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Session Topic : Outcomes of PD: Where Are We Over the Years?

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Advantages of PD Over HD: Clinical Outcomes

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Aging is a global trend, and chronic kidney disease (CKD) is increasing rapidly due to the rise in chronic diseases such as diabetes and hypertension. The number of patients with end-stage kidney disease (ESKD) requiring kidney replacement therapy (KRT) is also growing rapidly. Several factors must be considered when choosing a modality for KRT in patients with ESKD, including the patient's age, comorbidities, functional status, social support, cognitive function, and personal preferences. There are two main dialysis modalities for KRT: hemodialysis (HD) and peritoneal dialysis (PD). PD is an important home-based treatment for kidney failure, accounting for 11% of all dialysis and 9% of all KRT globally. Compared to HD, PD has many potential benefits, including simpler technology, availability in remote areas, generally lower cost, fewer administrative issues during natural disasters, improved survival rates in the first few years, lower risk of hypotension, lower risk of hepatitis B and C infections, more possibility of travel, fewer dietary restrictions, and preservation of residual kidney function. PD outcomes have improved over time, but still have low penetration compared to HD. This is partly because PD requires a higher level of cognitive and physical ability to manage the equipment and perform the treatment, but also because many patients who start dialysis are not familiar with how it works or the many benefits it offers. In this presentation, I will discuss the recent improvements in PD compared to the past in terms of clinical outcomes and advantages over HD. This will help nephrologists and patients with CKD better understand peritoneal dialysis and increase its penetration.

Keywords: Peritoneal dialysis, Clinical outcome, End-stage kidney disease, Kidney replacement therapy, Modern PD