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Reappraisal of Peritoneal Dialysis as a Home Treatment Therapy

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This talk will cover:

- Why dialysis at home?
  Why PD?
  What is new about PD as home therapy?
  - Emphasis on person-centric prescribing
    Incremental PD
    Benefits for older patients
    Assisted PD
    Supportive assisted 2-exchange CAPD

Being able to dialyse at home increases patient autonomy and satisfaction, and is often less costly than in-centre haemodialysis. Yet, though uptake of PD is seen as a means of increasing access to dialysis in lower income countries, its use in high income countries has declined – though some, such as UK and USA now have active policies to increase dialysis at home. The reasons for this variability are complex and depend on factors related to the healthcare system, the clinic or facility and the individual.

When thinking of why PD, it is important to think of the experience of the person having to be on dialysis. From the patient perspective, there are many advantages of PD: flexibility from being at home, avoiding infections, avoid transport to centre for each dialysis session, being able to travel and continue working, avoiding haemodynamic disturbances of being on HD, and not needing vascular access.

There is increasing realisation that given the complexity of care for people with advanced kidney disease, particularly when associated with older age and/or comorbidities, the dialysis process itself has no impact on many patient-related outcomes and can even make some outcomes worse. The updated ISPD recommendations for delivery of PD, published in 2020, have therefore changed the emphasis away from arbitrary biochemical based targets to being person-centric. The key statement from these recommendations is that **PD should be prescribed using shared decision-making between the person doing PD/ their caregivers and the care team with the aim of achieving realistic care goals to maximise quality of life and satisfaction for the individual, minimise their symptoms and provide high quality care.**

This approach has resulted in the increased use of **incremental PD.** This is a strategy by which less than standard “full-dose” PD is prescribed when starting PD with the understanding that residual kidney function (RKF) contributes to small solute removal; the PD prescription is then increased when RKF falls. Figure 1 illustrates how decisions are made about when the dialysis dose should be

increased, and how the new prescription is determined with the patient using shared decision making

The other 'new' aspect of PD to be covered in this talk will be the benefits for the increasing numbers of older and frail individuals with advanced kidney disease with the development of assisted PD in many countries, and the use of supportive assisted 2-exchange CAPD.

Key references:

1. Perl J et al. Home dialysis: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. Kidney Int. 2023 Jan 31:S0085-2538(23)00051-0. doi: 10.1016/j.kint.2023.01.006
   Brown EA et al. International Society for Peritoneal Dialysis practice recommendations: Prescribing high-quality goal-directed peritoneal dialysis. Perit Dial Int. 2020;40:244-253.

Figure 1 Incremental PD prescribing