SURVIVAL OF PATIENTS COMMENCING RENAL REPLACEMENT THERAPY AT AGE 70 AND ABOVE

Roshan Mainali, Martha Kitchen, Wendy Baker, James Hartle, Evan Norfolk, Michael Schultz, William DiFilippo, Rajesh Govindasamy and Taher Yahya. Geisinger Medical Center, Danville, PA, USA

Patients older than 65 years comprise the largest group of incident and prevalent patients receiving renal replacement therapy. The purpose of our study was to assess the survival of incident ESRD patients aged 70 and above and whether diabetes, heart disease, gender and presence of AV fistula at initiation of dialysis had an impact on patient survival.

A total of 192 incident ESRD patients aged 70 and above who were started on maintenance dialysis between January 1996 and November 2006 were included in the study. Retrospective chart review was utilized for all patient information. Differences in survival were checked for gender, presence of diabetes, cardiac disease, and presence of AV fistula at initiation of dialysis. We used the log-rank Chi-square test for differences in Kaplan Meier survival curves.

The mean age was 77 years, 52% were male, 99.5% were white, 52% had diabetes mellitus, 74% had cardiac disease, 6% were on peritoneal dialysis, 80% had cuffed tunneled catheter and 14% had AV fistula. The patient survival was 80% at 3 months, 63% at 1 year, 45% at 2 year, 31% at 3 year and 21% at 5 year. Presence of AV fistula was associated with higher patient survival (p-value=0.002). No other variables were associated with differences in survival.

There is significant room for improvement in the survival of patients commencing dialysis at age 70 and above. The presence of diabetes or cardiac disease was not associated with a shorter life expectancy, however the presence of an AV fistula at initiation of dialysis appears to confer a survival advantage.