

中文題目：新發生末期腎臟病患透析模式與腦中風之相關性

英文題目：Association of Dialysis Modality and Stroke in Incident Dialysis Patients

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**Background:** Patients with end-stage kidney disease (ESKD) undergoing dialysis are at significant risk of stroke. Mechanisms may include traditional risk factors and ESKD-related non-traditional risk factors. However, data regarding dialysis-specific factors such as treatment modalities are lacking. This study compared the risk of stroke among incident peritoneal dialysis (PD) and hemodialysis (HD) patients.

**Method:** We enrolled 48,540 incident dialysis patients between January 1, 2010, and December 31, 2014 using Taiwan's National Health Insurance Research Database. We matched 4,201 PD and 12,603 HD patients by propensity score in a 1:3 ratio and followed them until December 31, 2015. The primary outcome was ischemic stroke. Secondary outcomes were hemorrhagic stroke and all-cause death.

**Results:** During a median follow-up of 2.4 years, ischemic stroke occurred in 263 (6.3%) PD and 693 (5.5%) HD patients. In a multivariable Cox model accounting for the competing risk of death, ischemic stroke occurred more frequently in PD patients than in HD patients (subdistribution hazard ratio [sHR], 1.29; 95% confidence interval [95% CI], 1.12 to 1.49). There were no significant treatment-related differences in the risk of hemorrhagic stroke (sHR, 0.96; 95% CI, 0.77 to 1.21). PD patients were more likely to die from any cause than were HD patients (adjusted HR, 1.20; 95% CI 1.12 to 1.29).

**Conclusion:** PD was associated a significantly increased risk of ischemic stroke compared with HD. Further studies are needed to clarify whether more aggressive cardiovascular preventive strategies might mitigate the excess risk for ischemic stroke in patients receiving PD.