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Session Title : APSN-ISPD Joint Symposium 2

Session Topic : Improving the Time on Peritoneal Dialysis

Date & Time, Place : June 15 (Sat) / 17:00-18:30 / Room 1 (GBR 101 - 102)

Optimizing the PD Prescription for Improved Outcomes

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Peritoneal dialysis (PD) is an effective kidney replacement strategy for patients suffering from end-stage kidney failure. PD offers patient survival comparable to or better than in-centre hemodialysis while preserving kidney function, empowering patient autonomy and reducing financial burden to healthcare administration. Moreover, very few medical contraindications exist for PD and being a home-based therapy, it soon became apparent of its benefits in reducing infectious disease exposure during the COVID-19 pandemic. Despite the purported advantages of peritoneal dialysis, worldwide utilization for PD remains low in many countries. Consequently, physicians are less familiar with the nuances of this therapy and training in PD appears to be cursory and enjoys less priority when compared to the other subspecialties in most nephrology fellowship programs. As a result, treatment plans are often protocolized and initial PD prescriptions using 4-exchanges a day are given to all patients regardless of their clinical needs and physiology, which may result in unwanted glucose exposure and care/treatment burden. A personalized approach to prescribing PD is important in ensuring an enhanced quality of life for both patients and caregiver, as well as optimizing the time on therapy. Understanding the peritoneal membrane physiology, kinetics of peritoneal solute clearance and ultrafiltration profile is important in developing a customized PD prescription for patients and caregivers that is best suited for the clinical profile and lifestyle.

Keywords: Peritoneal Dialysis, PD Prescription, Personalized Medicine, Optimized Outcomes