DOMESTICO

Behandelkeuzes: lessen uit DOMESTICO

A. VAN ECK VAN DER SLUIJS
INTERNIST-NEFROLOOG DEVENTER ZIEKENHUIS
29 SEPTEMBER 2023, DIALYSE SYMPOSIUM NEDERLAND

Deventer ziekenhuis · Amsterdam UMC Universitair Medische Centra · UMC Utrecht

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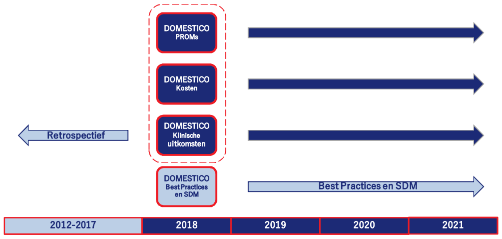
DOMESTICO

Disclosure

(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
• Sponsoring of onderzoeksgeld • Honorarium of andere (financiële) vergoeding • Aandeelhouder • Andere relatie, namelijk …	• Geen • • •

DOMESTICO

Dutch nOcturnal and hoME dialysis Study To Improve Clinical Outcomes



DOMESTICO PROMs

DOMESTICO Kosten

DOMESTICO Klinische uitkomsten

Retrospectief

DOMESTICO Best Practices en SDM

Best Practices en SDM

2012-2017 | 2018 | 2019 | 2020 | 2021

DOMESTICO

DOMESTICO retrospectief

Vragen:
- *Oorzaken van techniekfalen bij thuisdialyse?*
- *Modificeerbare factoren?*
- *Klinische uitkomsten?*

Dossieronderzoek

1200 thuisdialyse v.s. 600 CHD pt

Start dialyse tussen 1-1-2012 t/m 1-1-2017

→ 41 deelnemende centra

DOMESTICO

DOMESTICO prospectief

Vraag:
- *Leidt behandeling met thuisdialyse tot een betere kwaliteit van leven, gelijke klinische uitkomsten en lagere kosten in vergelijking tot CHD?*

Multicenter cohort

800 thuisdialyse pt (600 PD, 200 THD) en 800 CHD pt

12-48 mnd follow-up

Einddatum december 2023

→ 58 deelnemende centra (NL & België)

DOMESTICO

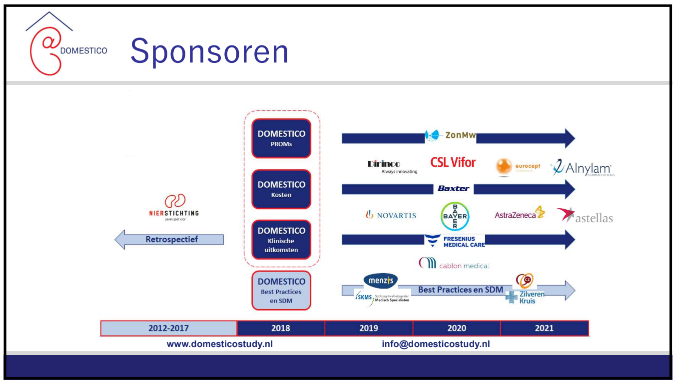
DOMESTICO BP&SDM

Verbeterproject nierfalentraject

12 centra

Doelen:
- In kaart brengen huidige nierfalentraject en mate van Shared Decision Making (SDM)
- Verbeteren nierfalentraject door toepassen van Best Practices en SDM

Samenwerking NVN



DOMESTICO

Sponsoren

DOMESTICO PROMs

DOMESTICO Kosten

DOMESTICO Klinische uitkomsten

DOMESTICO Best Practices en SDM

NIERSTICHTING

Retrospectief

ZonMw

Dirinco Always innovating

CSL Vifor

eurocept

Alnylam

Baxter

NOVARTIS

BAYER

AstraZeneca

astellas

FRESENIUS MEDICAL CARE

cablon medical

menzis

SKMS Stichting Kwaliteitsgelden Medisch Specialisten

Best Practices en SDM

Zilveren Kruis

2012-2017	2018	2019	2020	2021

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DOMESTICO

Lessen uit DOMESTICO

Techniekfalen

Hospitalisatie

Comorbiditeit

Behandelkeuzes

HRQoL

COVID-19

Polyfarmacie

SDM

Mantelzorgers

DOMESTICO

PD techniekfalen

Original Article

PERITONEAL DIALYSIS INTERNATIONAL

Peritoneal Dialysis International
1–11
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DOI: 10.1177/08968608221077461
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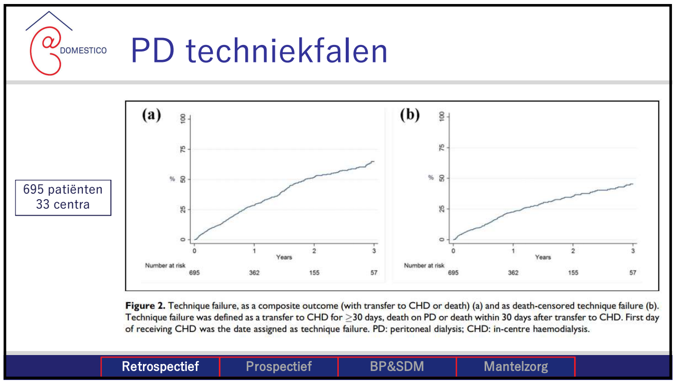
SAGE

Technique failure in peritoneal dialysis: Modifiable causes and patient-specific risk factors

Anna A Bonenkamp[1], Anita van Eck van der Sluijs[2], Friedo W Dekker[3], Dirk G Struijk[4], Carola WH de Fijter[5], Yolande M Vermeeren[6], Frans J van Ittersum[1], Marianne C Verhaar[2], Brigit C van Jaarsveld[1,7], and Alferso C Abrahams[2] on behalf of the DOMESTICO study group.

