UNIVERSITÀ DEGLI STUDI DI MILANO
FACOLTÀ DI MEDICINA E CHIRURGIA

La selezione del paziente: le vere controindicazioni e i miti da sfatare

Marco Heidempergher
U.O.C. Nefrologia e Dialisi ASST FBF-SACCO

DIALISI PERITONEALE, indicazioni

63° CONGRESSO NAZIONALE SIN

Concludendo..

Ad eccezione delle controindicazioni assolute, l'unica vera controindicazione relativa alla dialisi peritoneale può essere individuata nella:

"RISORSA UMANA".

17.00 – 18.30 **SIMPOSIO**

LA DIALISI PERITONEALE COME PRIMA SCELTA NELLE OPZIONI DI TERAPIA SOSTITUTIVA ARTIFICIALE

Moderatori: Gianfranca Cabiddu (Cagliari), Roberto Russo (Bari)

- Indicazioni e controindicazioni alla Dialisi Peritoneale
  Carlo Taietti (Treviglio)
- Lo studio I-COPE. Esiti e prospettive
  Carlo Garofalo (Napoli)
- Le prospettive della dialisi peritoneale tra telemedicina e video-dialisi
  Sabrina Milan Manani (Vicenza)

Da C.Taietti

La prima controindicazione alla dialisi peritoneale è il nefrologo

V. La Milia 63° SIN 6/10/2022 Rimini
V. La Milia 64° SIN 7/10/2023 Torino

Società Italiana Nefrologia

“ la dialisi peritoneale rappresenta una valida opzione per il trattamento dell’IRC con risultati sovrapponibili all’emodialisi . Ciononostante, non tutti i centri di nefrologia la praticano e non tutti i nefrologi la conoscono a sufficienza”

KDIGO executive conclusions www.kidney-international.org

Home dialysis: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference

Check for updates

OPEN

Jeffrey Perl[1], Edwina A. Brown[2], Christopher T. Chan[3], Cécile Couchoud[4], Simon J. Davies[5], Rümeyza Kazancioğlu[6], Scott Klarenbach[7], Adrian Liew[8], Daniel E. Weiner[9], Michael Cheung[10], Michel Jadoul[11], Wolfgang C. Winkelmayer[12] and Martin E. Wilkie[13]; for Conference Participants[14]

Kidney International (2023) 103, 842–858

...Home dialysis modalities, including home hemodialysis (HD) and peritoneal dialysis (PD), are associated with increased patient autonomy and treatment satisfaction and are sometimes less costly than in-center HD (ICHD). Yet, despite mounting evidence regarding the benefits of home dialysis, its use worldwide remains low...

INCIDENZA E PREVALENZA
DATI REGISTRO GdP SIN 2022

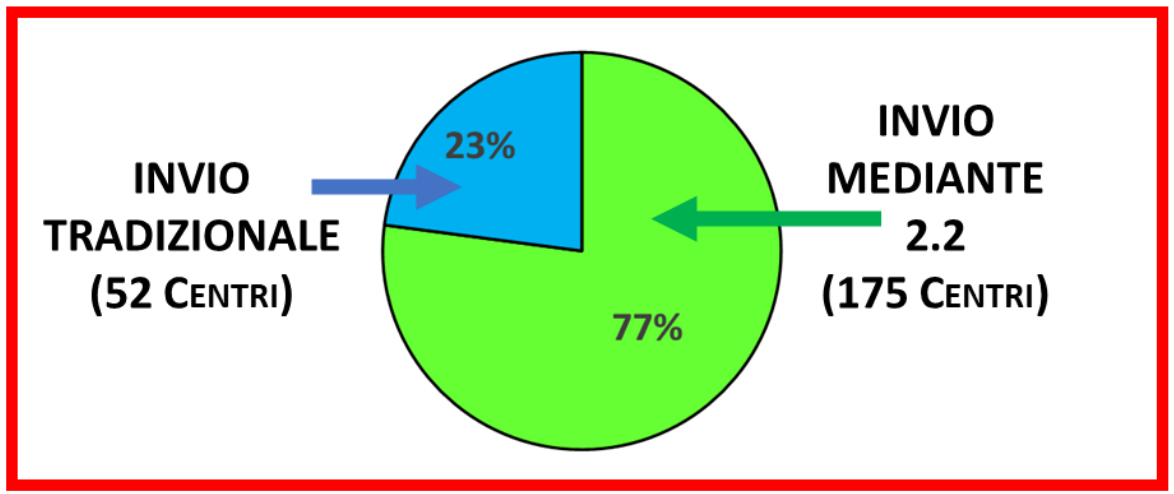
Loris NERI, Gianfranca CABIDDU, Giusto VIGLINO, Giancarlo MARINANGELI, Claudio MASTROPAOLO

