



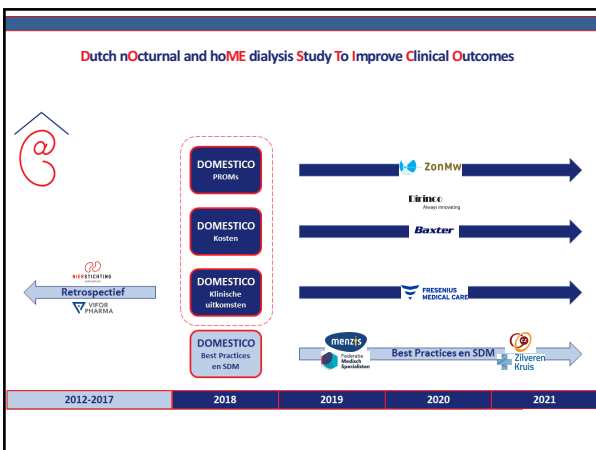
PD techniekfalen in Nederland 1^e resultaten van de DOMESTICO studie

Alferso Abrahams
Anna Bonenkamp en Anita van Eck van der Sluijs
Brigit van Jaarsveld, Friedo Dekker



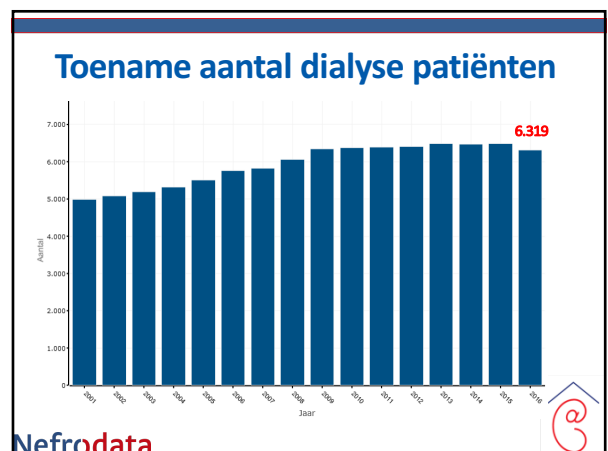
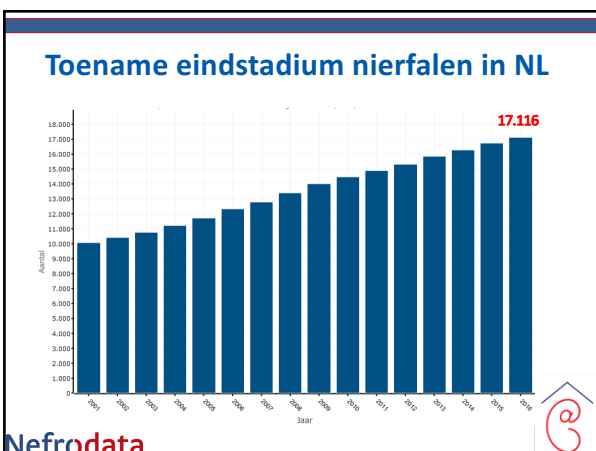
Disclosures

