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복막투석 환자에서 투석을 시작하는 시점이 사망률에 미치는 영향

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The Impact of Timing of Dialysis Initiation on Mortality in Patients with Peritnoeal Dialysis

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Background: The impact of timing of dialysis initiation on mortality is controversial in patients with peritoneal dialysis (PD). In this study, we analyzed the impact of timing of dialysis initiation on mortality in the incident PD population.
Methods: Incident patients with PD were selected from the Clinical Research Center (CRC) registry for end-stage renal disease (ESRD), a prospective cohort study on dialysis in Korea. Patients were categorized into three groups according to the estimated glomerular filtration rate (eGFR) using the Modification of Diet in Renal Disease equation at the initiation of PD. 'group A' was defined as eGFR <5 ml/min/1.73m^2, 'group B' as 5-10 ml/min/1.73m^2 and 'group C' as eGFR >10 ml/min/1.73m^2 at the initiation of PD. Cox regression analysis was used to calculate the adjusted hazard ratio (HR) of mortality with late start group as the reference. The primary outcome was all-cause mortality.
Results: A total of 495 incident PD patients were included. The number of patients in group A was 109, group B was 279 and group C was 107. The median follow-up period was 23 months. The group A had a significantly higher risk of all-cause mortality compared with the group B (HR 3.54, 95% CI, 1.39-9.06, p=0.008). There was no significant difference in mortality between the group C and the group B (HR 1.54, 95% CI, 0.62-3.87, p=0.354) after adjustment for clinical variables.
Conclusion: Too-late start of PD (eGFR <5 ml/min/1.73m^2 at the initiation of PD) was a significant risk factor for death, while early start of PD (eGFR >10 ml/min/1.73m^2 at the initiation of PD) was not associated with improved survival compared with the group with eGFR 5-10 ml/min/1.73m2 at the initiation of PD.

Key Words: 복막 투석, 사구체 여과율, 사망률
Peritoneal dialysis, Glomerular filtration rate, Mortality