Retrospectief | Prospectief | BP&SDM | Mantelzorg



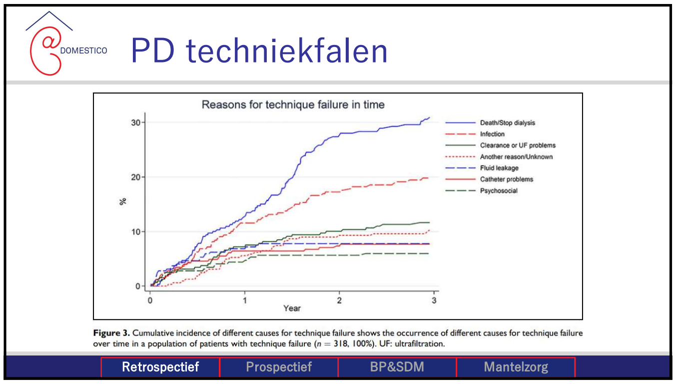
DOMESTICO

PD techniekfalen

695 patiënten
33 centra

Figure 2. Technique failure, as a composite outcome (with transfer to CHD or death) (a) and as death-censored technique failure (b). Technique failure was defined as a transfer to CHD for ≥30 days, death on PD or death within 30 days after transfer to CHD. First day of receiving CHD was the date assigned as technique failure. PD: peritoneal dialysis; CHD: in-centre haemodialysis.

Retrospectief | Prospectief | BP&SDM | Mantelzorg



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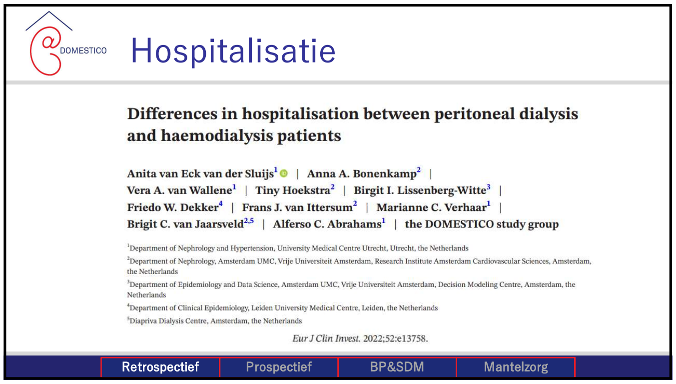
PD techniekfalen

Figure 3. Cumulative incidence of different causes for technique failure shows the occurrence of different causes for technique failure over time in a population of patients with technique failure ($n = 318$, 100%). UF: ultrafiltration.

Retrospectief | Prospectief | BP&SDM | Mantelzorg



DOMESTICO

Hospitalisatie

Differences in hospitalisation between peritoneal dialysis and haemodialysis patients

Anita van Eck van der Sluijs[1] | Anna A. Bonenkamp[2] | Vera A. van Wallene[1] | Tiny Hoekstra[2] | Birgit I. Lissenberg-Witte[3] | Friedo W. Dekker[4] | Frans J. van Ittersum[2] | Marianne C. Verhaar[1] | Brigit C. van Jaarsveld[2,5] | Alferso C. Abrahams[1] | the DOMESTICO study group

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[2] Department of Nephrology, Amsterdam UMC, Vrije Universiteit Amsterdam, Research Institute Amsterdam Cardiovascular Sciences, Amsterdam, the Netherlands
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Eur J Clin Invest. 2022;52:e13758.

Retrospectief | Prospectief | BP&SDM | Mantelzorg

DOMESTICO

Hospitalisatie

695 patiënten, 31 centra

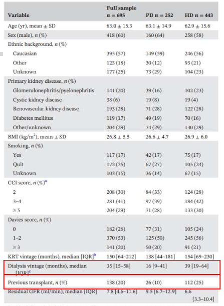

TABLE 1 Baseline characteristics according to dialysis modality at 3 months

Variable	Full sample n = 695	PD n = 252	HD n = 443
Age (yr), mean ± SD	63.0 ± 15.3	63.1 ± 14.9	62.9 ± 15.6
Sex (male), n (%)	418 (60)	160 (64)	258 (58)
Ethnic background, n (%)			
Caucasian	395 (57)	149 (59)	246 (56)
Other	123 (18)	30 (12)	93 (21)
Unknown	177 (25)	73 (29)	104 (23)
Primary kidney disease, n (%)			
Glomerulonephritis/pyelonephritis	141 (20)	39 (16)	102 (23)
Cystic kidney disease	38 (6)	19 (8)	19 (4)
Renovascular kidney disease	193 (28)	71 (28)	122 (28)
Diabetes mellitus	119 (17)	49 (19)	70 (16)
Other/unknown	204 (29)	74 (29)	130 (29)
BMI (kg/m²), mean ± SD	26.8 ± 5.5	26.6 ± 4.7	26.9 ± 6.0
Smoking, n (%)			
Yes	117 (17)	42 (17)	75 (17)
Quit	172 (25)	67 (27)	105 (24)
Unknown	103 (15)	36 (14)	67 (15)
CCI score, n (%)[a]			
2	208 (30)	84 (33)	124 (28)
3–4	281 (41)	97 (39)	184 (42)
≥ 5	204 (29)	71 (28)	133 (30)
Davies score, n (%)			
0	182 (26)	77 (31)	105 (24)
1–2	370 (53)	125 (50)	245 (56)
≥ 3	141 (20)	50 (20)	91 (21)
KRT vintage (months), median [IQR][b]	150 [64–212]	138 [44–181]	154 [69–230]
Dialysis vintage (months), median [IQR][c]	35 [15–58]	16 [9–41]	39 [19–64]
Previous transplant, n (%)	138 (20)	26 (10)	112 (25)
Residual GFR (ml/min), median [IQR]	7.8 [4.6–11.6]	9.5 [6.7–12.9]	6.6 [3.3–10.4]
Residual diuresis (ml/day), mean ± SD	1459 ± 841	1708 ± 743	1317 ± 862
Acute start of dialysis, n (%)	98 (14)	11 (4)	87 (20)

DOMESTICO

Hospitalisatie

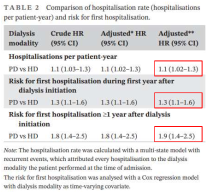

TABLE 2 Comparison of hospitalisation rate (hospitalisations per patient-year) and risk for first hospitalisation.

