THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0482

Comparison of Patient Survival in Hemodialysis versus Immediate-Start Peritoneal Dialysis: A Propensity-Matched Study

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Objectives : The scarcity of large-scale randomized controlled trials (RCTs) comparing the effects of hemodialysis (HD) and peritoneal dialysis (PD) on mortality makes it challenging to draw clear conclusions about which treatment modality is superior regarding patient survival. In this study, we aimed to compare the survival rates of HD and PD using a 1:1 propensity-matched study.
Methods : In this study, we employed a dialysis cohort comprising all End-Stage Renal Disease (ESRD) patients who initiated HD or PD at Konkuk University Medical Center from 2005 to 2023. Patients within the PD cohort undergoing Immediate-Start Peritoneal Dialysis (ISPD) were 1:1 propensity-matched with patients within the HD cohort, resulting in the analysis of 162 patients in each group. The primary outcome was the survival rate for each modality, assessed through Kaplan-Meier analysis. To independently identify risk factors associated with patient survival rates, a Cox proportional hazards regression model was employed.
Results : The median follow-up period for this study was 4.77 (1.67-7.12) years. The survival rate of PD was comparable to HD up to 7 years; beyond this period, PD exhibited lower survival rates compared to HD (Fig.1). Interestingly, in non-diabetic patients, the survival rate of PD was not inferior to that of HD for up to approximately 12 years (Fig.2). In the multivariate Cox regression model, diabetes mellitus and hs-CRP were identified as independent risk factors associated with mortality in PD.
Conclusions : The survival rate of PD was not inferior to that of HD. Particularly, in non-diabetic patients, the survival rate of PD was not inferior to that of HD for up to 12 years. These results suggest that in ESRD patients, especially for non-diabetic patients, ISPD can be considered as an initial dialysis modality.

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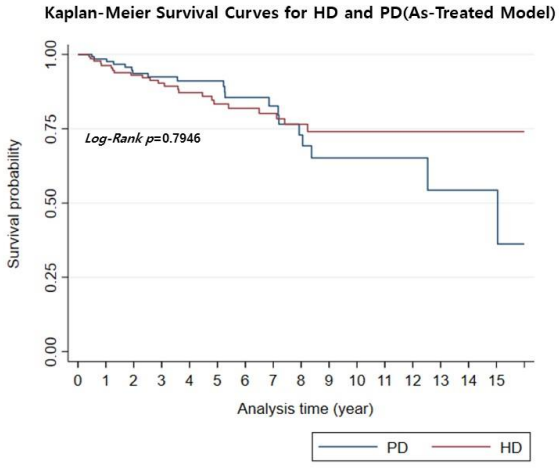

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