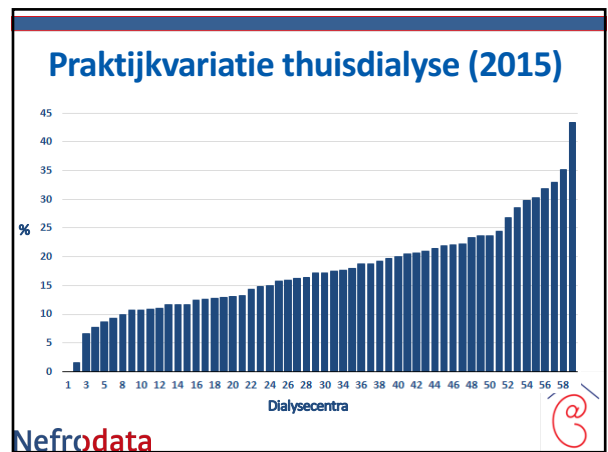
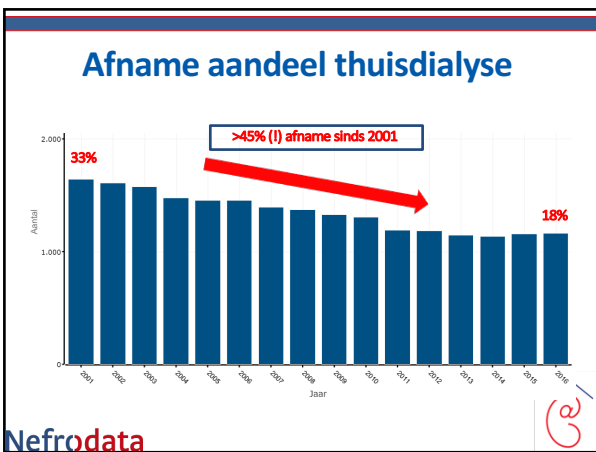
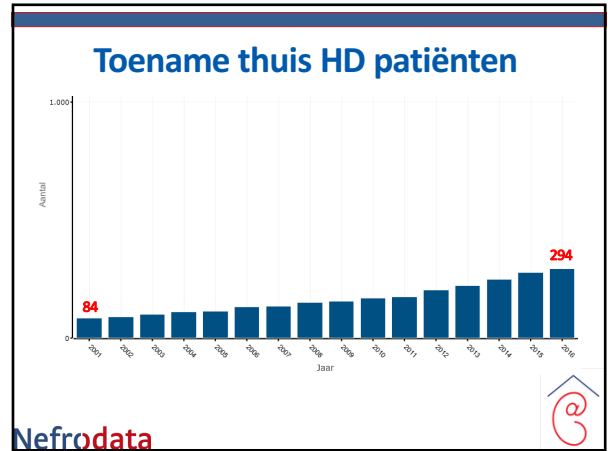
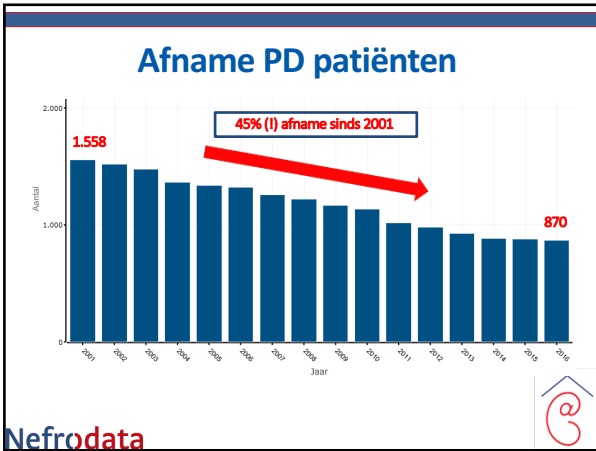
- Sprekersvergoeding: Baxter Healthcare, Fresenius Medical Care, Amgen
- Research funding: in kader van **DOMESTICO**

Projectgroep DOMESTICO Retrospectief

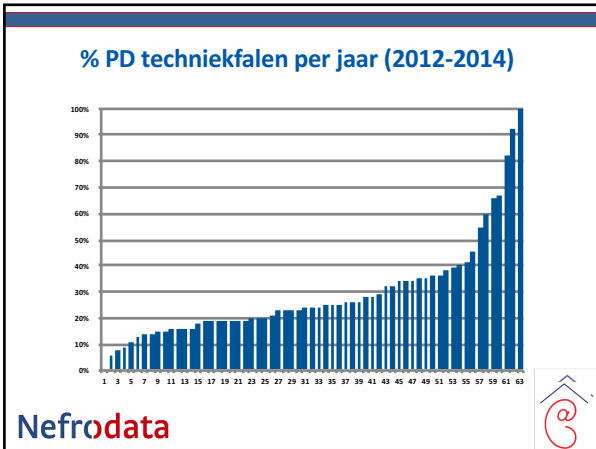
- Frans Boereboom
- Carola de Fijter
- Frank van der Sande
- Dick Struijk
- Yolande Vermeeren

