

**Abstract Submission No.: A-1524****Analysis Of Drop-Out Rate In Peritoneal Dialysis: Insights From A 3-Year Retrospective Study Of PD Unit In Sub-Urban District Hospital In Malaysia**

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**Objectives :** Peritoneal dialysis (PD) is a vital therapeutic option for end-stage renal disease (ESRD) patients; however the persistently high drop-out rates present a significant clinical challenge. This study presents an analysis of drop-out rate in PD over a 3-year period in a small PD unit, aiming to see the demographic characteristics and causes of drop out.

**Methods :** The medical records of all PD patients in Hospital Kajang, Malaysia between 2020 till 2022 were examined. Patients' demographics and categorizations of drop-out causes including transfer to haemodialysis modalities, kidney transplant and death were recorded.

**Results :** Our investigation has unveiled a prevailing drop-out rate of 27%. The average age of individuals who discontinued PD was 53 years, with an average PD vintage of 18 months. Among the drop-outs, 35 patients (68%) were male. A substantial majority, constituting 85%, exhibited concurrent diabetes and hypertension. Within the observed period from 2020 to 2022, a total of 51 patients were drop-out from PD. The primary cause for discontinuation was mortality, accounting for 70% of cases. The causes of death varied, with 16 patients succumbing to sepsis, 9 patients passing away at home, and 6 patients experiencing acute coronary syndrome. Other recorded causes of death include cerebrovascular accident and upper gastrointestinal bleed. Furthermore, 12 patients (24%) change modalities to hemodialysis (HD) due to Tenckhoff malfunction and or refractory PD related infections. Only 6% of patients had successful kidney transplant, underscoring the limited prevalence of this positive outcome.

**Conclusions :** These findings emphasize the complex interplay of factors contributing to PD drop-out, including mortality, technical complications, and the comparatively low incidence of kidney transplantation. Addressing these challenges necessitates a multifaceted approach that encompasses enhanced patient care, improved catheter management, and a focus on transplant accessibility.