

Automated peritoneal dialysis - The best treatment option for patients over 60 years

Natalya Ziburdaeva¹, Tatyana Glushenkova¹, Cristina Miriunis², Maria Teresa Parisotto²

NephroCare

¹Fresenius Medical Care, Fresenius NephroCare Dialysis Centre, Ulyanovsk - Russia

²Fresenius Medical Care, NephroCare Coordination, Bad Homburg - Germany

Background

Elderly patients may have some specific characteristics: reduced vitality, altered mental status and psychological characteristics, physical disabilities, comorbidities, high risk of complications and hospitalisation. Referral of these patients to automated peritoneal dialysis (APD) can help resolve problems connected with peritoneal dialysis (PD): inadequate dialysis using continuous ambulatory PD (CAPD), abdominal wall diseases, frequent peritonitis, dependence on external help and necessity to perform PD exchanges 3-4 times per day. Advantages of APD include: Improved dialysis efficiency, reduction of number of PD catheter connection/disconnection procedures, possibility to combine APD and CAPD, improved quality of life, reduction of the frequency of peritonitis and hospitalisation and potential avoidance of high pressure in the abdominal cavity.

Objective

To improve the efficiency of the treatment and quality of life for patients older than 60 years and extend PD survival.

Results

From 2009 to 2014, a total of 27 patients were treated with APD, 20.7% of which were over 60 years.

The average duration of treatment was 19.4 months, over 60 years - 17.1 months.

The peritonitis rate with patients over 60 years on APD was 1:62, CAPD - 1:43.3.

Weekly Kt/V increased on average by 9% for 62.5% of APD patients over 60 years.

Conclusion

Referral of PD patients older than 60 years to APD improves treatment efficiency and reduces the frequency of infectious complications. During the training it is important for nurses to consider individual patient's characteristics.

Nurses require patience, empathy, personal attitude, care and attention for patient needs.

