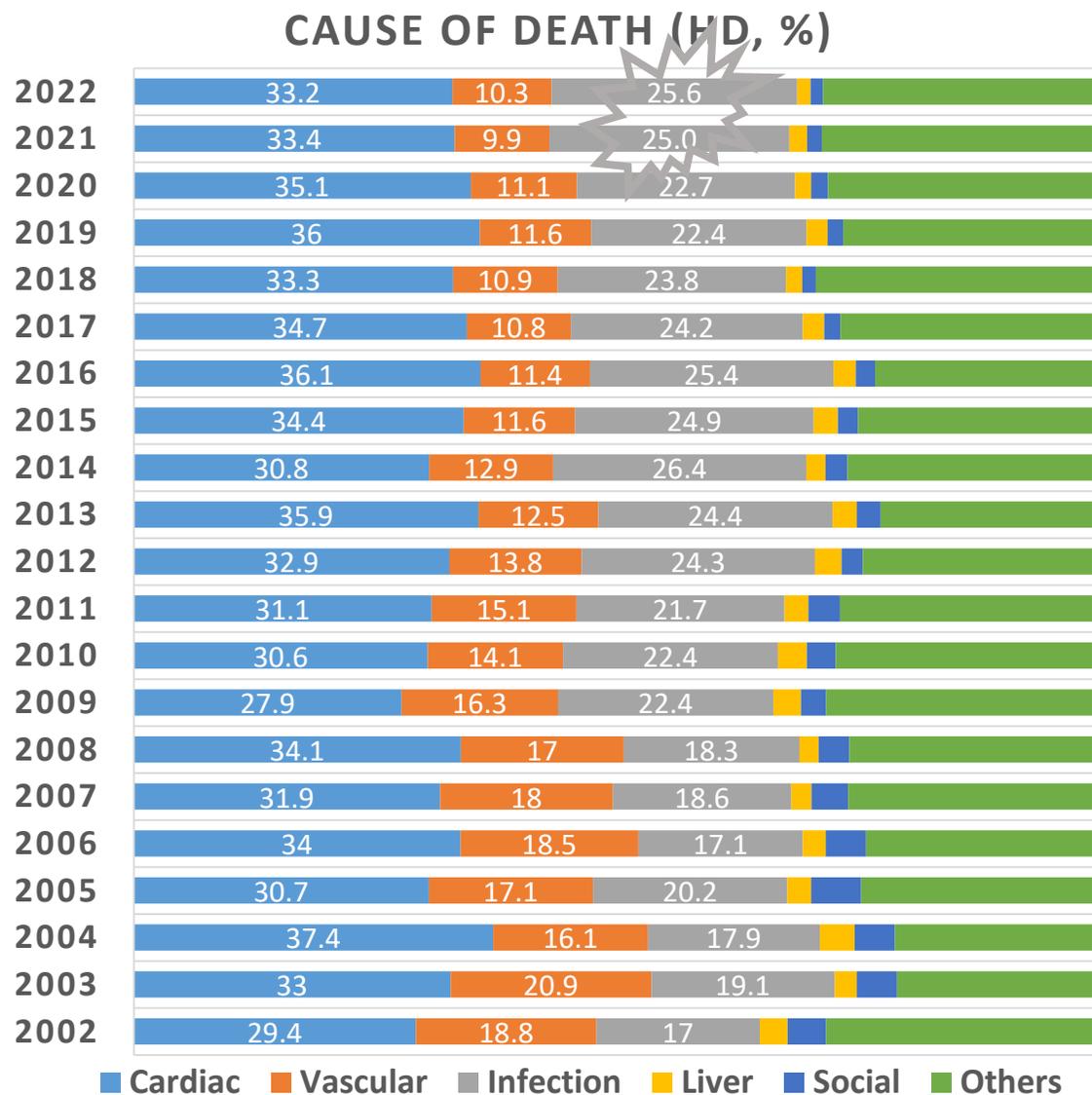
Cause-specific mortality (%) in patients with ESRD receiving dialysis, 2001-2022

