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**Comparison of clinical outcomes based on dialysis modality and icodextrin usage in patients on peritoneal dialysis**

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**Objectives :** There is no conclusive evidence regarding the survival benefits of automated peritoneal dialysis (APD) or the use of icodextrin. This study aimed to evaluate patient and technique survival among four groups divided based on PD modality and icodextrin use over one year.

**Methods :** We specifically included patients who underwent a single PD modality for at least on year during that period (n = 148). The participants were categorized into four groups for comparison: CAPD-ET, continuous ambulatory peritoneal dialysis (CAPD) without icodextrin; CAPD+ET, CAPD with icodextrin; APD-ET, APD without icodextrin; and APD+ET, APD with icodextrin.

**Results :** The numbers of patients in the CAPD-ET, CAPD+ET, APD-ET, and APD+ET groups were 39, 35, 40, and 34, respectively. The CAPD+ET group had a higher patient survival rate than that of the APD-ET group and also had a higher technique survival trend than that of the APD-ET group, despite no statistical significance. In patients without DM, APD-ET group had a poorer patient survival trend than those of the APD+ET or CAPD+ET groups. In patients without DM, the APD+ET group had a higher technique survival than APD-ET group. In addition, APD+ET group showed a higher technique survival trend than did the CAPD-ET group, despite non-statistical significance. The edema index after 1 year of follow-up was higher in the APD-ET group than in the other groups.

**Conclusions :** The present study demonstrated that patients undergoing APD without icodextrin had poor patient and technique survival trends, which may be caused by poor volume control.