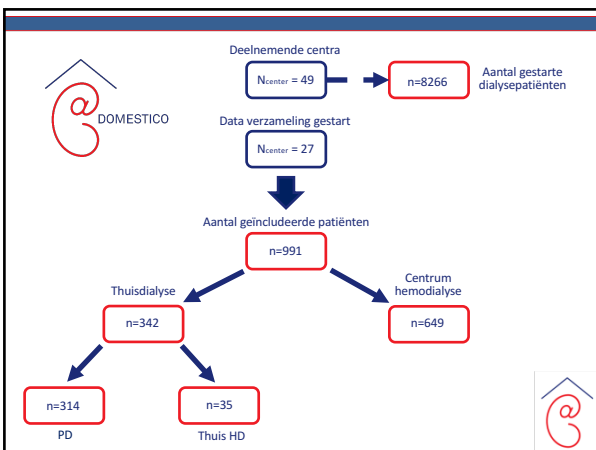


- ### Voordelen PD
- Thuisbehandeling
 - eenvoudig, veel ervaring
 - ↑ autonomie voor patiënt
 - geen reistijd
 - ↓ ziekenhuisbezoeken
 - Stabiele vorm van dialyse
 - langer behoud van restnierfunctie
 - Niet-bloedige behandeling
 - Behoud van aders
 - Relatief goedkoop
- Nefrodata

- ### Gevolgen van PD techniekfalen
- PD niet mogelijk
 - Gedwongen overstap naar HD; vaak permanent
 - ↓ autonomie
 - ↑ ziekenhuisbezoeken/reistijd
 - minder stabiele dialyses
 - Dialyselijn nodig → ↑ infectie- en thromboserisico
- Nefrodata

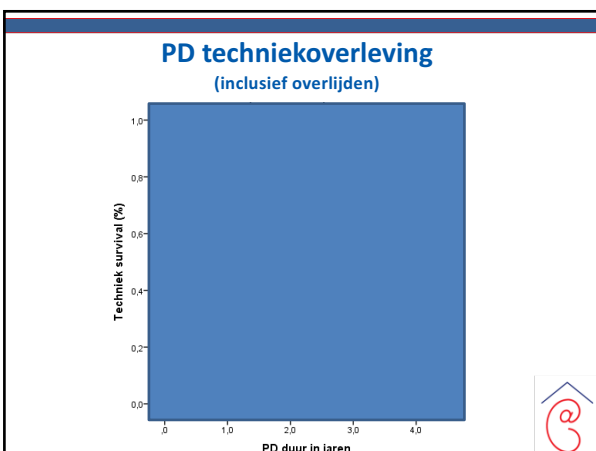


- ### PD techniekfalen
- Infectie-gerelateerd
 - Catheter-gerelateerd
 - Membraan-gerelateerd
 - Mechanische problemen
 - Psychosociaal/medisch
 - Encapsulerende peritoneale sclerose



Patiëntkenmerken

Characteristics	All patients n=991	PD n=314	HHO n=35	CHD n=649
Age (yrs)				
Male (%)				
Ethnic background				
- Caucasian (%)				
- Moroccan/Turkish (%)				
- Asian (%)				
- Afro-American (%)				
Current smoker (%)				
DM (%)				
CVR (%)				
Dravics (%)				
- Score 0 (low risk)				
- Score 1-2 (medium risk)				
- Score >2 (high risk)				
Causis ESRD (%)				
- Glomerulonephritis				
- Polycystic kidneys				
- Renovascular				
- Diabetes mellitus				
- Other				
- Unknown				
RRF history (yrs)				
RRF history (yrs)				



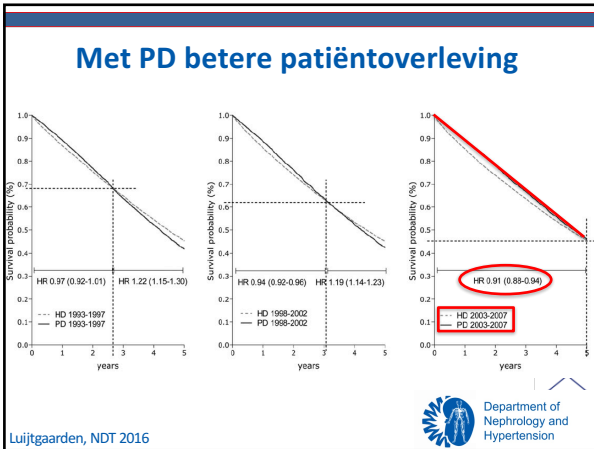
Nephrol Dial Transplant (2016) 31: 120–128

ndt
Nephrology Dialysis Transplantation

Original Articles

Trends in dialysis modality choice and related patient survival in the ERA-EDTA Registry over a 20-year period

