복막투석 시작시기가 예후에 미치는 영향

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Impact of Early Initiation of Peritoneal Dialysis on the Clinical Outcomes in Patients with End-Stage Renal Failure (ESRF)

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Background: Recent studies reported that early initiation of hemodialysis may increase mortality. However, studies that assessed peritoneal dialysis (PD) patients yielded controversial results.

Methods: Incident PD patients (n=491) who started PD at Seoul National University Hospital from January 2000 to July 2010 were enrolled. The patients were divided into 'early starters (n=244)' and 'late starters (n=247)' on the basis of the eGFR measured within 6 weeks before start of dialysis All-cause mortality, technical failure, cardiovascular (CV) event, and composite event defined as either CV event or patient death were analyzed retrospectively.

Results: There was an interaction between time and overall mortality hazard ratio (HR). The propensity score adjusted HR for all cause of mortality of early starters over late starters increased over time using extended COX model. HRs in early starters were 0.71 (0.30-1.66) in 12 months, 1.65 (0.76-3.57) in 36 months, 2.95 (1.00-8.66) in 60 months, and 5.83 (1.20-28.42) in 96 months compared with late starters. Initiation timing of PD did not affect technical failure, CV event, and any composite event when adjusted with propensity score. The HRs of primary and secondary outcomes did not show any differences between the two groups when estimated outcomes in propensity-score-matched pairs model. In 5 year mortality by quartiles of propensity score was not different between each quartiles. In subgroup analysis of diabetic patients, there were no differences of all outcomes between early and late starters.

Conclusion: Overall mortality of early starters was increased over time after 96 months compared with late starters. However, initiation timing of PD did not influence technical failure, CV event, and any composite event of patients.

Key Words: 복막투석, 투석시작시기, 짝짓기, 예후
Peritoneal dialysis, Initiation timing of dialysis, Propensity