Dialysis modality	Crude HR (95% CI)	Adjusted* HR (95% CI)	Adjusted** HR (95% CI)
Hospitalisations per patient-year			
PD vs HD	1.1 (1.03–1.3)	1.1 (1.02–1.3)	1.1 (1.02–1.3)
Risk for first hospitalisation during first year after dialysis initiation			
PD vs HD	1.3 (1.1–1.6)	1.3 (1.1–1.6)	1.3 (1.1–1.6)
Risk for first hospitalisation ≥1 year after dialysis initiation			
PD vs HD	1.8 (1.4–2.5)	1.8 (1.4–2.5)	1.9 (1.4–2.5)

Note: The hospitalisation rate was calculated with a multi-state model with recurrent events, which attributed every hospitalisation to the dialysis modality the patient performed at the time of admission.

The risk for first hospitalisation was analysed with a Cox regression model with dialysis modality as time-varying covariate.

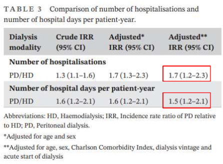

TABLE 3 Comparison of number of hospitalisations and number of hospital days per patient-year.

Dialysis modality	Crude IRR (95% CI)	Adjusted* IRR (95% CI)	Adjusted** IRR (95% CI)
Number of hospitalisations			
PD/HD	1.3 (1.1–1.6)	1.7 (1.3–2.3)	1.7 (1.2–2.3)
Number of hospital days per patient-year			
PD/HD	1.6 (1.2–2.1)	1.6 (1.2–2.1)	1.5 (1.2–2.1)

Abbreviations: HD, Haemodialysis; IRR, Incidence rate ratio of PD relative to HD; PD, Peritoneal dialysis.

*Adjusted for age and sex

**Adjusted for age, sex, Charlson Comorbidity Index, dialysis vintage and acute start of dialysis

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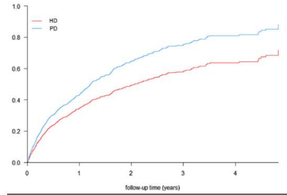
DOMESTICO

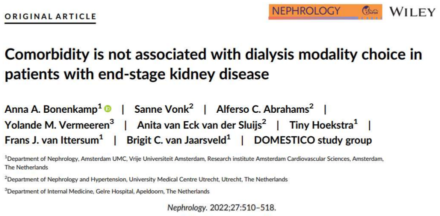
Hospitalisatie



PD= peritoneal dialysis; HD= haemodialysis.
Estimated cumulative incidence curves for first hospitalisation for PD and HD patients derived from a multi-state Cox regression model. Model is adjusted for age, sex, Charlson Comorbidity Index, dialysis vintage, and acute start of dialysis.

DOMESTICO

Comorbiditeit



ORIGINAL ARTICLE

NEPHROLOGY WILEY

Comorbidity is not associated with dialysis modality choice in patients with end-stage kidney disease

Anna A. Bonenkamp[1] | Sanne Vonk[2] | Alferso C. Abrahams[2] |
Yolande M. Vermeeren[3] | Anita van Eck van der Sluijs[2] | Tiny Hoekstra[1] |
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[3]Department of Internal Medicine, Gelre Hospital, Apeldoorn, The Netherlands

Nephrology. 2022;27:510–518.

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Comorbiditeit

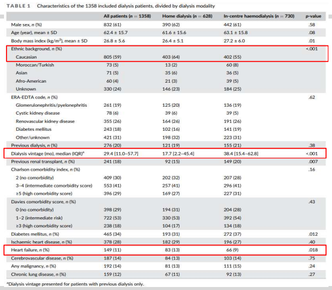


TABLE 1 Characteristics of the 1358 included dialysis patients, divided by dialysis modality

	All patients (n = 1358)	Home dialysis (n = 628)	In-centre haemodialysis (n = 730)	p-value
Male sex, n (%)	832 (61)	390 (62)	442 (61)	.58
Age (year), mean ± SD	62.4 ± 15.7	61.6 ± 15.6	63.1 ± 15.8	.08
Body mass index (kg/m²), mean ± SD	26.8 ± 5.6	26.4 ± 5.1	27.2 ± 6.0	.01
Ethnic background, n (%)				<.001
Caucasian	805 (59)	403 (64)	402 (55)	
Moroccan/Turkish	73 (5)	13 (2)	60 (8)	
Asian	71 (5)	35 (6)	36 (5)	
Afro-American	60 (4)	21 (3)	39 (5)	
Unknown	330 (24)	146 (23)	184 (25)	
ERA-EDTA code, n (%)				.62
Glomerulonephritis/pyelonephritis	261 (19)	125 (20)	136 (19)	
Cystic kidney disease	78 (6)	39 (6)	39 (5)	
Renovascular kidney disease	355 (26)	164 (26)	191 (26)	
Diabetes mellitus	243 (18)	102 (16)	141 (19)	
Other/unknown	421 (31)	198 (32)	223 (31)	
Previous dialysis, n (%)	276 (20)	121 (19)	155 (21)	.38
Dialysis vintage (mo), median (IQR)[a]	29.4 [11.0–57.7]	17.7 [2.2–45.4]	38.4 [15.4–62.8]	<.001
Previous renal transplant, n (%)	241 (18)	92 (15)	149 (20)	.007
Charlson comorbidity index, n (%)				.16
2 (no comorbidity)	409 (30)	202 (32)	207 (28)	
3–4 (intermediate comorbidity score)	553 (41)	257 (41)	296 (41)	
≥5 (high comorbidity score)	396 (29)	169 (27)	227 (31)	
Davies comorbidity score, n (%)				.43
0 (no comorbidity)	398 (29)	194 (31)	204 (28)	
1–2 (intermediate risk)	722 (53)	330 (53)	392 (54)	
≥3 (high comorbidity score)	238 (18)	104 (17)	134 (18)	
Diabetes mellitus, n (%)	465 (34)	193 (31)	272 (37)	.012
Ischaemic heart disease, n (%)	378 (28)	182 (29)	196 (27)	.40
Heart failure, n (%)	149 (11)	83 (13)	66 (9)	.018
Cerebrovascular disease, n (%)	187 (14)	84 (13)	103 (14)	.75
Any malignancy, n (%)	192 (14)	81 (13)	111 (15)	.24
Chronic lung disease, n (%)	159 (12)	67 (11)	92 (13)	.27