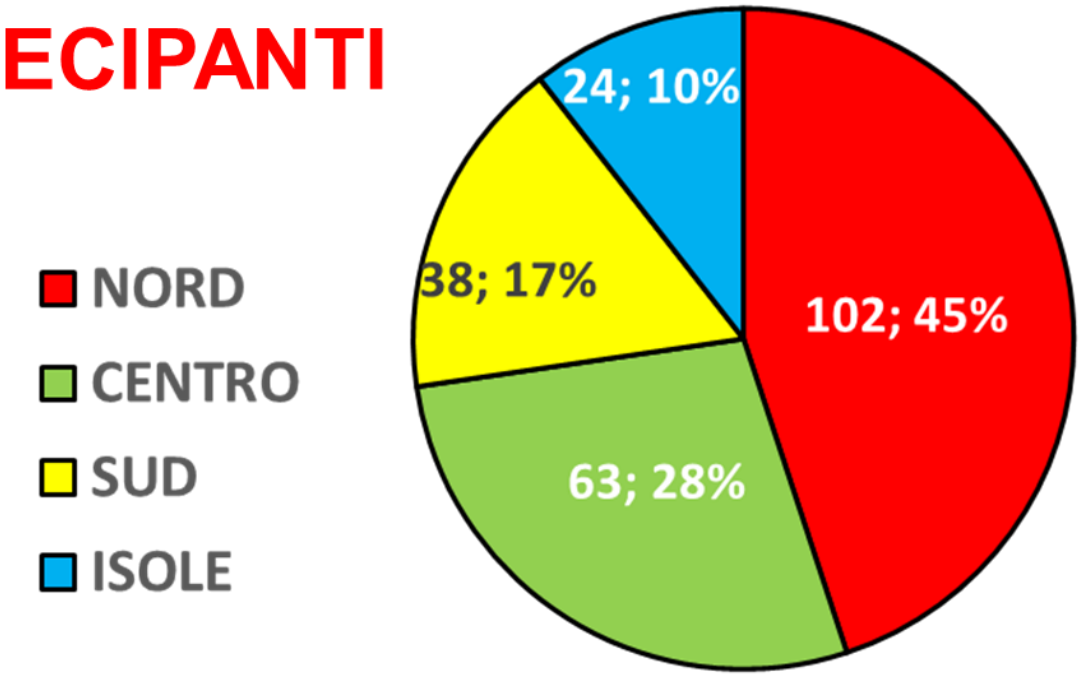
Società Italiana Nefrologia

GRUPPO di PROGETTO di DIALISI PERITONEALE
SOCIETA' ITALIANA di NEFROLOGIA

CENSIMENTO GPDP 2022

CENTRI PARTECIPANTI





CENTRI CHE HANNO RISPOSTO AL CENSIMENTO	*229*	*100%*
CENTRI CON ALMENO 1 PAZIENTE TRATTATO IN DP NEL 2022	*227*	
CENTRI CON DATI COMPLETI PER DP	*227*	*100%*
CENTRI CON DATI COMPLETI (INC/PREV) PER HD	*177*	*78%*

