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Increasing burden of very-elderly patients with hemodialysis in Korea

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Objectives: While the overall survival rates of end-stage renal-disease (ESRD) in Korea are higher than those in western countries, its treatments for the very-elderly ESRD patents (i.e. those with the age of over 75) have not been specified. Since the very-elderly patients are likely to have multiple co-morbidities, the treatment is not same as that for the younger patients, which becomes another socio-economic burden for the nation. Therefore, we investigated the current practical patterns of the very-elderly ESRD patients undergoing hemodialysis (HD).

Methods: We extracted a set of National Health Insurance Service data using the diagnosis code of ESRD or the HD code (N18.5) appearing between 2007 and 2016. With the dataset, we analyzed how the number of ESRD patients is changed over time as well as the proportions of very-elderly patients. We compared the total medical costs and the rate of using medical facilities for HD in the very-elderly patients with those in the patients below age 75.

Results: Not only the growth rates of the very-elderly patients who were combined hypertension (13.0% vs. 2.4%), diabetes (15.3% vs. 2.5%) but also those with dementia (18.2% vs. 0.2%) were much higher than those of the patients below age 75. The growth rates of numbers (19.0% vs. 8.1%) and total medical costs (28.7% vs. 10.2%) in very-elderly patients undergoing HD in convalescent hospitals were higher than those in under-75-year-old patients.

Conclusions: We found that the numbers and cost of the very-elderly HD patients are rapidly increased in convalescent hospitals. This suggests that detailed and systemic treatment strategies including end of life care for these fragile and complicated populations should be created. Also, a structured monitoring system in convalescent hospitals must be prepared to maintain the quality of medical services.