[a]Dialysis vintage presented for patients with previous dialysis only.

DOMESTICO

Comorbiditeit

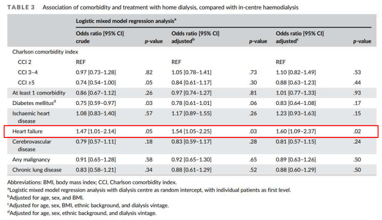
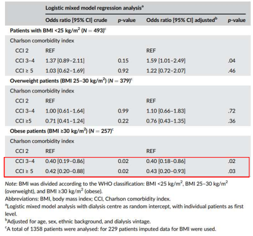


TABLE 3 Association of comorbidity and treatment with home dialysis, compared with in-centre haemodialysis

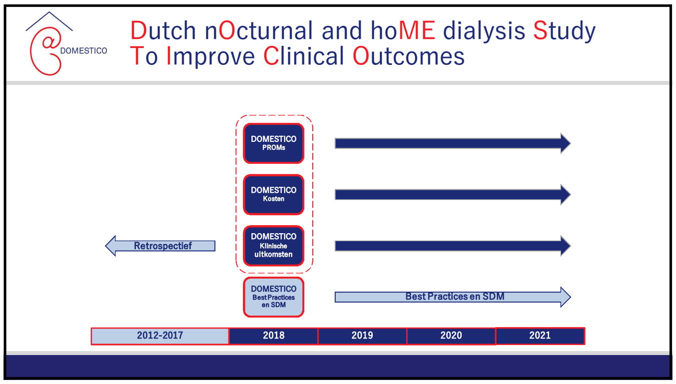
	Logistic mixed model regression analysis[a]					
	Odds ratio [95% CI] crude	p-value	Odds ratio [95% CI] adjusted[b]	p-value	Odds ratio [95% CI] adjusted[c]	p-value
Charlson comorbidity index						
CCI 2	REF		REF		REF	
CCI 3–4	0.97 [0.73–1.28]	.82	1.05 [0.78–1.41]	.73	1.10 [0.82–1.49]	.53
CCI ≥5	0.74 [0.54–1.00]	.05	0.84 [0.61–1.17]	.30	0.88 [0.63–1.23]	.44
At least 1 comorbidity	0.86 [0.67–1.12]	.26	0.97 [0.74–1.27]	.81	1.01 [0.77–1.33]	.93
Diabetes mellitus[d]	0.75 [0.59–0.97]	.03	0.78 [0.61–1.01]	.06	0.83 [0.64–1.08]	.17
Ischaemic heart disease	1.08 [0.83–1.40]	.57	1.17 [0.89–1.55]	.26	1.23 [0.93–1.63]	.15
Heart failure	1.47 [1.01–2.14]	.05	1.54 [1.05–2.25]	.03	1.60 [1.09–2.37]	.02
Cerebrovascular disease	0.79 [0.57–1.11]	.18	0.83 [0.59–1.17]	.28	0.81 [0.57–1.15]	.24
Any malignancy	0.91 [0.65–1.28]	.58	0.92 [0.65–1.30]	.65	0.89 [0.63–1.26]	.50
Chronic lung disease	0.83 [0.58–1.21]	.34	0.88 [0.61–1.29]	.52	0.88 [0.60–1.29]	.50

Abbreviations: BMI, body mass index; CCI, Charlson comorbidity index.
[a]Logistic mixed model regression analysis with dialysis centre as random intercept, with individual patients as first level.
[b]Adjusted for age, sex, and BMI.
[c]Adjusted for age, sex, BMI, ethnic background, and dialysis vintage.
[d]Adjusted for age, sex, ethnic background, and dialysis vintage.

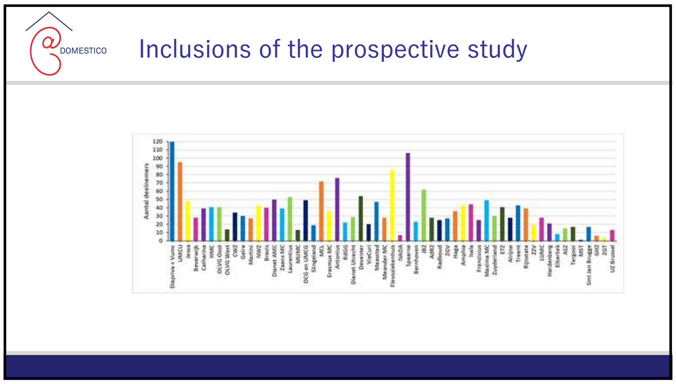


	Logistic mixed model regression analysis[a]			
	Odds ratio [95% CI] crude	p-value	Odds ratio [95% CI] adjusted[b]	p-value
Patients with BMI <25 kg/m² (N = 493)[c]				
Charlson comorbidity index				
CCI 2	REF		REF	
CCI 3–4	1.37 [0.89–2.11]	0.15	1.59 [1.01–2.49]	.04
CCI ≥ 5	1.03 [0.62–1.69]	0.92	1.22 [0.72–2.07]	.46
Overweight patients (BMI 25–30 kg/m²) (N = 379)[c]				
Charlson comorbidity index				
CCI 2	REF		REF	
CCI 3–4	1.00 [0.61–1.64]	0.99	1.10 [0.66–1.83]	.72
CCI ≥5	0.71 [0.41–1.24]	0.22	0.76 [0.43–1.35]	.36
Obese patients (BMI ≥30 kg/m²) (N = 257)[c]				
Charlson comorbidity index				
CCI 2	REF		REF	
CCI 3–4	0.40 [0.19–0.86]	0.02	0.40 [0.18–0.86]	.02
CCI ≥ 5	0.42 [0.20–0.88]	0.02	0.43 [0.20–0.93]	.03