GRUPPO di PROGETTO di DIALISI PERITONEALE
SOCIETA' ITALIANA di NEFROLOGIA

CENSIMENTO GPDP 2022

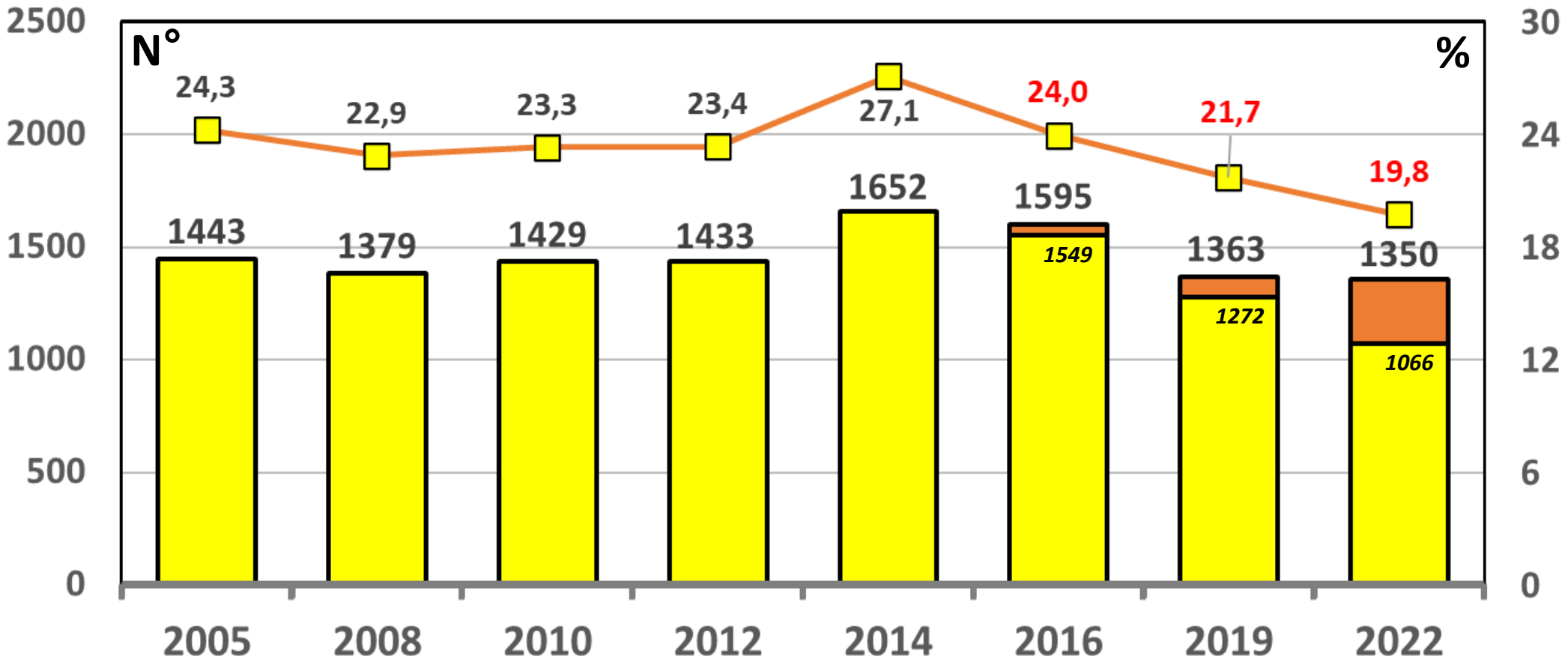
INCIDENZA

LE PERCENTUALI SONO CALCOLATE SUI CENTRI CON DATI COMPLETI PER DP ED HD

Incidenti in DP nei Centri che hanno inviato i dati anche i per la HD

Incidenti in DP nei Centri che non hanno inviato i dati per la HD ma solo per la DP

Incidenza percentuale della DP calcolata per i Centri che hanno inviato i dati anche per la HD