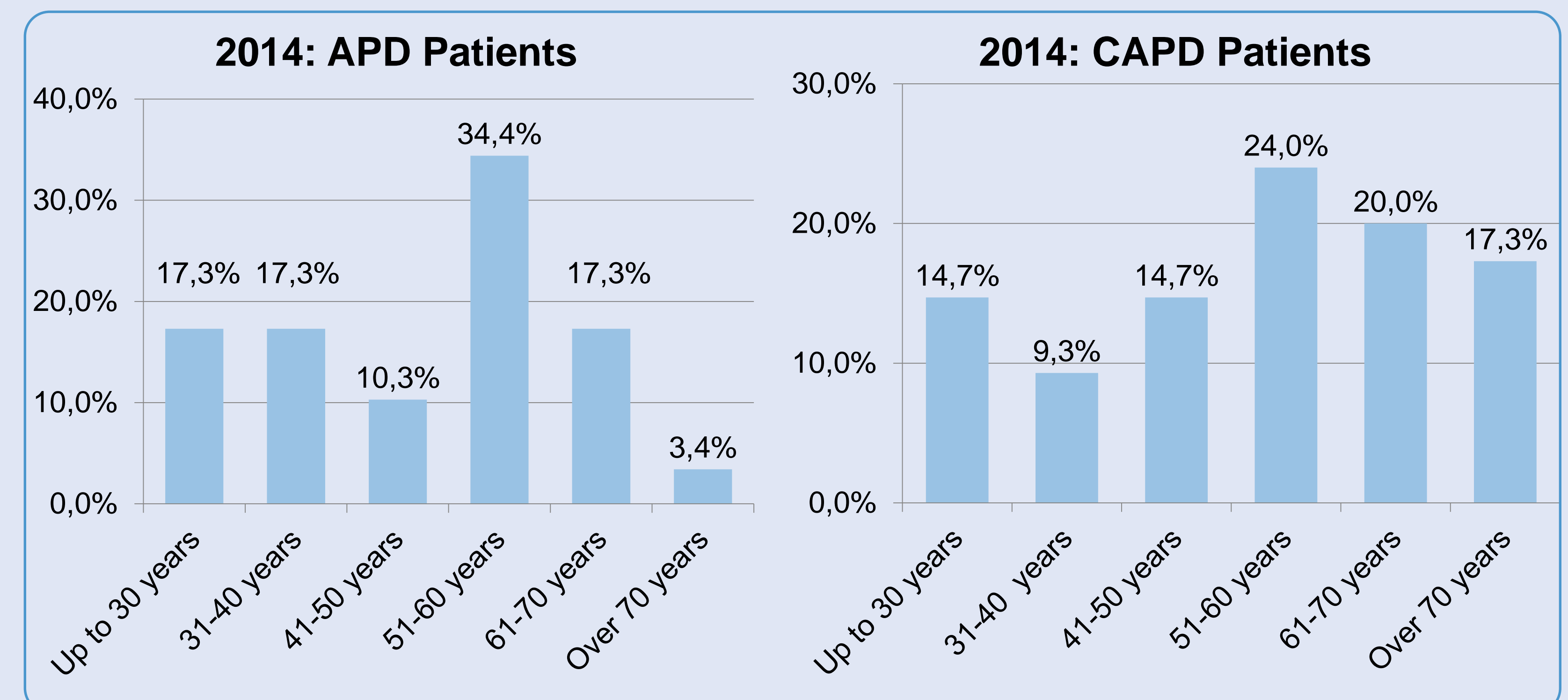


Figure 1. Age APD and CAPD patients

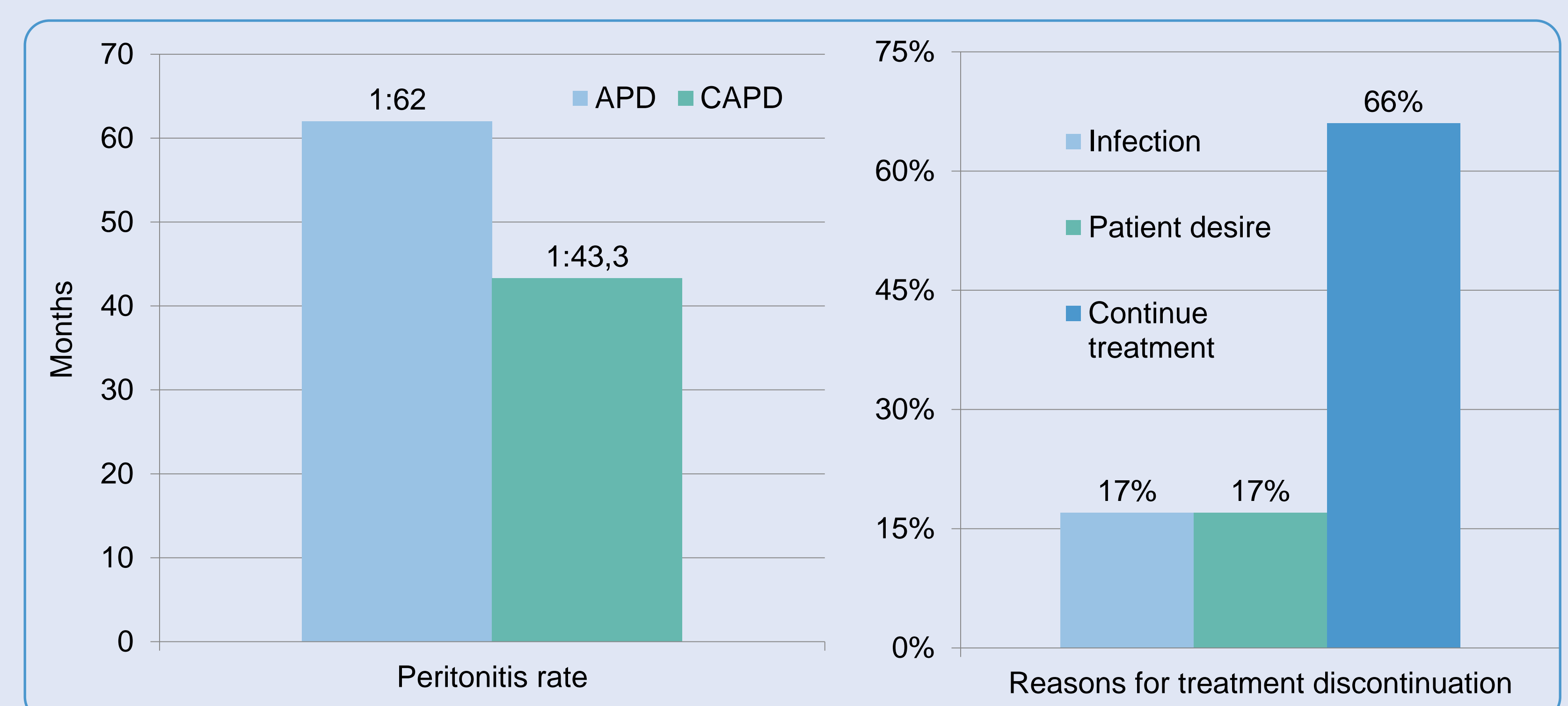


Figure 2. Patients on APD and CAPD older than 60 year

