

Adequacy of Peritoneal Dialysis - Where Does It Stand in 2000?

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Over the past decade, enormous attention has been paid to achieving higher clearances in peritoneal dialysis (PD). Internationally, guideline bodies mandated high Kt/V targets. Recent studies such as Ademex have failed to validate this approach to PD and guidelines are now being rewritten. A lower limit clearance value for PD is difficult to derive from the literature, but there is a consensus that until further evidence is made available, patients should not achieve less clearance than was given to the control group in the Ademex study. This corresponds to a Kt/V of about 1.7 per week and a creatinine clearance of

just under 50 litres per week. The validity of adding peritoneal and renal clearance has been questioned. The necessity of having separate Kt/V and creatinine clearance targets is in doubt. The justification for different clearance targets for automated PD and for high transporters is also lacking. There is a consensus that the concept of adequately prescribed PD should be broadened to include control of volume status and avoidance of excessive exposure to glucose. This whole topic and associated controversies will be reviewed.