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Dialysis

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The Effect of Dialysis Modality on Frailty Phenotype, Disability, and Health-related Quality of Life in Maintenance Dialysis Patients

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Background: Surveys of health-related quality of life (HRQoL) and frailty are needed to evaluate the regional and ethnicity specific. Few studies have demonstrated an association between HRQoL or frailty and dialysis modality in Korean populations.

Methods: We enrolled relatively stable maintenance dialysis patients. A total of 2,737 participants undergone hemodialysis (HD) or peritoneal dialysis (PD) were included. In total, 1,616 patients were recruited into our study. Demographic and laboratory data collected at enrollment included the following: age, sex, comorbidities, frailty, disability, and HRQoL scales.

Results: The number of participants undergone HD and PD was 1,250 and 366, respectively. The numbers of participants with pre-frailty and frailty were 578 (46.2%) and 422 (33.8%) in HD patients, and 165 (45.1%) and 137 (37.4%) in PD patients, respectively ($P = 0.349$). The proportions of participants with disability were 195 (15.6%) in HD patients and 109 (29.8%) in PD patients ($P < 0.001$). In multivariate analysis, physical and mental component scales, symptom/problems, and sleep were greater in HD patients than in PD patients. Cox regression analyses showed that increase in PCS was positively associated with patient survival and first hospitalization free survival in both HD and PD patients. Increase in MCS was positively associated with only first hospitalization free survival in both HD and PD patients.

Conclusion: There was no significant difference in frailty between two modalities, but disability was higher in PD patients than in HD patients. physical and mental component scales were more favorable in HD patients than in PD patients. Patient satisfaction and dialysis staff encouragement were more favorable in PD patients than in HD patients.

Keywords: Disability, Frailty, hemodialysis, peritoneal dialysis, Quality of life