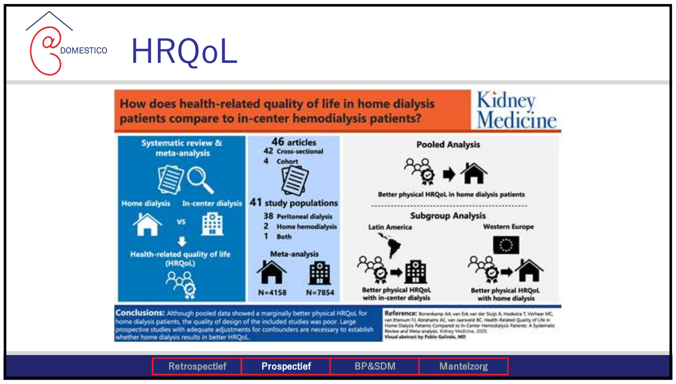
Note: BMI was divided according to the WHO classification: BMI <25 kg/m², BMI 25–30 kg/m² (overweight), and BMI ≥30 kg/m² (obese).
Abbreviations: BMI, body mass index; CCI, Charlson comorbidity index.
[a]Logistic mixed model analysis with dialysis centre as random intercept, with individual patients as first level.
[b]Adjusted for age, sex, ethnic background, and dialysis vintage.
[c]A total of 1358 patients were analysed: for 229 patients imputed data for BMI were used.



Dutch nOcturnal and hoME dialysis Study To Improve Clinical Outcomes



Inclusions of the prospective study



HRQoL

How does health-related quality of life in home dialysis patients compare to in-center hemodialysis patients?

Kidney Medicine

Systematic review & meta-analysis

Home dialysis vs In-center dialysis

Health-related quality of life (HRQoL)

46 articles
42 Cross-sectional
4 Cohort

41 study populations
38 Peritoneal dialysis
2 Home hemodialysis
1 Both

Meta-analysis
N=4158
N=7854

Pooled Analysis

Better physical HRQoL in home dialysis patients

Subgroup Analysis

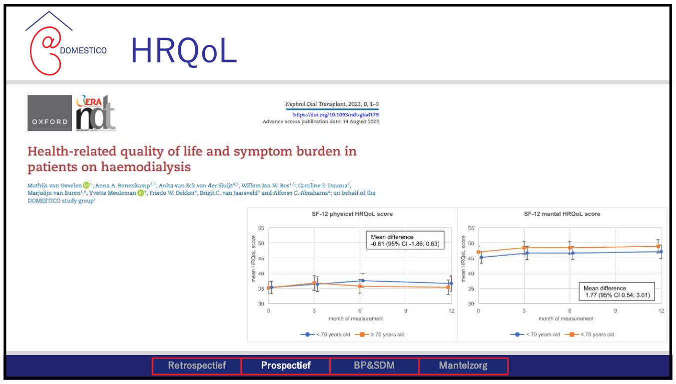
Latin America: Better physical HRQoL with in-center dialysis

Western Europe: Better physical HRQoL with home dialysis

Conclusions: Although pooled data showed a marginally better physical HRQoL for home dialysis patients, the quality of design of the included studies was poor. Large prospective studies with adequate adjustments for confounders are necessary to establish whether home dialysis results in better HRQoL.

Reference: Bonenkamp AA, van Eck van der Sluijs A, Hoekstra T, Verhaar MC, van Ittersum FJ, Abrahams AC, van Jaarsveld BC. Health-Related Quality of Life in Home Dialysis Patients Compared to In-Center Hemodialysis Patients: A Systematic Review and Meta-analysis. Kidney Medicine, 2020.
Visual abstract by Pablo Galindo, MD

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



HRQoL

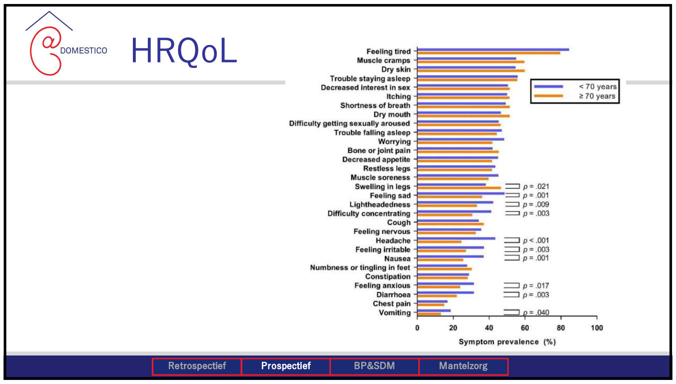
OXFORD ERA ndt

Nephrol Dial Transplant, 2023, **0**, 1–9
https://doi.org/10.1093/ndt/gfad179
Advance access publication date: 14 August 2023

