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P290 - HOSPITALISATION RATES WITHIN ONE YEAR OF COMMENCEMENT OF RENAL REPLACEMENT THERAPY- SINGLE CENTRE EXPERIENCE

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Introduction:

Renal replacement therapy (RRT) patients are known to have large number of comorbidities and hence, have high hospitalisation rates. The primary aim of the present study was to compare rates of hospitalisation in year one of incident dialysis patients treated with peritoneal dialysis (PD) or with haemodialysis (HD).

Methods:

We have performed retrospective review of all the patients who commenced RRT during April 2014 to March 2015. We collected demographic data, date of commencement of RRT, starting modality, first contact date with renal services, type of access, charlson's comorbidity score and the details regarding hospital admission within the first year of starting RRT including data about switching modality from electronic patient records. Data is then analysed using SPSS.

Results:

65 patients commenced RRT over 1 year from April 2014. Median age of starting RRT was 62 years (IQR:16), 66.2% (n=43) were males and majority were whites (81.5%, n=53). Median Charlson comorbidity score of 5 (IQR:2) and 31% were diabetics. 52% (n=34) commenced on HD and rest on PD (48%, n=31). During the one-year follow up period after starting RRT, there were 119 admissions in 43 (66.2%) patients. Median number of admissions were 2 (IQR: 1; Range: 8) and cumulative days of admissions were 8 (IQR:11). Median days to first admission since starting RRT was 49 (IQR:147). There were 6 deaths (9.2%) within 1st year of starting RRT.

Within the admitted group (n=43), 20 patients were on HD and 23 patients on PD. HD patients were older (64 years; IQR 13 years) as compared to PD patients (58 years; IQR 21 years) (P=0.11). There were 65 admissions in HD group and 54 in PD group, however there were more admissions related to medical issues (56%, 33 admissions) in HD group vs more admissions related to access/dialysis issues (66%, 32 admissions) in PD group. In both groups, number of admissions gradually declined as the duration of dialysis increased (figure:1). There was significant difference in Charlson comorbidity score in HD vs PD groups [(5.5 (IQR 3) vs 4 (IQR 4); P= 0.04)]. However, median number of admission HD vs PD were 2.5 (IQR:1) vs 2 (IQR:2) (P = 0.58) and cumulative days of admission in HD vs PD were 10 (IQR:22) vs 6 (IQR:10) (P=0.25).

Conclusion:

Burden of hospitalisation is high in renal replacement therapy population. Even though there was significant difference in the age and comorbidity index of the patients in both admitted HD and PD groups, there was no difference in the number of admission and the hospital days between groups. Further work is required to explore factors contributing the above.