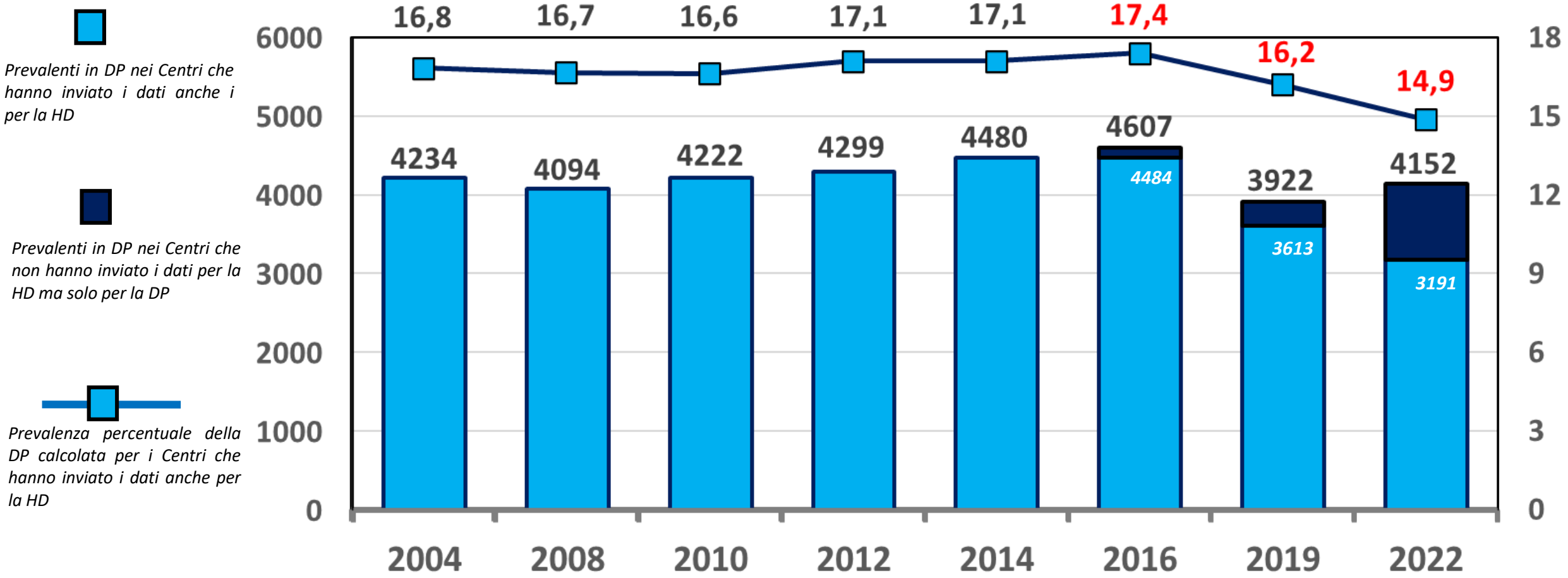
NOTE – Nel 2019 il Censimento non è stato completo (198 Centri) – il numero complessivo di pazienti INCIENTI in DP nei diversi anni è indicato in cima ad ogni colonna. Nel 2016, 2019 e 2022 è aumentato il numero dei Centri che non hanno fornito i dati della HD (vedi testo). In corsivo indica I pazienti in DP per i quali è stato possibile calcolare l'incidenza percentuale.

GRUPPO di PROGETTO di DIALISI PERITONEALE
SOCIETA' ITALIANA di NEFROLOGIA

CENSIMENTO GPDP 2022

PREVALENZA

LE PERCENTUALI SONO CALCOLATE SUI CENTRI CON DATI COMPLETI PER DP ED HD



NOTE – Nel 2005 i dati di prevalenza della HD non erano richiesti per cui sono stati considerati quelli del Censimento SIN 2004 - Nel 2019 il Censimento non è stato completo (198 Centri) – il numero complessivo di pazienti PREVALENTI in DP nei diversi anni è indicato in cima ad ogni colonna. Nel 2016, 2019 e 2022 è aumentato il numero dei Centri che non hanno fornito i dati della HD (vedi testo). In corsivo indica I pazienti in DP per i quali è stato possibile calcolare l'incidenza percentuale.

RIDT 2021 PREVALENZA ITALIA DIALISI: 762 (811) pmp. **PREVALENZA DP 82 pmp → 10.7%**

	HD%	PD%
Emilia Romagna	83	17
Friuli Venezia Giulia	78	22
Liguria	94	6
Lombardia	82	18
Marche	79	21
Piemonte e VdA	85	15
Puglia	95	5
Sicilia	93	7
Trentino	71	29
Veneto	74	26
Italia	84	16

Patients by treatment modality	2021	2022
Dialysis Tot	51346	51057
HD	46871	46905
in-center HD	46700	46750
home HD	171	155
PD	4475	4152
CAPD	1675	1803
APD	2800	2349
Home Dialysis	4646	4307

Prevalenza PD 8.13%
Prevalenza HHD 0.3 %
(dati da aziende)

INCIDENZA E PREVALENZA
DATI RESTO DEL MONDO

GRUPPO di PROGETTO di DIALISI PERITONEALE
SOCIETA' ITALIANA di NEFROLOGIA

CENSIMENTO GSDP 2022

CONFRONTI INTERNAZIONALI

PAESE	ANNO	PREVALENTI	%
USA	2020	65406	12
Canada	2021	4937	21
Italia - GPDP	2022	4152	
UK	2020	3741	13
AuNZ	2021	3477	19
Spagna	2020	3071	11
Francia	2020	3030	6
Scandinavia	2020	2153	21
Olanda	2020	1003	16