Health-related quality of life and symptom burden in patients on haemodialysis

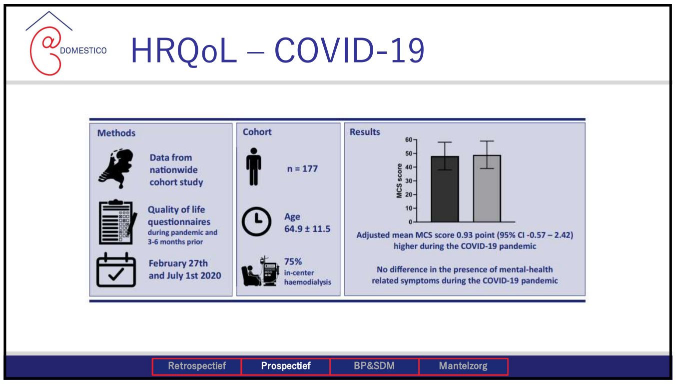
Mathijs van Oevelen[1], Anna A. Bonenkamp[2,3], Anita van Eck van der Sluijs[4,5], Willem Jan W. Bos[1,6], Caroline E. Douma[7], Marjolijn van Buren[1,8], Yvette Meuleman[9], Friedo W. Dekker[9], Brigit C. van Jaarsveld[3] and Alferso C. Abrahams[4]; on behalf of the DOMESTICO study group[1]

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



HRQoL

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



HRQoL – COVID-19

Methods

Data from nationwide cohort study

Quality of life questionnaires during pandemic and 3-6 months prior

February 27th and July 1st 2020

Cohort

n = 177

Age 64.9 ± 11.5

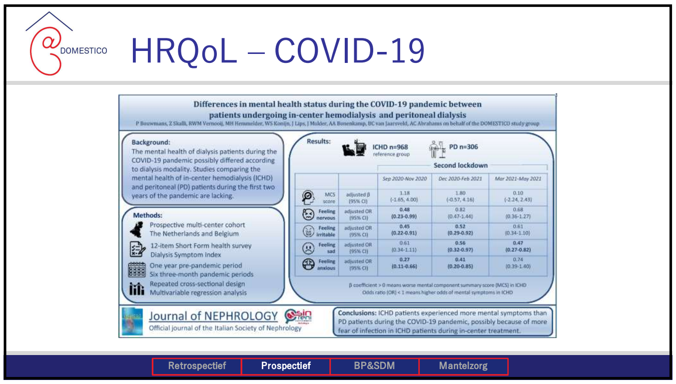
75% in-center haemodialysis

Results

Adjusted mean MCS score 0.93 point (95% CI -0.57 – 2.42) higher during the COVID-19 pandemic

No difference in the presence of mental-health related symptoms during the COVID-19 pandemic

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



DOMESTICO

HRQoL – COVID-19

Differences in mental health status during the COVID-19 pandemic between patients undergoing in-center hemodialysis and peritoneal dialysis

P Bouwmans, Z Skalli, RWM Vernooij, MH Hemmelder, WS Konijn, J Lips, J Mulder, AA Bonenkamp, BC van Jaarsveld, AC Abrahams on behalf of the DOMESTICO study group

Background:
The mental health of dialysis patients during the COVID-19 pandemic possibly differed according to dialysis modality. Studies comparing the mental health of in-center hemodialysis (ICHD) and peritoneal (PD) patients during the first two years of the pandemic are lacking.

Methods:
- Prospective multi-center cohort
  The Netherlands and Belgium
- 12-item Short Form health survey
  Dialysis Symptom Index
- One year pre-pandemic period
  Six three-month pandemic periods
- Repeated cross-sectional design
  Multivariable regression analysis

Results:
ICHD n=968 reference group
PD n=306

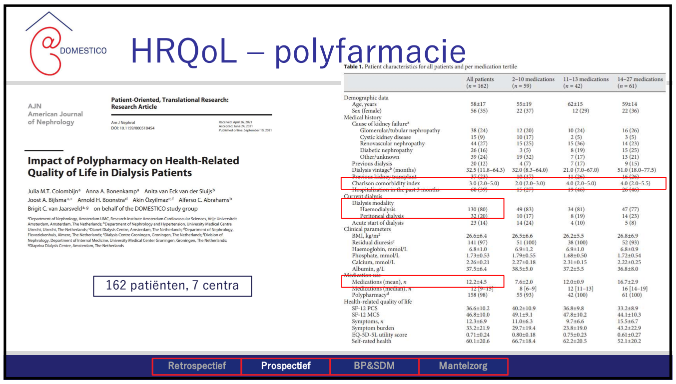
		Sep 2020-Nov 2020	Second lockdown Dec 2020-Feb 2021	Mar 2021-May 2021
MCS score	adjusted β (95% CI)	1.18 (-1.65, 4.00)	1.80 (-0.57, 4.16)	0.10 (-2.24, 2.43)
Feeling nervous	adjusted OR (95% CI)	**0.48 (0.23-0.99)**	0.82 (0.47-1.44)	0.68 (0.36-1.27)
Feeling irritable	adjusted OR (95% CI)	**0.45 (0.22-0.91)**	**0.52 (0.29-0.92)**	0.61 (0.34-1.10)
Feeling sad	adjusted OR (95% CI)	0.61 (0.34-1.11)	**0.56 (0.32-0.97)**	**0.47 (0.27-0.82)**
Feeling anxious	adjusted OR (95% CI)	**0.27 (0.11-0.66)**	**0.41 (0.20-0.85)**	0.74 (0.39-1.40)

β coefficient > 0 means worse mental component summary score (MCS) in ICHD
Odds ratio (OR) < 1 means higher odds of mental symptoms in ICHD

Journal of NEPHROLOGY
Official journal of the Italian Society of Nephrology

Conclusions: ICHD patients experienced more mental symptoms than PD patients during the COVID-19 pandemic, possibly because of more fear of infection in ICHD patients during in-center treatment.

