

Abstract Type : Oral

Abstract Submission No. : 1320

Shorter patient-doctor contact hour increases the risk of early peritoneal dialysis-related infection: Korean results from the Peritoneal Dialysis Outcomes and Practice Patterns Study (PDOPPS)

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Objectives: Early peritoneal dialysis (PD)-related infection is a serious complication of patients with PD, increasing the risk of PD failure and death. However, the association between patient-doctor contact (PDC) hour and early PD-related infection is unknown.

Methods: Among PD patients in the Korean Peritoneal Dialysis Outcomes and Practice Patterns Study (PDOPPS) study, patients with incident PD were analyzed. Patients were divided into two groups according to PDC hour (less than or over 15 minutes) (Figure 1). PDC hour was defined as the length of time a nephrologist typically spends with a PD patient each visit according to the facility practice pattern. Early PD-related infection risks, including peritonitis and PD catheter exit-site infection, defined as onset within 3 or 12 months of PD, were compared by Cox regression analysis.

Results: Of the 276 patients, 184 (66.7%) were in the shorter PDC group (<15 mins) and 92 (33.3%) were in the longer PDC group (≥ 15 mins). The mean age was 53.6 ± 13.2 years and did not differ between groups. Both PD-related infection incidences within 3 months and 12 months were significantly lower in the longer PDC group than in the shorter PDC group (3 months: 1.1 % vs. 9.8%, $P = 0.007$; 12 months: 9.8% vs. 23.4%, $P = 0.007$). Longer PDC independently decreases the risk of PD-related infection both within 3 months and 12 months (3 months: adjusted hazard ratio [aHR] 0.11, 95% confidence interval [CI] 0.02–0.85, $P = 0.034$; 12 months: aHR 0.43, 95% CI 0.19–0.99, $P = 0.048$) (Figure 2).

Conclusions: A longer PDC hour was a protective factor against early PD-related infection. Nephrologists should devote sufficient time to outpatient care of patients with PD.

Figure 1. Flow diagram of the study