Home dialysis: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference

Check for updates

OPEN

Jeffrey Perl[1], Edwina A. Brown[2], Christopher T. Chan[3], Cécile Couchoud[4], Simon J. Davies[5], Rümeyza Kazancioğlu[6], Scott Klarenbach[7], Adrian Liew[8], Daniel E. Weiner[9], Michael Cheung[10], Michel Jadoul[11], Wolfgang C. Winkelmayer[12] and Martin E. Wilkie[13]; for Conference Participants[14]

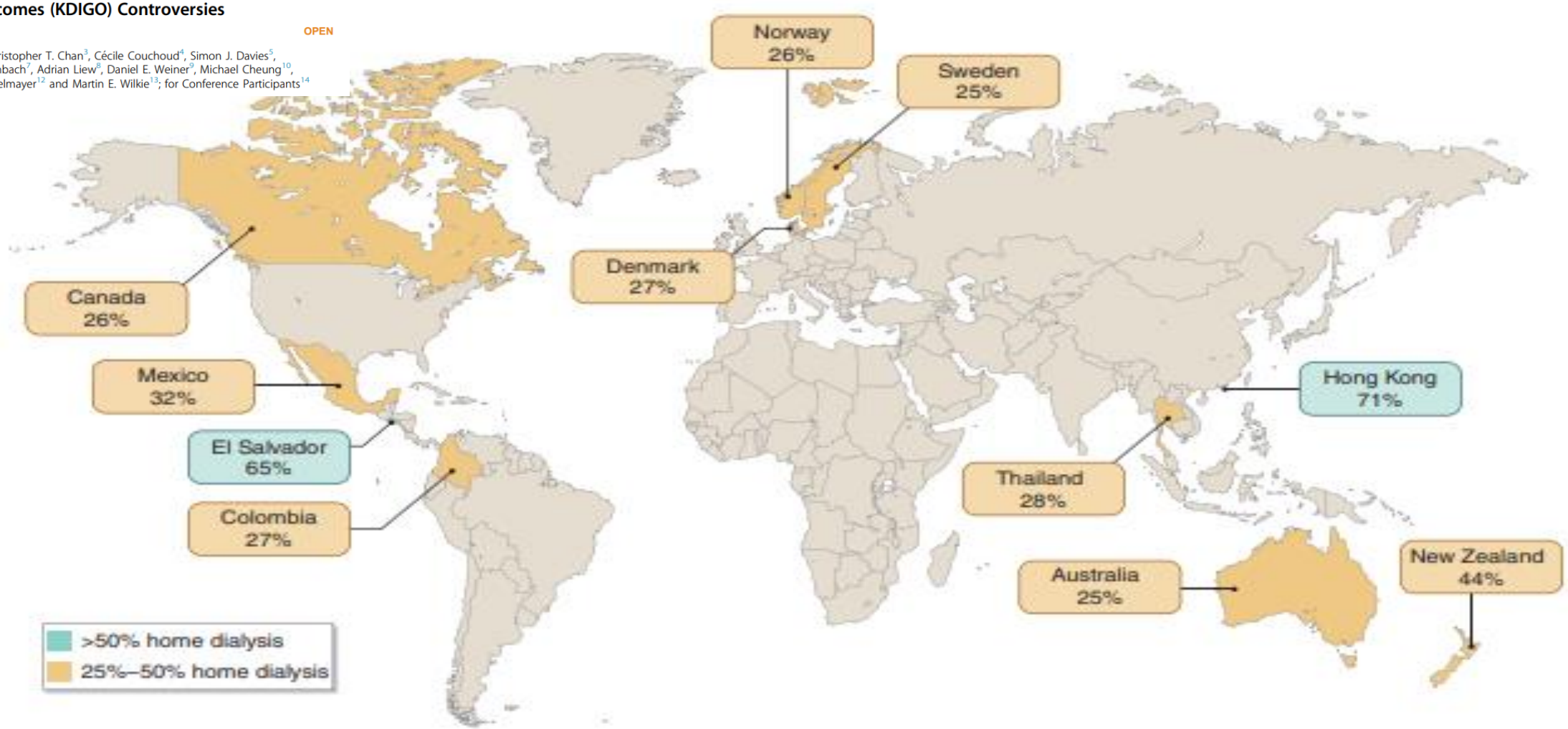


Figure 3 | Representation of countries with high utilization of home-based dialysis in prevalent patients with kidney failure. Countries with high utilization of home dialysis have implemented home dialysis–first or –preferred policies. Home dialysis–first policies have largely centered around peritoneal dialysis (as in Hong Kong,[24] Thailand,[25] Mexico,[26] and Colombia[27]), although in some countries, home dialysis–preferred policies have included home-based hemodialysis (as in Canada, Australia, New Zealand, and multiple Scandinavian countries). Home dialysis–preferred policies may be implemented regionally within a given country and vary by the degree of financial incentives. Data obtained from US Renal Data System 2020 Annual Data Report,[28] except for Thailand,[25] and Australia and New Zealand.[29]

