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Clinical Implications and Prescriptions of On-line HDF

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According to the USRDS end-stage renal disease (ESRD) database, adjusted mortality (deaths per 1000 patient-years) is decreasing annually in patients with ESRD or dialysis, but it is higher than those with acute myocardial infarction (AMI), congestive heart failure (CHF), diabetes and cancer. Moreover, in the 2018 Korean Society of Nephrology (KSN) ESRD registry annual report, the 10-year mortality of hemodialysis patients does not exceed 50 %. One of the reasons is that uremic toxin with a middle or large molecular weight of more than 1 kDa, such as beta-2 microglobulin, complement factor D, advanced glycation end-product peptides and fibroblast growth factor 23, and protein-binding uremic toxin are not effectively removed by diffusion which a conventional hemodialysis method. Convection is an effective dialysis method for large solute removal. Hemodiafiltration (HDF), which combines convection and diffusion methods, is emerging as a method for removing large molecule uremic toxins.

In this talk, I will discuss the beneficial effects of HDF on the cardiovascular or all-cause mortality and the optimal prescriptions for high volume HDF.