

Abstracts - e-Poster Presentation (Mini-Free Communications)

Thursday, May 11th, 2023 from 16:30-18:00 ADT

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P-016

RETROSPECTIVE REVIEW OF ASSISTED PERITONEAL DIALYSIS: ALBERTA EXPERIENCE

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Background: Assisted peritoneal dialysis (aPD) is a modality where trained health care professionals support individuals with peritoneal dialysis (PD) in their home. aPD allows individuals who would otherwise be ineligible to pursue home dialysis. Alberta Kidney Care South (AKC-S) started an aPD program in 2011.

Objectives: To describe the outcomes of participants of an aPD program in Alberta, Canada.

Methods: Retrospective chart review to describe participants and outcomes in people who utilized aPD in AKC-S since its inception in 2011 to December 31, 2021. De-identified data was obtained from the Nephrology electronic database. The primary outcome was mean time to exit from aPD. Differences in outcomes between sexes were explored. Secondary outcomes included reason for exit and time continued on PD independently after leaving aPD

Results: A total of 135 patients received aPD (mean age=70.7 ± 11.2 years; 44.4% female). Those who received aPD had a high prevalence of diabetes (68.1%), coronary artery disease (37%), congestive heart failure (28.1%), and stroke/transient ischemic attack (16.3%). The average time to exit from aPD was 407 ± 642 days. There was no difference between time in aPD between male (472 ± 680 days) and females (326 ± 585 days), p= 0.230. The main reasons for exit from aPD included: death 27.4%, switching to hemodialysis 26.7%, independent on PD 24.4% followed by transplant 3%, palliative care 3%, and left the program catchment area 3.7%. Of the 33 patients who switched to independent PD, they maintained PD for an additional 427 ± 400 days.

Conclusions: Assisted peritoneal dialysis provides a service to patients who are unable to perform PD independently. It is an excellent alternative to in-center hemodialysis which not only allows patients to maintain their independence in the community, but it can facilitate the uptake of independent PD in a significant proportion of participants.