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How to Prevent PD Drop-Out?

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Peritoneal dialysis (PD) offers patients the flexibility of self-management, enabling greater autonomy in daily activities, employment, and time management. It also provides continuous therapy, which is more physiologic than intermittent hemodialysis (HD). From a cost perspective, PD is highly cost-effective, requiring approximately 60–70% of the annual healthcare expenditures associated with HD. Historically, HD was considered superior in terms of survival. However, Korean data since 2011 show comparable survival between PD and HD, with some studies reporting better early survival in younger patients without significant comorbidities. Despite these advantages, the number of PD patients in Korea has steadily declined, comprising only 3.8% (5,200 patients) of the total end-stage kidney disease population as of 2023. This reflects factors such as limited patient education, changing physician preferences, and insufficient policy support. Identifying suitable candidates and providing comprehensive pre-treatment education are essential to minimizing barriers to PD selection. The primary causes of PD discontinuation (technique failure) are peritonitis (47.5%), ultrafiltration failure (15%), mechanical complications (17.5%), and patient preference (20%). Preventing technique failure is key to sustaining PD. Multifaceted strategies include infection prevention, minimizing mechanical complications, preserving ultrafiltration capacity, and enhancing patient satisfaction. Standardized education, retraining, proper catheter placement, and the use of biocompatible dialysates are critical. Preservation of residual renal function through optimal fluid management, RAAS inhibitor use, and avoidance of nephrotoxins further supports treatment success. Remote monitoring and a multidisciplinary team approach facilitate early problem detection and address both medical and psychosocial needs. Individualized prescription adjustments are essential for maintaining quality of life. For patients unable to perform PD independently, assisted PD programs can improve access and reduce technique failure. Finally, offering deceased donor kidney transplantation before transitioning to HD is an important strategy to enhance quality of life and long-term outcomes.

Keywords: Peritoneal Dialysis, Technique Failure, Sustainability, Quality of Life, Cost-effectiveness