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



DOMESTICO

HRQoL – polyfarmacie

AJN American Journal of Nephrology

Patient-Oriented, Translational Research: Research Article

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Impact of Polypharmacy on Health-Related Quality of Life in Dialysis Patients

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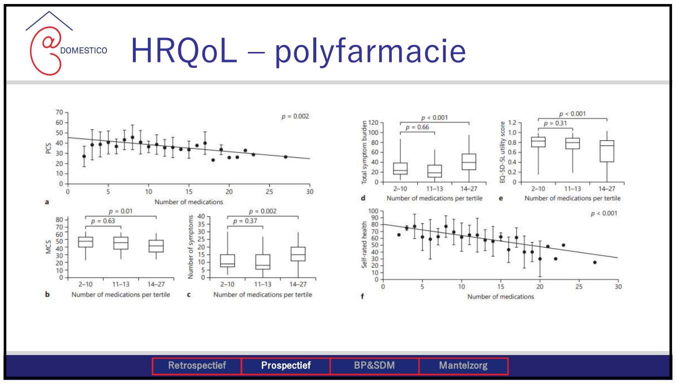
162 patiënten, 7 centra

Table 1. Patient characteristics for all patients and per medication tertile

	All patients (n = 162)	2–10 medications (n = 59)	11–13 medications (n = 42)	14–27 medications (n = 61)
Demographic data				
Age, years	58±17	55±19	62±15	59±14
Sex (female)	56 (35)	22 (37)	12 (29)	22 (36)
Medical history				
Cause of kidney failure[a]				
Glomerular/tubular nephropathy	38 (24)	12 (20)	10 (24)	16 (26)
Cystic kidney disease	15 (9)	10 (17)	2 (5)	3 (5)
Renovascular nephropathy	44 (27)	15 (25)	15 (36)	14 (23)
Diabetic nephropathy	26 (16)	3 (5)	8 (19)	15 (25)
Other/unknown	39 (24)	19 (32)	7 (17)	13 (21)
Previous dialysis	20 (12)	4 (7)	7 (17)	9 (15)
Dialysis vintage[b] (months)	32.5 (11.8–64.3)	32.0 (8.3–64.0)	21.0 (7.0–67.0)	51.0 (18.0–77.5)
Previous kidney transplant	37 (23)	10 (17)	11 (26)	16 (26)
Charlson comorbidity index	3.0 (2.0–5.0)	2.0 (2.0–3.0)	4.0 (2.0–5.0)	4.0 (2.0–5.5)
Hospitalization in the past 3 months	60 (39)	15 (27)	19 (46)	26 (46)
Current dialysis				
Dialysis modality				
Haemodialysis	130 (80)	49 (83)	34 (81)	47 (77)
Peritoneal dialysis	32 (20)	10 (17)	8 (19)	14 (23)
Acute start of dialysis	23 (14)	14 (24)	4 (10)	5 (8)
Clinical parameters				
BMI, kg/m^2	26.6±6.4	26.5±6.6	26.2±5.5	26.8±6.9
Residual diuresis[c]	141 (97)	51 (100)	38 (100)	52 (93)
Haemoglobin, mmol/L	6.8±1.0	6.9±1.2	6.9±1.0	6.8±0.9
Phosphate, mmol/L	1.73±0.53	1.79±0.55	1.68±0.50	1.72±0.54
Calcium, mmol/L	2.26±0.21	2.27±0.18	2.31±0.15	2.22±0.25
Albumin, g/L	37.5±6.4	38.5±5.0	37.2±5.5	36.8±8.0
Medication use				
Medications (mean), n	12.2±4.5	7.6±2.0	12.0±0.9	16.7±2.9
Medications (median), n	12 [9–15]	8 [6–9]	12 [11–13]	16 [14–19]
Polypharmacy[d]	158 (98)	55 (93)	42 (100)	61 (100)
Health-related quality of life				
SF-12 PCS	36.6±10.2	40.2±10.9	36.8±9.8	33.2±8.9
SF-12 MCS	46.8±10.0	49.1±9.1	47.8±10.2	44.1±10.3
Symptoms, n	12.3±6.9	11.0±6.3	9.7±6.6	15.5±6.7
Symptom burden	33.2±21.9	29.7±19.4	23.8±19.0	43.2±22.9
EQ-5D-5L utility score	0.71±0.24	0.80±0.18	0.75±0.23	0.61±0.27
Self-rated health	60.1±20.6	66.7±18.4	62.2±20.5	52.1±20.2

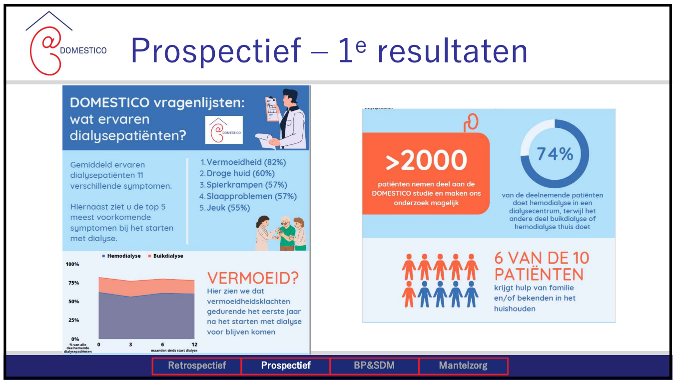
Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



DOMESTICO

HRQoL – polyfarmacie

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg



DOMESTICO

Prospectief – 1e resultaten

DOMESTICO vragenlijsten: wat ervaren dialysepatiënten?

Gemiddeld ervaren dialysepatiënten 11 verschillende symptomen.

Hiernaast ziet u de top 5 meest voorkomende symptomen bij het starten met dialyse.

