

LONG-TERM FOLLOW-UP STUDY OF SIXTY-SEVEN PERITONEAL DIALYSIS PATIENTS IN TAIWAN

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BACKGROUND: There were no formal studies from Taiwan and few studies from Asia about the long-term outcome of peritoneal dialysis (PD) patients. The aim of this study was to evaluate the outcome of PD patients in Taiwan after 7 years of follow-up.

METHODS: This study included 67 patients (23 male, 44 female) who had received PD at the National Taiwan University Hospital for at least 6 months by September 30, 1998. The initial clinical parameter and scores of the Short-Form 36 were documented. On September 30, 2005, we analyzed the outcomes of these patients by medical chart review.

RESULTS: At the end of the follow-up, 18 patients (27%) were still under PD, 20 (29%) shifted to hemodialysis (HD), 11 (16%) received kidney transplantation, and 18 (27%) expired. The most common causes of HD transferal and mortality were PD-related infection (35%) and sepsis (61%), respectively. The independent factors for PD technique failure were lower initial renal Kt/V_{urea} (Hazard ratio [HR] 0.08; $p=0.009$) and diabetes (HR 2.60; $p=0.021$), whereas albumin (HR 0.26; $p=0.041$), physical component summary (PCS) (HR 0.95; $p=0.048$), and cardiovascular (CV) disease (HR 3.28; $p=0.041$) were independent factors for mortality by Cox proportional method.

CONCLUSION: Initial residual renal function and diabetes are predictors for PD technique failure, while serum albumin level, PCS, and CV disease are predictors for patient survival.

Key words: peritoneal dialysis, survival rate, quality of life.