Moniek W.M. van de Luijngaarden¹, Kitty J. Jager¹, Mårten Segelmark^{2,3}, Julio Pascual⁴, Frederic Collart⁵, Aline C. Hemke⁶, César Remón⁷, Wendy Metcalfe⁸, Alfonso Migue⁹, Reinhard Kramer¹⁰, Knut Asarod¹¹, Ameen Abu Hanna¹², Raymond T. Krediet¹³, Staffan Schön¹⁴, Pietro Ravani¹⁵, Fergus J. Caskey¹⁶, Cecile Couchoud¹⁷, Runolfur Palsson^{18,19}, Christoph Wanner^{1,20}, Patrik Finne²¹ and Marlies Noordzij¹



CJASN
Clinical Journal of American Society of Nephrology

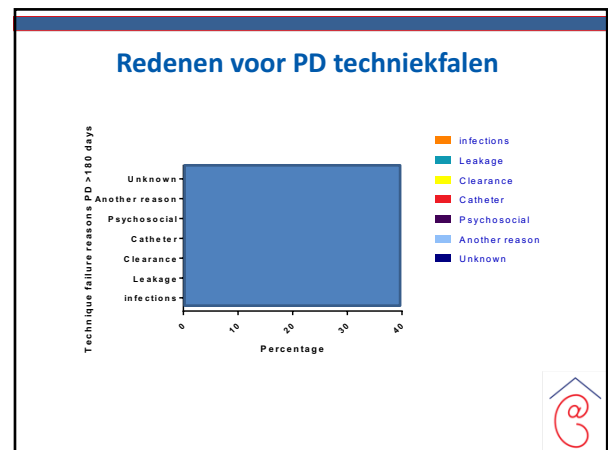
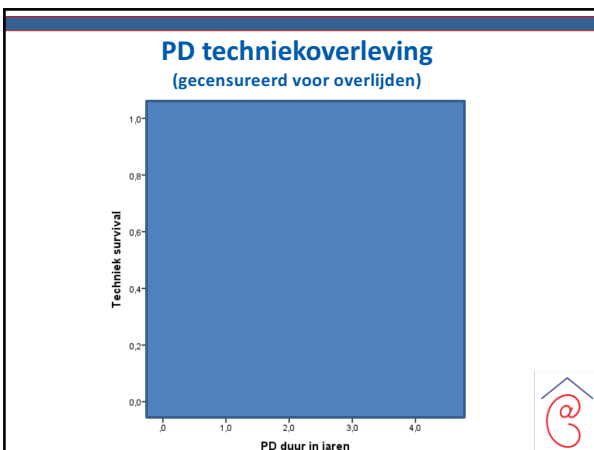
Commentary

Survival by Dialysis Modality—Who Cares?

Martin B. Lee* and Joanne M. Bargman†

Abstract
In light of the recent emphasis on patient-centered outcomes and quality of life for patients with kidney disease, we contend that the nephrology community should no longer fund, perform, or publish studies that compare survival by dialysis modality. These studies have become redundant; they are methodologically limited, unhelpful in practice, and therefore a waste of resources. More than two decades of these publications show similar survival between patients undergoing peritoneal dialysis and those receiving thrice-weekly conventional hemodialysis, with differences only for specific subgroups. In clinical practice, modality choice should be individualized with the aim of maximizing quality of life, patient-reported outcomes, and achieving patient-centered goals. Expected survival is often irrelevant to modality choice. Even for the younger and fitter home hemodialysis population, quality of life, not just duration of survival, is a major priority. On the other hand, increasing evidence suggests that patients with ESRD continue to experience poor quality of life because of high symptom burden, unsolved clinical problems, and unmet needs. Patients care more about how they will live instead of how long. It is our responsibility to align our research with their needs. Only by doing so can we meet the challenges of ESRD patient care in the coming decades.

Clin J Am Soc Nephrol 11: 1083–1087, 2016.



- ### Conclusies
- Peritoneale dialyse (PD) is een belangrijke vorm van nierfunctievervangende therapie met vele voordelen
 - PD techniekfalen heeft grote gevolgen
 - Het optreden van PD techniekfalen lijkt conform de literatuur
 - Infecties zijn belangrijke oorzaak van PD techniekfalen
 - Nadere analyses volgen

Dutch nocturnal and hoME dialysis Study To Improve Clinical Outcomes

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