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Choice of RRT Modality In the Elderly

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Renal replacement therapy (RRT) is a treatment option for patients with chronic kidney disease (CKD) or acute kidney injury (AKI) whose kidneys are no longer able to function adequately. Elderly patients, defined as those aged 65 years and above, are a growing population with CKD and are at higher risk for AKI due to comorbidities and medications.

When choosing the modality for RRT in elderly patients, several factors must be considered, including the patient's age, comorbidities, functional status, social support, cognitive function, and personal preferences. The two main modalities for RRT are hemodialysis (HD) and peritoneal dialysis (PD).

HD is the most common modality for RRT in elderly patients due to its ease of use and availability. It is usually performed three times a week, which may be beneficial for elderly patients who may have difficulty managing their own care at home. However, HD may be associated with increased complications such as falls, hypotension, and vascular access-related problems, which may be more common in elderly patients.

On the other hand, PD can be performed at home, which may be more convenient for some elderly patients who prefer to stay in their home environment. It is associated with a lower risk of hypotension than HD. However, PD requires a higher level of cognitive function and physical ability to manage the equipment and perform the procedure.

Studies have shown that in elderly patients with RRT, the survival rates for HD and PD are comparable, with no significant difference between the two modalities. However, certain subgroups of elderly patients may benefit more from one modality. Elderly patients with diabetes or cardiovascular disease may have a better survival rate on PD, while those with peripheral vascular disease or limited cognitive function may have a better survival rate on HD.

Other factors that may affect survival in elderly patients on RRT include the quality of dialysis, healthcare access, and comorbidities such as dementia, depression, and malnutrition. Therefore, a comprehensive assessment of each patient's needs and preferences is crucial to determine the best RRT modality.

In conclusion, the choice of RRT modality in elderly patients should be individualized based on the patient's medical history, functional status, social support, cognitive function, and personal preferences. A shared decision-making approach is recommended between the patient, family, and healthcare providers to determine the best modality for each patient.