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Unique Indications for Home Hemodialysis

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Home hemodialysis (HHD) is increasingly recognized as a patient-centered renal replacement therapy, offering flexibility, improved quality of life (QOL), and potential survival benefits through frequent and prolonged dialysis. However, despite these advantages and growing clinical evidence, its adoption remains limited in many regions, suggesting a gap between evidence and real-world implementation. This presentation focuses on the concept of "unique indications" for HHD, proposing a shift from conventional eligibility-based selection toward indication-driven decision-making. Rather than viewing HHD as an alternative modality, we frame it as a strategically indicated therapy tailored to specific clinical and social needs. Drawing on clinical experience and institutional data, we conceptualize the unique indications for HHD across three domains. The first domain reflects lifestyle-driven needs, particularly among younger and working patients who require flexibility and seek to maintain social and professional roles. The second domain is defined by physiological demands, where prolonged (extended-hour) dialysis is necessary to achieve optimal volume control, cardiovascular stability, and symptom relief, highlighting the clinical value of extended-hour dialysis strategies. The third domain relates to modality transition, in which HHD serves as a key component of an integrated dialysis strategy, especially following peritoneal dialysis. These conceptual domains are illustrated through representative clinical cases, demonstrating how HHD enables individualized prescriptions that are often difficult to achieve in conventional in-center hemodialysis settings. Such tailored approaches may contribute to improved metabolic control, symptom burden, and treatment satisfaction. In addition, cases in which HHD is not feasible are also discussed, emphasizing the practical boundaries of indication and the importance of appropriate patient selection in real-world practice. Importantly, the

successful implementation of HHD requires more than appropriate patient selection. It depends on a structured multidisciplinary framework that integrates patient education, caregiver involvement, regular outpatient monitoring, and continuous support systems. These elements are essential for ensuring both safety and sustainability of HHD programs. In conclusion, redefining HHD through the lens of "unique indications" allows for a more strategic and clinically meaningful integration of this modality into contemporary dialysis care. This perspective may help bridge the gap between clinical evidence and implementation, and support the development of more patient-centered and adaptable dialysis systems.

Keywords: Home hemodialysis (HHD), Indication driven therapy, Extended hour dialysis, Patient centered care, Integrated dialysis model