1. Vermoeidheid (82%)
2. Droge huid (60%)
3. Spierkrampen (57%)
4. Slaapproblemen (57%)
5. Jeuk (55%)

VERMOEID?
Hier zien we dat vermoeidheidsklachten gedurende het eerste jaar na het starten met dialyse voor blijven komen

>2000
patiënten nemen deel aan de DOMESTICO studie en maken ons onderzoek mogelijk

74%
van de deelnemende patiënten doet hemodialyse in een dialysecentrum, terwijl het andere deel buikdialyse of hemodialyse thuis doet

6 VAN DE 10 PATIËNTEN
krijgt hulp van familie en/of bekenden in het huishouden

Retrospectief | **Prospectief** | BP&SDM | Mantelzorg

DOMESTICO

SDM

RESEARCH ARTICLE

Good practices for dialysis education, treatment, and eHealth: A scoping review

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2 Department of Nephrology, Amsterdam Un
Netherlands, 3 Diapriva Dialysis Center, Ams

PLOS ONE | https://doi.org/10.137

Nierfalen traject

Alle 'Good Practices'
1. Patiënt eigen baas over informatietraject
2. Gespecialiseerd verpleegkundige
3. Huisbezoek
4. Dialyse thuis of CHD
5. Multidisciplinair overleg
6. Wegnemen barrières
7. Voorlichting aan huis
8. Voorlichtingsfilms
9. Ervaringsdeskundigen

Inleiding

Dit document geeft een overzicht van Good Practices (met voor-en nadelen) op het gebied van de besluitvorming ten aanzien van de vervolgbehandeling bij nierfalen (aangeduid met nierfalentraject). De Good Practices zijn niet op wetenschappelijk bewijs gebaseerd en er is discrepantie tussen bepaalde Good Practices. Het is aan een ieder om zijn eigen weging toe te passen ten aanzien van de voor-en nadelen van de benoemde Good Practices.

Doelgroep

Artsen, verpleegkundig specialisten, nierfalenverpleegkundigen, dialyse verpleegkundigen en maatschappelijk werkers verbonden aan de afdeling Nefrologie.

Navigatie

Links in het menu vindt u onze Good Practices. Wanneer u deze aanklikt vindt u de voor-, en nadelen met inhoud en een afdrukbare PDF van het praktijkvoorbeeld.

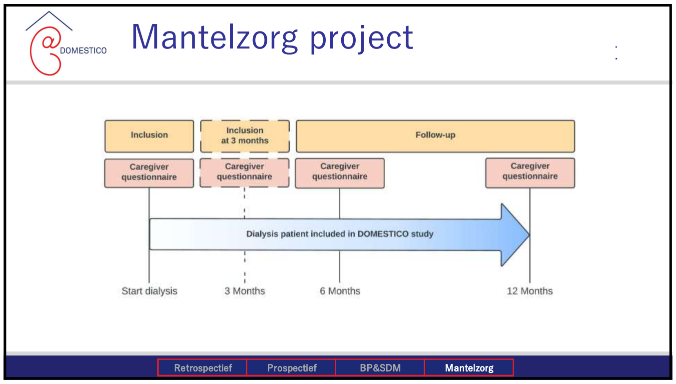
Versie

17 april 2019

EEN PRAKTISCHE HANDREIKING VOOR ZORGVERLENERS • MEI 2021

Samen beslissen
bij nierfunctievervangende behandeling

Retrospectief | Prospectief | **BP&SDM** | Mantelzorg



DOMESTICO

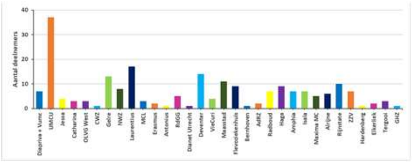
Mantelzorg project

Inclusion
Inclusion at 3 months
Follow-up
Caregiver questionnaire
Caregiver questionnaire
Caregiver questionnaire
Caregiver questionnaire
Dialysis patient included in DOMESTICO study
Start dialysis
3 Months
6 Months
12 Months

Retrospectief | Prospectief | BP&SDM | **Mantelzorg**

DOMESTICO

Inclusions of the informal caregiver project



Retrospectief | Prospectief | BP&SDM | **Mantelzorg**

DOMESTICO

Lessen uit DOMESTICO

23-29% PD 1e jr
Oorzaak: overlijden

Techniekfalen

PD>HD

Hospitalisatie

Comorbiditeit

Comorbiditeit ≠ Modaliteit keuze

Behandelkeuzes

Oudere pt betere
mentale HRQoL

HRQoL

Mentale klachten
HD>PD

COVID-19

Polyfarmacie

Meer medicatie → HRQoL slechter

SDM

Belangrijk!

Mantelzorgers

????

DOMESTICO

Vragen?

DOMESTICO

adrz
Albert Schweitzer ziekenhuis
Alrijne ziekenhuis
Amphia
Amsterdam UMC
St Antonius
bernhoven
Bravis ziekenhuis
catharina een santeon ziekenhuis
CWZ Canisius Wilhelmina Ziekenhuis
Deventer ziekenhuis
dialysecentrum beverwijk
Dialyse Centrum Groningen
DIANET thuis in dialysezorg
DiaPriVa
elkerliek ziekenhuis
elyse
etz
Erasmus MC
Flevoziekenhuis
franciscus
gelre ziekenhuizen
Groene Hart Ziekenhuis
HMC
HagaZiekenhuis
isala
Jeroen Bosch ziekenhuis
laurentius
LUMC Leids Universitair Medisch Centrum
Maasstad Ziekenhuis
Maastricht UMC+
Martini Ziekenhuis
máxima medisch centrum
meander medisch centrum
mcl medisch centrum leeuwarden
MST Medisch Spectrum Twente
Niercentrum aan de Amstel
Noordwest Ziekenhuisgroep
olvg
Radboudumc
Reinier de Graaf
Rijnstate
Saxenburgh Groep
Slingeland Ziekenhuis
Spaarne Gasthuis
UMC Utrecht
umcg
VieCuri medisch centrum
tergooi
Treant
zaans medisch centrum
Ziekenhuis Gelderse Vallei
ZorgSaam
zuyderland
Jessa
az sint-jan brugge - oostende av
zgt

DOMESTICO

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