

Study examines differences over time in home dialysis initiation by race and ethnicity

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A recent analysis reveals that as home dialysis increased from 2005 to 2013 among U.S. patients with kidney failure, racial/ethnic differences in initiating home dialysis narrowed. The findings, which appear in an upcoming issue of *CJASN*, indicate that all racial/ethnic groups are increasingly using this form of dialysis.

Dialysis is a life-saving treatment for many individuals with [kidney failure](#) that can be done either at home by the patient or at a [dialysis facility](#) by trained personnel. The use of [home dialysis](#) in the United States has increased over the last 10 years due to payment reforms and educational efforts. Because home dialysis provides patients with more autonomy and flexibility, it is important that all patients are educated about and offered home dialysis as an option.

Historically, minority patients have been less likely to use home dialysis than non-Hispanic White patients. To examine whether the recent growth in home dialysis use was proportional among all racial/[ethnic groups](#), Jenny Shen, MD, MS (Los Angeles Biomedical Institute at Harbor-UCLA Medical Center) and her colleagues analyzed information on all patients listed in the United States Renal Data System who initiated dialysis from 2005 to 2013.

Of the 523,526 patients initiating dialysis from 2005 to 2013, 55% were White, 28% Black, 13% Hispanic, and 4% Asian. Among the study's findings:

- In the earliest era (2005 to 2007), 8.0% of White patients initiated dialysis with home modalities, as did a similar proportion of Asians (9.2%), while lower proportions of Black (5.2%) and Hispanic (5.7%) patients did so.
- Over time, home dialysis use increased in all groups and racial/ethnic differences decreased. In 2011 to 2013, rates were 10.6% for Whites, 8.3% for Blacks, 9.6% for Hispanics, and 14.2% for Asians.
- Compared with White patients, the risk of transferring to in-center hemodialysis was higher in Blacks, similar in Hispanics, and lower in Asians, and these differences remained stable over time.
- The mortality rate was lower for minority patients than for White patients, and this difference increased over time.
- Transplantation rates were lower for Blacks and similar for Hispanics and Asians, and the difference in transplantation rates between Blacks and Hispanics vs. Whites increased over time.

"The nephrology community has been understandably pleased by the increase in the use of home dialysis in the past decade. It was important to study whether all racial and ethnic groups have experienced this rise in home dialysis use or whether some groups had continued to lag behind," said Dr. Shen. "We found that racial and [ethnic differences](#) in the initiation of dialysis with home dialysis have narrowed without any deleterious impact in relative rates of transfer to in-center hemodialysis and death."

In an accompanying editorial, Kerri Cavanaugh, MD, MHS (Vanderbilt University Medical Center) noted that "although disparities remain in the use of home dialysis by race/ethnicity in the U.S., there is optimism that this will be a statistic of the past as we keep it front and center as we show that health equity is an achievable outcome when the many talents, resources, and compassion of the nephrology community come

together."

More information: Wim Van Biesen et al, Evolution Over Time of Volume Status and PD-Related Practice Patterns in an Incident Peritoneal Dialysis Cohort, *Clinical Journal of the American Society of Nephrology* (2019). [DOI: 10.2215/CJN.11590918](https://doi.org/10.2215/CJN.11590918)

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