INCIDENZA E PREVALENZA
DATI U.O.C. NEFROLOGIA
OSPEDALE SACCO

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
New entry HD		9	18	15	21	24	22	14	21	11	16	11	18
New entry PD		5	8	6	10	8	5	5	12	13	11	13	15
PZ PREVALENTI PD	**9**	14	18	22	24	26	25	26	34	39	39	**45**	**46**
PZ PREVALENTI HD	111	111	114	113	115	120	120	115	118	109	110	104	98
TOT pz dialisi	120	125	132	135	139	146	145	141	152	148	149	149	144
Incidenti PD		35,70%	30,80%	28,40%	32,20%	25,00%	18,50%	26%	36,30%	54,10%	40,80%	54,00%	46,00%
Incidenti HD		64,20%	69,20%	71,6%	67,80%	75%	81,50%	74%	73,70%	45,90%	59,20%	46,00%	54,00%
Prevalenti PD	**7.5%**	11,20%	13,60%	16,20%	17,20%	17,80%	17,20%	18,40%	22,80%	26,40%	26,20%	30,20%	31,90%
Prevalenti HD	**92.5%**	88,80%	86,30%	83,70%	82,70%	82,20%	82,80%	81,60%	77,20%	73,60%	73,80%	69,80%	68,10%

Società Italiana Nefrologia

Dal 01/01/2012 al 31/12/2021 incidenti in HD 146 pz

74 pz (50,6%) erano **LATE REFERRAL**

100 pz (68%) CISA E SCELTA DEL PAZIENTE

46 PZ (32%) CICL E SCELTA DEL CENTRO

-

VALUTAZIONE E SELEZIONE DEI PAZIENTI

LA DOMANDA DEVE ESSERE: PERCHE' IL PZ NON PUO' FARE DIALISI PERITONEALE E NON PERCHE' POSSA FARLA….

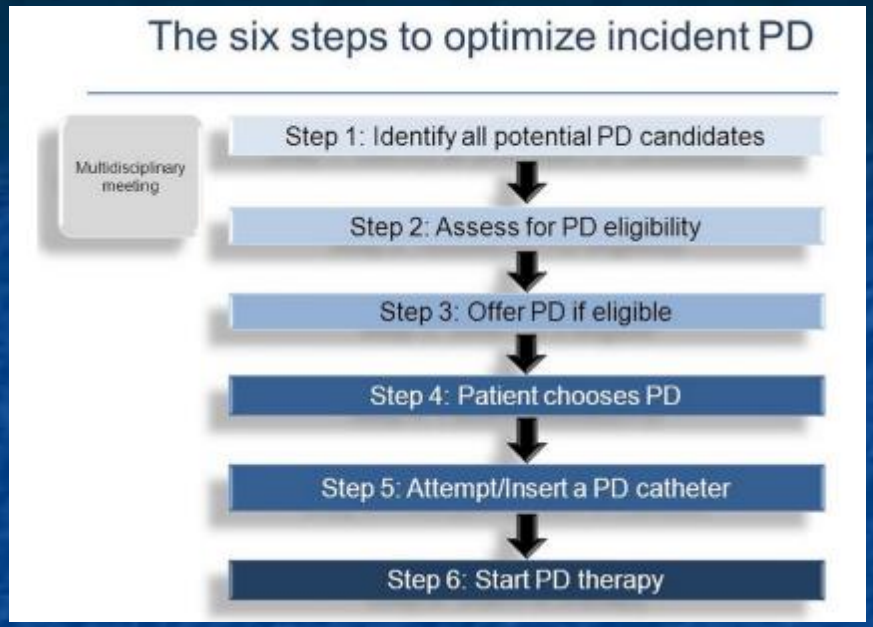
Peritoneal Dialysis International, Vol. 33, pp. 233–241
doi: 10.3747/pdi.2012.00119

