

# Chronic dialysis for kidney disease patients now started substantially earlier

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It has become increasingly clear that patients in the United States are starting dialysis at higher and higher levels of kidney function. A team of researchers, led by Dr. Ann O'Hare, University of Washington associate professor of medicine and affiliate investigator at Group Health Research Institute, set out recently to find out what this means for patients, and how much earlier patients are starting dialysis compared with past practices.

Researchers from Washington state and California found that over a ten-year period, from 1997 to 2007, patients are starting dialysis approximately five months earlier on average. The study, "Trends in timing of initiation of [chronic dialysis](#) in the United States," is published in the [Archives of Internal Medicine](#). Changes in timing are not explained by changes in measured patient characteristics and most likely reflect a shift in dialysis initiation practices over this time period, researchers said.

Dialysis is an intensive, time-consuming and expensive procedure for patients, said O'Hare. "It's a substantial commitment, taking place three times a week, for three or four hours per treatment, and costing several hundred dollars per treatment. When you look at the overall chronic dialysis population, our findings are significant."

The research team estimated that the difference in timing translates into 63 additional hemodialysis treatments, 189 or more hours of treatment and approximately \$14,490 in additional payments for dialysis for each

patient, or more than \$1.5 billion if extrapolated to patients in the study who initiated dialysis in 2007.

Researchers used two different data sources for the study: the United States [Renal Data System](#), a national registry of end-stage [renal disease](#) and a detailed renal database from the [Group Health](#) Research Institute. The national registry contains details on the level of kidney function for patients starting dialysis. The Group [Health data](#) contain information on the rate of loss of kidney function prior to dialysis initiation not available in registry data.

O'Hare said the findings are also important in light of other recent research that found starting dialysis earlier did not improve a range of health outcomes. "Patients are starting chronic dialysis significantly earlier, but there is no real evidence that it is beneficial," she said.

Researchers said the findings call for more careful evaluation of current dialysis initiation practices in the U.S. "We really need to take a good critical look at what we're doing," said O'Hare. "Our study did not reveal the rationale for initiating chronic dialysis sooner, nor did it provide details on circumstances, signs and symptoms that might have prompted [dialysis](#) initiation . It's an open question as to why this is happening, but these findings provide a rationale for more detailed study to better understand practices and what's driving this trend."

Provided by Group Health Research Institute

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