| | 2001 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|-----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Cardiac | 26.9 | 30.7 | 31.7 | 29.5 | 32.7 | 35.8 | 36.1 | 38.1 | 33.7 | 33.7 | 35.8 | 34.8 | 34.1 | 34.1 |
| MI | 7.7 | 8.0 | 7.5 | 8.0 | 6.6 | 7.5 | 8.0 | 5.5 | 6.5 | 6.5 | 7.6 | 6.0 | 6.2 | 5.5 |
| cardiac arrest, uremia-associated | 11.2 | 10.4 | 10.8 | 8.5 | 11.0 | 14.2 | 13.1 | 13.3 | 12.7 | 12.4 | 12.9 | 13.9 | 13.1 | 11.3 |
| cardiac arrest, other | 8.1 | 12.4 | 13.3 | 13.0 | 15.0 | 14.2 | 15.0 | 19.3 | 14.5 | 14.8 | 15.3 | 14.9 | 14.8 | 17.2 |
| Vascular | 22.7 | 17.0 | 17.8 | 15.9 | 14.1 | 13.3 | 11.8 | 10.8 | 11.4 | 11.5 | 11.2 | 10.7 | 9.5 | 10.1 |
| cerebrovascular accident | 15.1 | 12.3 | 13.0 | 11.0 | 8.7 | 8.7 | 6.5 | 6.2 | 6.2 | 5.6 | 6.5 | 6.0 | 4.6 | 4.4 |
| pulmonary embolism | 0.5 | 0.6 | 0.5 | 0.2 | 0.2 | 0.2 | 0.9 | 0.4 | 0.3 | 0.3 | 0.3 | 0.3 | 0.2 | 0.2 |
| GI hemorrhage | 2.7 | 1.7 | 2.7 | 2.3 | 2.2 | 1.2 | 1.4 | 2.0 | 0.8 | 1.7 | 1.8 | 1.3 | 1.4 | 1.3 |
| GI embolism | 0.1 | 0.5 | 0.1 | 0.5 | 0.1 | 0.2 | 0.7 | 0.3 | 0.3 | 0.2 | 0.2 | 0.2 | 0.1 | 0.1 |
| others | 4.3 | 1.9 | 1.6 | 1.9 | 3.0 | 3.0 | 2.4 | 1.9 | 3.7 | 3.7 | 2.4 | 3.0 | 3.3 | 4.0 |
| Infection | 17.8 | 20.1 | 20.2 | 21.9 | 23.1 | 23.5 | 24.6 | 24.5 | 25.2 | 22.6 | 22.9 | 23.6 | 25.5 | 25.8 |
| pulmonary | 4.5 | 4.5 | 4.4 | 5.9 | 8.4 | 8.4 | 8.9 | 9.3 | 7.7 | 8.6 | 8.2 | 8.7 | 10.0 | 10.8 |
| septicemia | 6.9 | 9.6 | 11.7 | 10.4 | 9.7 | 11.9 | 11.0 | 10.2 | 12.2 | 10.6 | 11.2 | 11.2 | 10.1 | 9.0 |
| tuberculosis | 0.8 | 0.3 | 0.2 | 0.3 | 0.1 | 0.1 | 1.1 | 0.1 | 0.2 | 0.0 | 0.1 | 0.0 | 0.2 | 0.1 |
| peritonitis | 1.1 | 1.4 | 1.1 | 0.8 | 1.0 | 0.5 | 1.1 | 1.2 | 0.7 | 0.6 | 0.6 | 0.7 | 0.7 | 0.5 |
| others | 4.5 | 4.3 | 2.9 | 4.5 | 4.0 | 2.7 | 2.4 | 3.6 | 4.5 | 2.7 | 2.9 | 2.9 | 4.6 | 5.4 |
| Liver disease | 2.6 | 2.7 | 2.2 | 3.1 | 2.1 | 2.4 | 2.6 | 2.3 | 2.0 | 1.6 | 2.3 | 1.7 | 1.9 | 1.4 |
| hepatic failure d/t HBV | 1.6 | 1.5 | 1.3 | 2.2 | 1.0 | 1.3 | 1.1 | 0.9 | 1.1 | 0.6 | 1.0 | 0.8 | 0.6 | 0.5 |
| hepatic failure d/t others | 1.0 | 1.2 | 0.8 | 0.9 | 1.1 | 1.1 | 1.5 | 1.5 | 1.0 | 1.0 | 1.4 | 0.9 | 1.3 | 0.9 |
| Social | 6.3 | 5.4 | 3.3 | 2.5 | 3.3 | 2.8 | 2.0 | 2.5 | 1.5 | 1.3 | 1.5 | 1.8 | 1.5 | 1.2 |
| patient refused further treatment | 2.1 | 1.1 | 1.1 | 0.5 | 0.4 | 0.3 | 0.3 | 0.5 | 0.1 | 0.0 | 0.3 | 0.2 | 0.2 | 0.2 |
| suicide | 3.3 | 3.3 | 1.5 | 1.3 | 1.4 | 1.3 | 1.0 | 1.5 | 0.8 | 0.8 | 0.8 | 1.1 | 0.9 | 0.7 |
| therapy ceased for other cause | 0.9 | 1.0 | 0.7 | 0.8 | 1.5 | 1.2 | 0.8 | 0.5 | 0.8 | 0.5 | 0.5 | 0.5 | 0.4 | 0.4 |
| Others | 23.7 | 24.0 | 24.8 | 27.1 | 24.7 | 22.2 | 23.0 | 21.8 | 26.2 | 29.3 | 26.2 | 27.4 | 27.6 | 27.4 |
| cachexia | 8.1 | 4.0 | 4.4 | 3.3 | 2.7 | 1.6 | 1.4 | 0.9 | 1.0 | 1.0 | 0.6 | 0.5 | 1.0 | 0.5 |
| malignant | 4.4 | 6.4 | 5.7 | 5.7 | 6.0 | 5.7 | 5.8 | 6.5 | 6.6 | 6.0 | 5.0 | 7.1 | 6.2 | 5.5 |
| accident | 0.9 | 1.4 | 1.2 | 1.3 | 1.6 | 1.4 | 1.0 | 1.0 | 1.1 | 1.3 | 1.3 | 1.5 | 1.4 | 1.0 |
| uncertain | 10.3 | 12.3 | 13.4 | 16.8 | 14.5 | 13.4 | 14.8 | 13.4 | 17.6 | 21.0 | 19.3 | 18.4 | 19.0 | 20.4 |

