SURVIVAL OF ELDERLY PATIENTS WITH ACUTE KIDNEY INJURY REQUIRING CONTINUOUS RENAL REPLACEMENT THERAPY.

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Background: Prognostic data assist medical decision making in elderly patients with critical illness. We aimed to assess the survival of eldery patients requiring continuous renal replacement therapy (CRRT) for AKI. Methods: We reviewed the medical records of 86 consecutive patients who underwent CRRT for AKI at our institution. Of these, 14 were > 75 years of age (mean 80), 20 were 65-75 years (mean 70), and 52 were <65 years (mean 49). The primary outcome was 90-day mortality. Survival was assessed between age groups using the Kaplan-Meier method. Results: Survival for patients > 75, 65-75, and <65 years was 43%, 35%, and 36% respectively. Median survival (see figure) was 24.5 (0-41), 9 (0-103), and 13 (0-56) days respectively and did not differ between groups (Log-Rank, p=0.4). However, elderly patients were more likely to require dialysis at discharge (Chi-square, p=.004). Conclusion: Elderly patients treated with CRRT for AKI had survival comparable to younger patients but were more likely to require chronic dialysis.