

Recent guidelines on the management of hemodialysis patients

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Once renal replacement therapy is initiated, the 5-year survival rate of dialysis patients was approximately 60–63% in Korea. Although maintenance dialysis prevents death from uremia, patient survival remains an important issue. The question as to whether conventional in-center hemodialysis three times a week is appropriate has come to be raised. For years, the efforts of nephrologists have been directed towards improving the high mortality of ESRD patients. For the improvements in survival rate of dialysis patients, many attempts have been made and published. In accordance with such efforts, the Kidney Disease Outcomes Quality Initiative (KDOQI) has recently updated its Hemodialysis Adequacy guideline in 2015 after literature review of observational studies and clinical trials from 2000 to 2014. New subjects introduced in this guideline include initiation timing of hemodialysis, high-frequency and/or long duration of hemodialysis, using newer membranes (high flux versus low flux) and employing hemodiafiltration. In addition, this guideline dealt with whether increasing frequency and/or duration helped blood pressure and volume control. The KDOQI clinical practice guidelines for hemodialysis vascular access are now undergoing update work and will be announced by 2017/2018.