SO009

MORTALITY AND HOSPITALIZATION IN A LARGE INTERNATIONAL PERITONEAL DIALYSIS INSTITUTION DURING 2018

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Background and Aims: With the exception of some national registries, data referred to mortality or hospitalization within a single large international peritoneal dialysis (PD) institution are seldom reported.

To study all-cause mortality, transplantation rate, hospitalizations and peritonitis rates in our large PD program during 2018.

Method: Observational, prospective registry in 8 countries. The following variables were tracked: crude mortality rate and causes, hospitalization variables (n° of hospitalization days per patient; n° of hospitalization episodes per patient; n° of days per hospitalization episode; causes of hospitalization), peritonitis rate (episodes/year at risk and patient months at risk to a peritonitis episode) and transplantation rate.

Results: By the end of December 2018, 1207 pt. were treated (11 countries) but only 8 countries submitted data. Evaluated population as "*patients treated at risk during the year*": AR (319.5), RO (173.5), DE (137), HU (103), PL (97), UR (69.5), CL (27), KZ (7). Crude mortality rate was 13.1%, same if first 90 days on therapy were excluded. Lowest mortality was seen in HU (9.9%) and highest in DE (19.3%). Causes of death: cardiac 32%, all type infections 22% [Sepsis 78%, PD related 11% (as 0.7% of total mortality), pulmonary 3.7%, others 7.4%], vascular 10%, gastrointestinal 3.3%, unknown 10.7% (highest in DE, 23%), other known causes 21.5%. Hospitalization rates: 0.55 episodes/per patient-year and 7.6 days of hospitalization per patient-year. N° of days per hospitalization episode was 13.7. Causes of hospitalization: PD related 38%, cardiovascular 17%, non-PD infection sepsis 10.7% (higher in LA, 16.6%), vascular access 2.1%, unknown 4.5%, others 23.3%. Global peritonitis rate was 0.18 episodes/pt-year at risk (1 episode every 66 m.). However, large differences were seen among countries. Transplantation rate was 6.5% (much higher in UR). PD was withdrawal in 35% of pt. Country specific data have been evaluated but are not shown here.

Conclusion: The use of a common registry in our institution increases quality and allows homogeneous comparisons across countries that if promptly addressed may increase patients' outcomes. Our series may bring light into the PD community as one of the ever largest tracked in a single institution.