

ABSTRACT

Short Daily Hemodialysis: Outcomes of the First 100 Patients - A Single Center Brazilian Experience

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INTRODUCTION - Results from the NIH-Frequent Hemodialysis Network, reporting data from 125 patients under in-center daily hemodialysis (DHD, 6x/wk) gathered from various dialysis centers, confirmed the clinical superiority and better quality of life afforded by DHD when compared to conventional hemodialysis (CHD, 3x/wk).

OBJECTIVES - In previous reports we evaluated the biochemical impact and the clinical and psychosocial benefits of our DHD Program. Now we present the cumulative survival curve, the hospitalization rate and the rehabilitation profile on the first 100 patients consecutively admitted to this Program.

METHODS - We treated 100 patients with ages ranging from 8-90 years (mean 54.5 ± 7.1 y-o), undergoing DHD 6 or 7 days a week, lasting 118 ± 18.7 (90-180) min, using ultrapure dialysate and single-use highflux dialyzer. Thirty-two patients were converted from CHD to DHD, while 68 started dialysis under DHD (incidents). Thirty-six patients had Diabetes and 42 used a Long Term Jugular Catheter.

RESULTS - The cumulative patient survival rates were 98%, 92%, 84%, 71% and 64% at 12, 24, 36, 48 and 60 months, respectively. At 60 months, survival were 79% and 39% in non-diabetic and diabetic patients (mean age 48.2 ± 19.7 and 66.3 ± 15.3 years), 96% and 55% in those who started dialysis before or after 60 years of age, 66% and 57% in patients with fistula and catheter and 68% and 63% in converted and incidents. Before starting dialysis 67% of working-age patients were employed and after 12 months their work activities have been fully preserved. The average hospital length of stay was 2.97 days/patient-year. Twenty-three patients were submitted to kidney transplantation and 21 remain with a functioning renal graft.

CONCLUSIONS - After five years of follow up we observed high survival rates, low hospitalization time and preserved employment status. For us this DHD Program represents a paradigm shift and became a standard of practice in our Center.



Clinical

The impact of short daily HD on outcomes

MAY 28, 2013 No Comments

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The following abstract was presented at the Annual Dialysis Conference, held March 5-8 in Seattle. It was also published in Hemodialysis International.

In previous reports, this group of nephrologists from Centro Brasiliense de Nefrologia, Brazil, evaluated the biochemical impact and the clinical and psychosocial benefits of its daily HD program. This abstract, entitled "Short daily hemodialysis: Outcomes of the first 100 patients – A single center Brazilian experience," and prepared by Adolfo Simon, Vilber Bello, Kelia Xavier, Lauer Juliane, and Istenio Pascoal, includes more extensive data on survival, hospitalization, and rehabilitation efforts. The group treated 100 patients with ages ranging from 8 to 90 years undergoing daily hemodialysis six or seven days a week, using ultrapure dialysate and single-use high flux dialyzer. Thirty-two patients were converted from conventional hemodialysis to daily hemodialysis, while 68 started dialysis under daily hemodialysis

Results

The cumulative patient survival rates were 98%, 92%, 84%, 71% and 64% at 12, 24, 36, 48 and 60 months, respectively. At 60 months, survival rates were 79% and 39% in non-diabetic and diabetic patients and 55% in those who started dialysis before or after 60 years of age, 66% and 57% in patients with fistula and catheter and 68% and 63% in converted and incident patients. Before starting dialysis, 67% of working-age patients were employed and after 12 months of daily hemodialysis their work activities have been fully preserved. The average hospital length of stay was 2.97 days/patient-year.

Twenty-three patients were submitted to kidney transplantation and 21 remain with a functioning renal graft.

"After five years of follow up we observed high survival rates, low hospitalization time and preserved employment status," the authors wrote. "This daily hemodialysis program represents a paradigm shift and became a standard of practice in our center."

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