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Factors affecting selection of dialysis modality in elderly patients with chronic kidney disease: prospective cohort study of Korea

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Objectives: Several factors associated with dialysis modality selection have been reported in many studies. However, the factors affecting selection of dialysis modality in elderly patients with chronic kidney disease is not known. We investigated which factors are associated with selection of dialysis modality in elderly patients compared to younger patients.

Methods: This study included 2,514 incident dialysis patients from a multicenter prospective cohort study in Korea from August 2008 to July 2015 (NCT00931970). We surveyed demographic, referral, dialysis planning, socioeconomic, and clinical data. Using multivariate regression analyses, variables significantly associated with the chosen dialysis modality were analyzed. The differences in the factors were compared between elderly (≥ 65 years) and younger (< 65 years) groups.

Results: Of the enrolled patients, 1,746 (69.5%) and 768 (30.6%) selected hemodialysis (HD) and peritoneal dialysis (PD) respectively. The percentage of HD was higher in elderly patients compared to younger patients (83.1% vs. 63.0%, $p < 0.001$). In elderly group, patients choosing PD was younger than patients choosing HD (67.9 ± 5.2 vs. 70.0 ± 6.3 , $p < 0.001$). Patients with planned dialysis ($p < 0.001$), employed status ($p = 0.042$), married status ($p = 0.023$), and congestive heart failure ($p = 0.003$) were more common in elderly PD patients. However, patients with tumor were more common in elderly HD patients. Multivariate analysis showed that planned dialysis ($p < 0.001$) and congestive heart failure ($p = 0.002$) were independent factors for selecting PD and tumor ($p = 0.007$) was for selecting HD in elderly group. In younger group, planned dialysis ($p < 0.001$) and employed status ($p < 0.001$) were revealed as the independent factors for choosing PD whereas peripheral vascular disease ($p = 0.038$) and tumor ($p = 0.01$) were independent factors for choosing HD.

Conclusions: As age of patients with chronic kidney disease increases, HD was more frequently selected modality than PD. Dialysis planning and specific comorbidities were associated with selection of dialysis modality in elderly patients.