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Effects of Nursing Facility Admission on Mortality in Incident HD Patients

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Objectives: As the elderly population increases and nuclear families are formed, the number of elderly people who are managed in a nursing facility is increasing. We investigated whether dialysis performed while hospitalized in a nursing facility before dialysis affects the mortality rate of dialysis patients.

Methods: We enrolled 2,597 patients who visited the hemodialysis clinics of 17 teaching hospitals and surveyed the characteristics of underlying diseases, laboratory findings, and medication between patients who started dialysis while admitted to a nursing facility and those who did not. Then, multivariate survival analysis was performed to see if starting dialysis after entering a nursing facility increased mortality.

Results: 9.1% (n=237) of the subjects underwent dialysis while admitted to a nursing facility. This group was predominantly female and older. Also, the prevalence of diabetes, dementia, heart failure, and atrial fibrillation was higher. There were many users of anti-platelet agents, warfarin, dementia drugs, and antidepressants. Additionally, this group showed lower weight, lymphocyte, iPTH, albumin, phosphorus, and total cholesterol and higher duration of diabetes, and alkaline phosphatase. In a multivariate analysis controlling for age, sex, access type, dementia, malignancy, ischemic heart disease, cerebrovascular accident, heart failure, atrial fibrillation, liver cirrhosis, fracture, coronary artery disease, ejection fraction, lymphocyte, platelet, BUN, Cr, albumin, phosphorus, total cholesterol, RAS blockade, B-blocker, Calcium channel blocker, warfarin, hyperlipidemia drugs, Calcium-based phosphate binder, sevelamer, anti-depressant, and dementia medication, the HR of the group receiving dialysis after being admitted to a nursing facility was 1.658 [1.309, 2.100].

Conclusions: Patients starting dialysis in a nursing facility have an increased mortality rate.