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Misperceptions of Using PD in Korea

Dong-Ryeol Ryu

Ewha Womans University College of Medicine, Korea, Republic of

The number of patients with end-stage renal disease (ESRD) has been rapidly increasing in Korea largely due to the prolonged average lifespan and growing number of patients with major risk factors, such as diabetes mellitus and hypertension.

The total number of dialysis patients was 27,122 in 2003 and 78,087 in 2015 (15.7% per year increase). Besides, the number of new dialysis patients was 11,100 in 2010 and 18,694 in 2015 (5.7% per year increase). However, prevalence and incidence in HD patients have significantly been increasing, whereas those of PD has not been changed.

To identify the cause(s) of the difference in the penetration in Korea, we first look out the outcomes in dialysis patients. Although the crude death rate was slightly higher in HD than PD [HD, 116 / 1000 patient-years (PY); PD, 114 / 1000 PY] in incident ESRD patients, HD is overall superior to PD when comparing all baseline covariate-adjusted relative risks in the research using Korean claims databases. In addition, the technique failure rates of PD patients were significantly higher than that of HD patients.

However, survival of PD patients has been significantly improving over time in Korea. Furthermore, patients with prior histories of myocardial infarction, diabetes, and congestive heart failure were more likely to choose PD. They may significantly affect the higher mortality in PD patients, but were not able to be fully adjusted for the analysis using claims database.

Although health-related quality of life in dialysis patients was much lower compared to healthy population, but was significantly higher in PD patients than that in HD patients in Korea. PD was also associated with a higher likelihood of deceased donor kidney transplantation. Furthermore, although there is a lack of national data, PD peritonitis rate is well controlled below 0.3 episodes/person-year in my institution.

In this session, we are going to figure out whether there is a misperception in using PD in Korea.