

KSN 2017 Abstract

KSN-17-P101

Eight Years Survival Rate of On-line Hemodiafiltration

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Objectives : Standard hemodialysis (HD) is not good as compared to normal kidney function and patient morbidity and mortality rates are still very high. To increase mid-to-large molecule clearance by combining diffusion and convection, the use of On-line hemodiafiltration (HDF) is required.

Compared with standard HD, On-line HDF is associated with better control of anemia, nutritional status, treatment adequacy, hospitalization and greater reduction in calcium phosphate product, higher elimination of parathyroid hormone (PTH).

Because of these things mentioned earlier, On-line HDF is considered to be superior in the morbidity and mortality than standard HD.

So we compare the long-term survival of the patients with On-line HDF and patients with standard HD through review of Chonnam National University Hospital(CNUH).

Methods : We selected patients who meet the criteria among patients attending the 'CUNH dialysis center' has decided to proceed with the study.

Overall, 40 patients with ESRD switched from standard HD to On-line HDF or start On-line HDF from August 2007 to december 2009.

And in the same period, patients with standard HD being enroll in the study were a total of 42 people.

We will review that the long term survival rate for patients receiving On-line HDF by checking whether they were alive during each 8-year. The follow-up study will enroll patients from when it was then check the status of 2016.

Results : We were confirmed whether or not the second group during the 8-year survival, survival rate of the group receiving the On-line HDF is 55%. (22 people from 40 people was survived) We was confirmed whether or not the two groups during the 8-year survival, survival rate of the group receiving the On-line HDF was 55%, the survival rate of the group receiving the standard HD was 47%. (20 people from 42 people was survived) There was statistically significant difference in survival rate between the groups ($p < 0.05$). And improved from indicators such as anemia, Calcium-Phosphate metabolism, Nutritional status, Treatment adequacy, Hospitalization.

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Conclusions : As a result, 8 years of the survival rate was higher in the group On-line HDF ($p < 0.05$). Our study show the beneficial effect of hemodiafiltration on improving clinical outcomes and survival in chronic HD patients.

In addition to the limitations of this study, it is the first study of a single center, whereby the point is not large-scale study.

There is a disadvantage. Main disadvantage is the cost. In addition, there is the hypoalbuminemia observed in several studies the exact relationship is unknown.

Compared to these disadvantages and benefits, in the long term survival rate and number of clinical indicators On-line HDF it has shown a good effect. And in the future the long-term survival of patients in more centers will be studied in this way to continue to follow up.

Keywords : On-line Hemodiafiltration