HIGHLIGHTING THE LAST 10 YEARS OF OUR AUTOMATED PERITONEAL DIALYSIS MODALITY PROGRAM IN BUDAPEST

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INTRODUCTION

We collected data about the most important social factors and the professional decisions which could modify the choice between the two modalities, CAPD (continuous ambulatory peritoneal dialysis) and APD (automated peritoneal dialysis) in the last 10 years.

METHOD

164 patients were involved in our peritoneal dialysis program in Budapest between 2007 and 2017. We studied age, gender, co-morbidities and followed the changes in the peritoneal membrane characteristics under the scope of PET (peritoneal equilibration test). We scanned patients' complaints about the machine which can influence their adherence to the APD.

OBJECTIVE

Our aim was to help the decision making of our patients in predialysis care on their renal replacement therapy. We also wanted to survey the characteristics of our patient population on automated peritoneal dialysis.
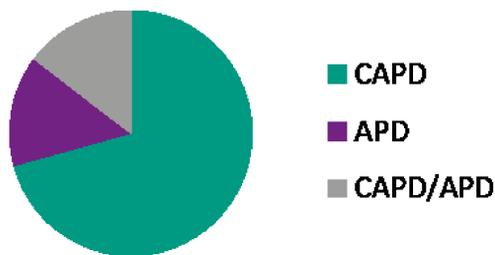

There were 140 CAPD patients and 24 APD patients. Later 24 CAPD patients were converted from CAPD to APD between 2007 and 2017. The average time spent on CAPD was 8 months and on APD 18 months.
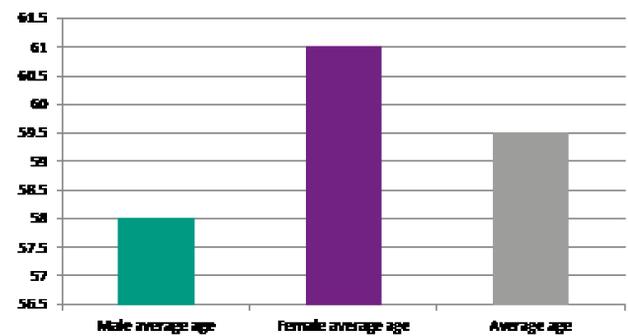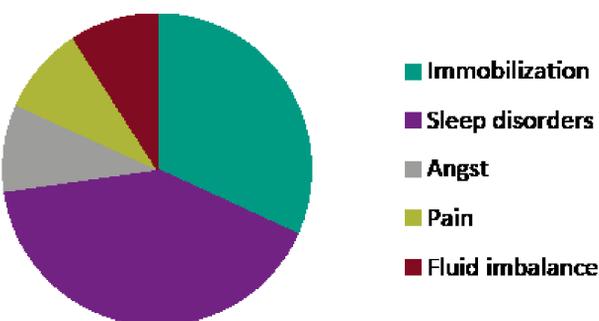

The average age of the 164 patients was 67 years and in general women were older. Ratio of the gender was nearly 50-50%.
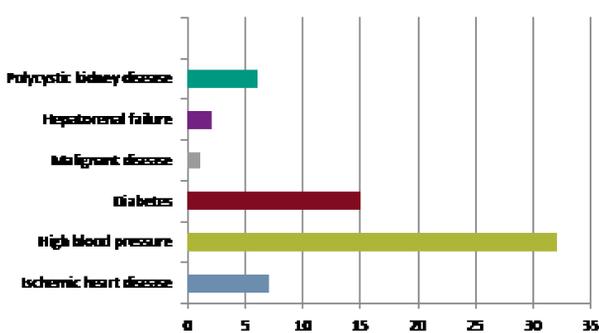
High blood pressure and diabetes had a dominant role in the APD- group, similarly to patients of other renal replacement therapies.
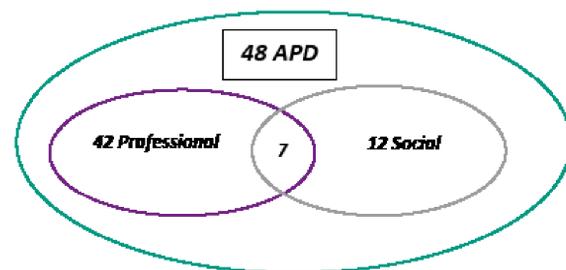
In 42 of the APD cases were some type of professional background that lead us to use APD, for example fast transport status, previous abdominal surgical procedures, abdominal hernias, small intra-abdominal space because of large polycystic kidneys or adhesions, catheter malfunctions (tidal), need for assistance because of physical or mental disabilities (stroke, Parkinson-syndrome, vision impairment, dementia) or urgent start of peritoneal dialysis. 7 from this group had active lifestyle as well, for example young patients with regular physical exercise, studying or travelling and social factors like job or retired but active in family life too. 5 decisions were clearly driven by social factors and patient's choice.

RESULTS

Under the scope of age automated peritoneal dialysis is an adequate renal replacement therapy in the elderly population. Female and male patients choose the modality in the same ratio. The shortest APD period was 2 weeks long, unfortunately we lost the patient because of hepatorenal failure. The longest was 64 months. We did not find connection between PET and peritonitis prevalence. Although there were 23 peritonitis episodes in 12 patients, we did not observe significant changes in their peritoneal transport statuses.

22 patients on APD had complaints, for example immobilization under the treatment, anxiety caused by the machine, pain mostly at the end of the outflow period, sleeping problems or inability to keep the fluid balance.

CONCLUSION

Despite strong social factors, most of the APD use were started on professional suggestion. The PD team and the patients have to take into consideration the impact of the machine on the quality of life. We accept the patient's choice according to their priorities and try to find the best solution with professional background too. An adequate education from the PD nurse with proper information about the patient and for the patient about the APD is the cornerstone of the right decision making in the field of renal replacement therapies. If we are able to understand our patient's lifestyle and they can select the best PD type for themselves, then we will take a big step in PD adherence.