

복막투석에서 환자의 교육 수준과 복막염, 기술적 실패율 및 환자사망율과의 관계 연구

서울대학교 의과대학 내과

김효진, 한진석, 이하정, 김동기, 주권욱, 김연수, 안규리, 오국환

Lower Education Level is a Risk Factor for Peritonitis and Technique Failure but not a Risk for Overall Mortality in Peritoneal Dialysis

Hyo Jin Kim, Jin Suk Han, Hajeong Lee, Dong Ki Kim
Kwon Wook Joo, Yon Su Kim, Curie Ahn, Kook-Hwan Oh

Internal Medicine, Seoul National University Medical College

Background: It is speculated that a lower education level is a risk factor for higher peritoneal dialysis (PD)-associated peritonitis, potentially resulting in technique failure. We have analyzed the influence of lower education level on the development of peritonitis, technique failure and overall patient mortality.

Methods: This is a single-center, retrospective cohort study. Subjects who started PD at Seoul National University Hospital between Jan, 2000 and Dec, 2012 were enrolled. Subjects were divided into three groups: lower (academic year ≤ 9 years, $n=102$), intermediate ($9 < \text{academic year} \leq 12$ years, $n=229$), and higher (academic year > 12 years, $n=324$) education groups. Cox proportional hazard model was employed to analyze the influence of the education level on the development of peritonitis, technique failure and all-cause mortality.

Results: A total of 655 incident PD patients (61% male, age 48 ± 14 years) were analyzed. Mean duration of follow-up was 42.8 ± 32.8 months. Cumulative patient survival at 5 and 10 years were 86% and 68%, respectively. During follow-up, 248 subjects (38.2%) experienced more than one episode of peritonitis, 142 subjects (21.7%) underwent technique failure and 69 subjects (10.5%) died. After adjustment to the age, sex, diabetes, other comorbidities, visual disturbance, CRP, albumin, GFR, lower education level was shown to be an independent risk factor for both peritonitis [hazard ratio (HR): 1.60; 95% confidence interval (CI): 1.09-2.35] and technique failure [HR 1.74; 95% CI 1.04-2.89]. However, lower education level was not associated with increased overall mortality [HR 1.49, 95% CI 0.71-3.15].

Conclusion: Although lower education level was a significant risk factor for peritonitis and technique failure, it was not associated with increased mortality in PD patients. Subjects with lower education level should not be discouraged against choosing PD as their first-line renal replacement therapy. Comprehensive training in PD exchange procedures and multidisciplinary education is warranted for overcoming the lower education level in subjects undergoing PD therapy.

Key Words: 교육, 복막투석, 생존율

Education, Peritoneal dialysis, Outcome