Comparison of cause-specific death



Comparison of cause-specific death, HD versus PD patients



Cause-specific mortality (%) in patients with ESRD, who died in 2022

| | Overall | | HD | | PD | |
|-----------------------------------|---------|------|-----|------|-----|------|
| | n | % | n | % | n | % |
| Cardiac | 1040 | 34.1 | 918 | 33.2 | 122 | 41.9 |
| MI | 169 | 5.5 | 163 | 5.9 | 6 | 2.1 |
| cardiac arrest, uremia-associated | 346 | 11.3 | 309 | 11.2 | 37 | 12.7 |
| cardiac arrest, other | 525 | 17.2 | 446 | 16.1 | 79 | 27.1 |
| Vascular | 307 | 10.1 | 284 | 10.3 | 23 | 7.9 |
| cerebrovascular accident | 134 | 4.4 | 125 | 4.5 | 9 | 3.1 |
| pulmonary embolism | 6 | 0.2 | 5 | 0.2 | 1 | 0.3 |
| GI hemorrhage | 40 | 1.3 | 37 | 1.3 | 3 | 1.0 |
| GI embolism | 4 | 0.1 | 4 | 0.1 | 0 | 0.0 |
| others | 123 | 4.0 | 113 | 4.1 | 10 | 3.4 |
| Infection | 788 | 25.8 | 706 | 25.6 | 82 | 28.2 |
| pulmonary | 331 | 10.8 | 302 | 10.9 | 29 | 10.0 |
| septicemia | 274 | 9.0 | 243 | 8.8 | 31 | 10.7 |
| tuberculosis | 3 | 0.1 | 3 | 0.1 | 0 | 0.0 |
| peritonitis | 15 | 0.5 | 8 | 0.3 | 7 | 2.4 |
| others | 165 | 5.4 | 150 | 5.4 | 15 | 5.2 |
| Liver disease | 43 | 1.4 | 39 | 1.4 | 4 | 1.4 |
| hepatic failure d/t HBV | 14 | 0.5 | 12 | 0.4 | 2 | 0.7 |
| hepatic failure d/t others | 29 | 0.9 | 27 | 1.0 | 2 | 0.7 |
| Social | 38 | 1.2 | 36 | 1.3 | 2 | 0.7 |
| patient refused further treatment | 5 | 0.2 | 5 | 0.2 | 0 | 0.0 |
| suicide | 22 | 0.7 | 21 | 0.8 | 1 | 0.3 |
| therapy ceased for other cause | 11 | 0.4 | 10 | 0.4 | 1 | 0.3 |
| Other | 837 | 27.4 | 779 | 28.2 | 58 | 19.9 |
| cachexia | 14 | 0.5 | 12 | 0.4 | 2 | 0.7 |
| malignant | 169 | 5.5 | 158 | 5.7 | 11 | 3.8 |
| accident | 32 | 1.0 | 32 | 1.2 | 0 | 0.0 |
| uncertain | 622 | 20.4 | 577 | 20.9 | 45 | 15.5 |



대한 신장학회 등록 사업 등록 현황

등록사업에 참여한 의료기관 수 및 응답률

| 년도 | 2019년 | | 2020년 | | 2021년 | | 2022년 | |
|----|---------|-------|--------|-------|---------|-------|---------|-----|
| | 총의료기관 수 | 응답률 | 총의료기관수 | 응답률 | 총의료기관 수 | 응답률 | 총의료기관 수 | 응답률 |
| 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, 투석용 의료물품 공급업체 (Baxter Korea, FMC Korea, 보령, B-braun Korea)에도 감사드립니다.

대한신장학회 등록 위원회 배상



대한신장학회 등록위원회



- 이사: 김용균(가톨릭의대), 안선호(원광의대)
- 간사: 반태현(가톨릭의대), 김수현(중앙대의대),
- 위원: 구호석(인제의대), 김경민(을지의대), 김기원 (서울원내과), 김태희(인제의대), 김지현 (서울의대), 김형래 (가톨릭의대), 윤창연(윤영석내과), 윤혜은 (가톨릭의대), 이하정(서울의대), 최선령(한림의대), 홍유아(가톨릭의대), 황선덕(인하의대)
- 통계: 정선아(대한신장학회)
- 대한신장학회 사무국: 조지연, 윤�유선