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PD Prescription: Initial and Personalized Tailoring

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The paradigm of peritoneal dialysis (PD) prescription has evolved substantially over the past decade. Whereas the 2006 International Society for Peritoneal Dialysis (ISPD) guideline focused primarily on targets for small-solute clearance (Kt/V_{urea} and creatinine clearance) and ultrafiltration, the 2020 ISPD recommendations marked a clear transition from the concept of "dialysis adequacy" to "goal-directed, high-quality PD." Adequate PD is no longer defined by the achievement of a single clearance target. Instead, a person-centered approach based on shared decision-making is emphasized, incorporating quality of life, symptom burden, volume and nutritional status, preservation of residual kidney function, and each patient's individual goals and preferences. After reviewing the rationale and clinical implications of this paradigm shift, this lecture discusses the principles of the initial PD prescription. Key prescription variables—including the choice between continuous ambulatory PD (CAPD) and automated PD (APD), fill volume, exchange frequency, dwell time, and dialysate type—are reviewed in the context of individual patient characteristics, residual kidney function, and lifestyle. The lecture then focuses on strategies for personalized prescription adjustment. Although assessment of peritoneal transport characteristics using the peritoneal equilibration test (PET) remains useful in guiding modality selection and dwell time, recent recommendations view PET as a supportive tool rather than a sole determinant of prescription decisions. Greater emphasis is placed on regular reassessment of volume status and residual kidney function, with timely prescription adjustments based on these findings. In elderly, frail, or palliative care patients, a less intensive prescription may be appropriate to reduce treatment burden while maintaining patient-centered goals. Finally, incremental PD is discussed as a practical starting

point for personalized dialysis care. In incident patients with substantial residual kidney function, initiating PD with a lower-than-standard prescription and gradually intensifying treatment as kidney function declines may reduce treatment burden and healthcare costs while helping preserve residual kidney function. Growing evidence suggests that incremental PD provides clinical outcomes comparable to those of conventional full-dose PD. The definition, indications, methods of initiation, and approaches to incremental dose escalation are reviewed.

Keywords: Peritoneal dialysis, Goal-directed prescription, Personalized tailoring , Residual kidney function, Incremental peritoneal dialysis