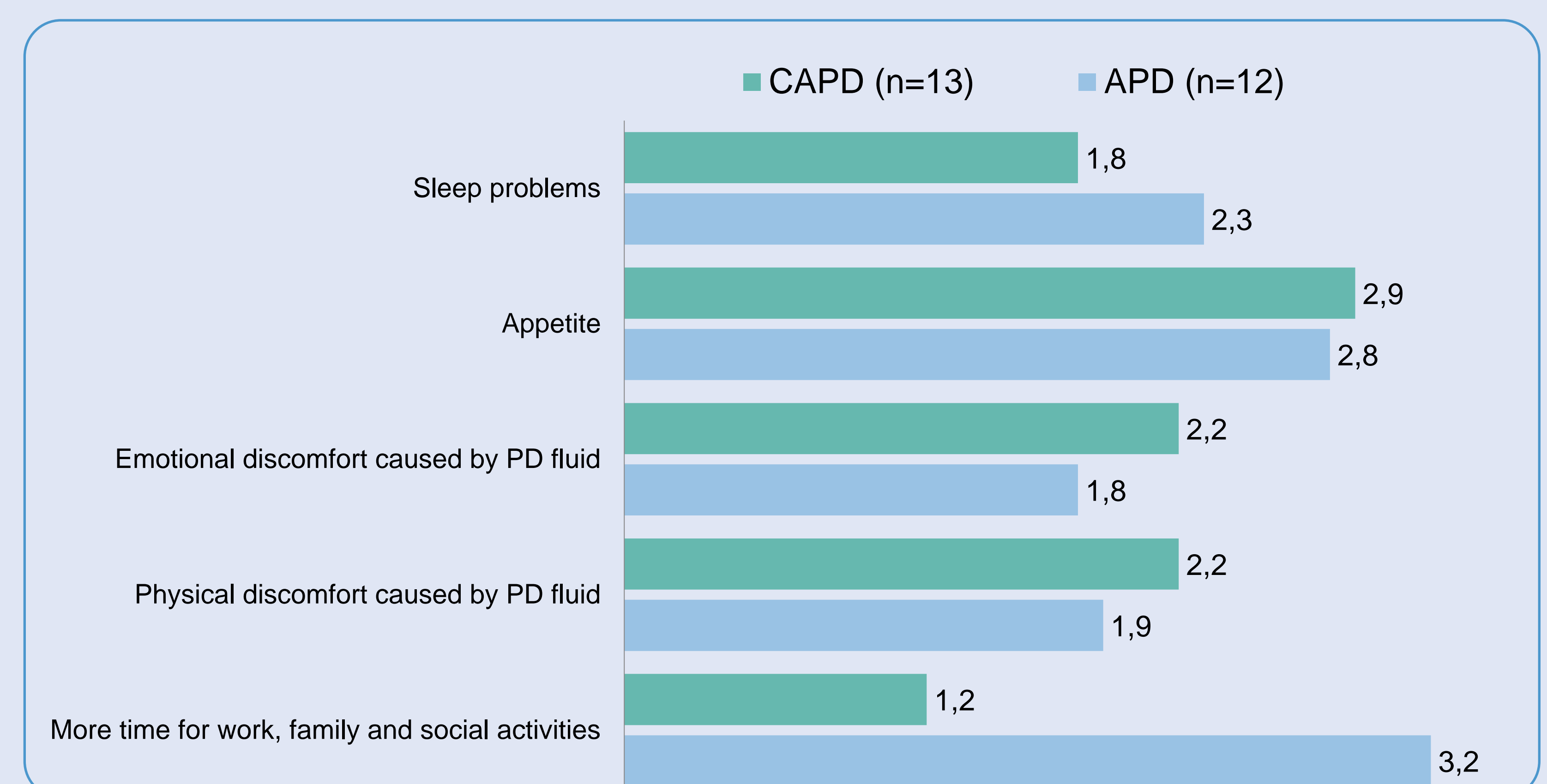


Figure 3. The quality of life on APD and CAPD

References

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