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Mortality and risk factors in very elderly patients who start hemodialysis

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Objectives: The number of elderly patients with end-stage renal disease (ESRD) is increasing worldwide. However, decision-making about elderly patients with ESRD remains complex because of the lack of studies, especially in very elderly patients (>75 years). We examined the characteristics of very elderly patients starting hemodialysis (HD) and the associated mortality and prognostic factors.

Methods: Data were analyzed retrospectively using a nationwide cohort registry, the Korean Renal Data System. Patients who started HD between January 2016 and December 2020 were included and divided into three groups according to age at HD initiation (<65, 65–74, and >75 years). The primary outcome was all-cause mortality during the study period. Risk factors for mortality were analyzed using Cox proportional hazard models.

Results: In total, 22,024 incident patients were included with 10,006, 5,668, and 6,350 in each group (<65, 65–74, and >75 years, respectively). Among the very elderly group, women had a higher cumulative survival rate than men (91.2% vs. 90.3% at 1 year and 56.4% vs. 51.9% at 3 years, respectively). The survival rate was lower in patients with vascular access via a catheter than in those with an arteriovenous fistula or graft (72.0% vs. 95.1% at 1 year and 23.8% vs. 60.7% at 3 years, respectively). Very elderly patients with more comorbid diseases had a significantly lower survival rate that those with fewer comorbidities (log-rank: $p < 0.001$).

Conclusions: Preparation of an arteriovenous fistula or graft when starting HD should be considered in very elderly patients with fewer comorbid diseases.