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가천의과학대학교 내과학교실[1], 분당서울대병원 내과학교실[2]

박현수[1], 김애진[1], 성지윤[1], 노한[1], 정지용[1], 장제현[1], 이현희[1], 정우경[1], 김세중[2]

Effect of Timing of Dialysis Initiation on Mmortality in End-stage Renal Disease Patients

Hyeonsu Park[1], Ae Jin Kim[1], Jiyoon Sung[1], Han Ro[1], Ji Yong Jung[1]
Jae Hyun Chang[1], Hyun Hee Lee[1], Wookyung Chung[1], Sejoong Kim[2]

Department of Internal Medicine[1] Gachon University of Medicine and Science
Department of Internal Medicine[2] Seoul National University Bundang Hospital

Background: The aim of this study was to compare mortality in dialysis patients with early or late start, as measured by renal function at the time of starting dialysis, using a propensity-score approach.

Methods: From January 2000 to June 2009, incident adult patients starting dialysis for end-stage renal disease (ESRD) were enrolled.

Results: We identified 836 subjects. After a propensity-based adjustment for confounding variables, 450 patients (225 in each group) remained. The mean age was 53.7 years, and 54.4% were male. At the time of the initiation of dialysis, the mean estimated glomerular filtration rate was 11.1 mL/min/1.73m^2 in the early-start group compared with 6.1 mL/min/1.73m^2 in the late-start group. There was no significant difference in survival between patients in the late-start and early-start groups (Log rank tests p=0.172). Higher overall mortality risk was seen in the early-relative to the late-start group in those aged ≥70 years [hazard ratio (HR): 3.29; 95% confidence interval (CI): 1.01-10.7) or albumin ≥3.5 g/dL (HR: 2.53; 95% CI: 1.02-6.28).

Conclusions: The survival of ESRD patients was comparable between patients in the late-start and early-start groups by a propensity-score approach.

Key Words: 투석시작, 말기신부전, 생존율
Dialysis initiation, End stage renal disease, Mortality