

# Starting dialysis too early can increase risk of death

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Patients who are starting dialysis too early are at an increased risk of death, found an article in *CMAJ* (*Canadian Medical Association Journal*).

Glomerular filtration rate (eGFR) is a test that describes the flow rate of fluid going through the kidneys and is associated with early [dialysis](#) initiation. Current guidelines in the United States place more emphasis on eGFR dialysis timing. Analysis of dialysis registries in the United States and Europe indicates that patients are starting dialysis earlier.

This study looked at data on 25 910 adult patients in Canada who started dialysis between 2001 and 2007. The researchers looked at the timing (early vs. late) and the risk of death in these two groups over time.

"The consistent absence of a survival benefit with early initiation of dialysis across a variety of study designs, populations and [health care delivery](#) systems supports the conclusion that early initiation confers no survival benefit, and argues against pre-emptive initiation of dialysis in asymptomatic patients," writes Dr. William Clark, Nephrologist at London Health Sciences Centre and Scientist at Lawson Health Research Institute with coauthors. "In contrast to early initiation of dialysis, early referral to a nephrologist is consistently associated with better survival."

The authors conclude that further research into detecting the signs, symptoms and laboratory test results associated with a higher death rate and worsened quality of life in patients with [kidney failure](#) is needed.

Provided by Canadian Medical Association Journal

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