0896-8608/13 $3.00 + .00
Copyright © 2013 International Society for Peritoneal Dialysis

REVIEW

PERITONEAL DIALYSIS AND THE PROCESS OF MODALITY SELECTION

Peter G. Blake,[1] Robert R. Quinn,[2] and Matthew J. Oliver[3]



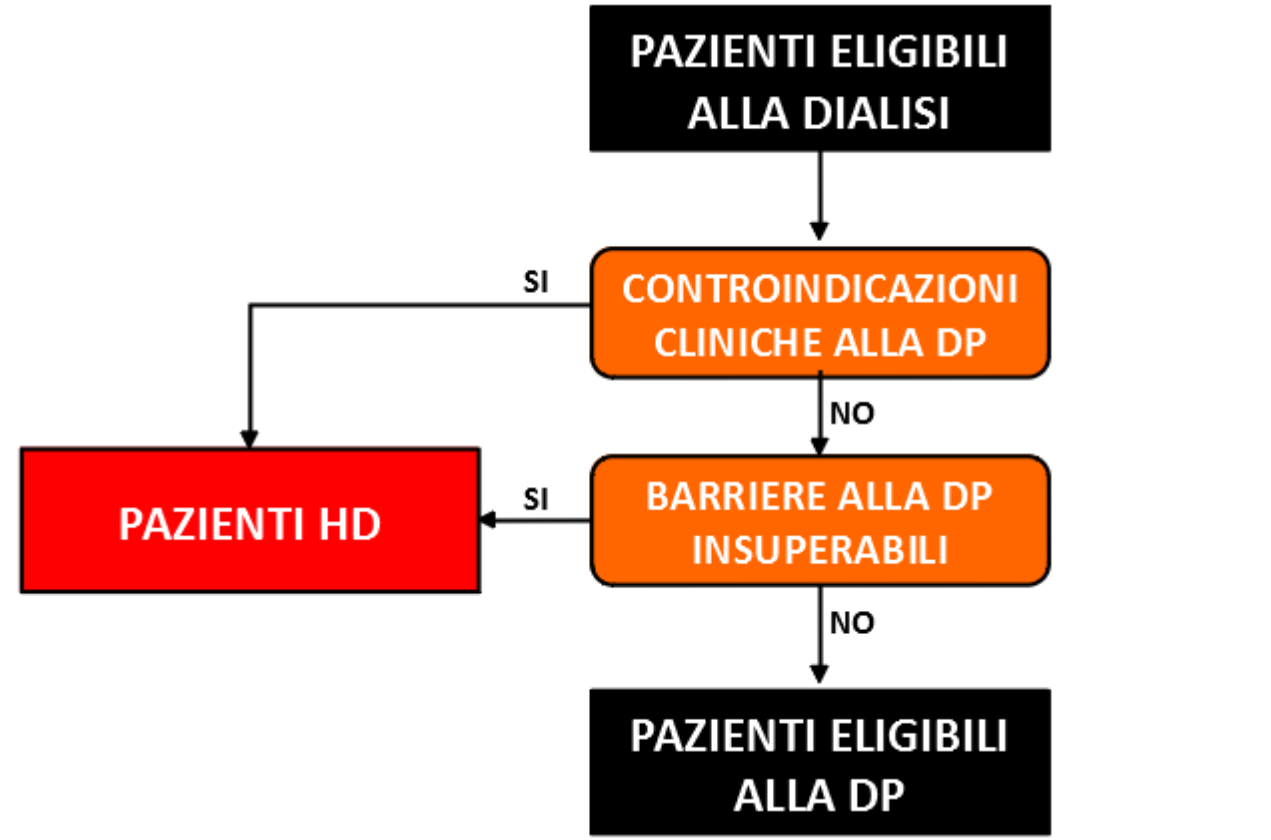
Candidabili a PD

- tutti i pz che iniziano dialisi con diagnosi di ESRD
- tutti i pz che eseguono per 30 giorni consecutivi
- tutti i pz con problematiche vascolari di accesso
- tutti i pz trasferiti da altro centro

...PD FIRST...

CONTROINDICAZIONE A DP

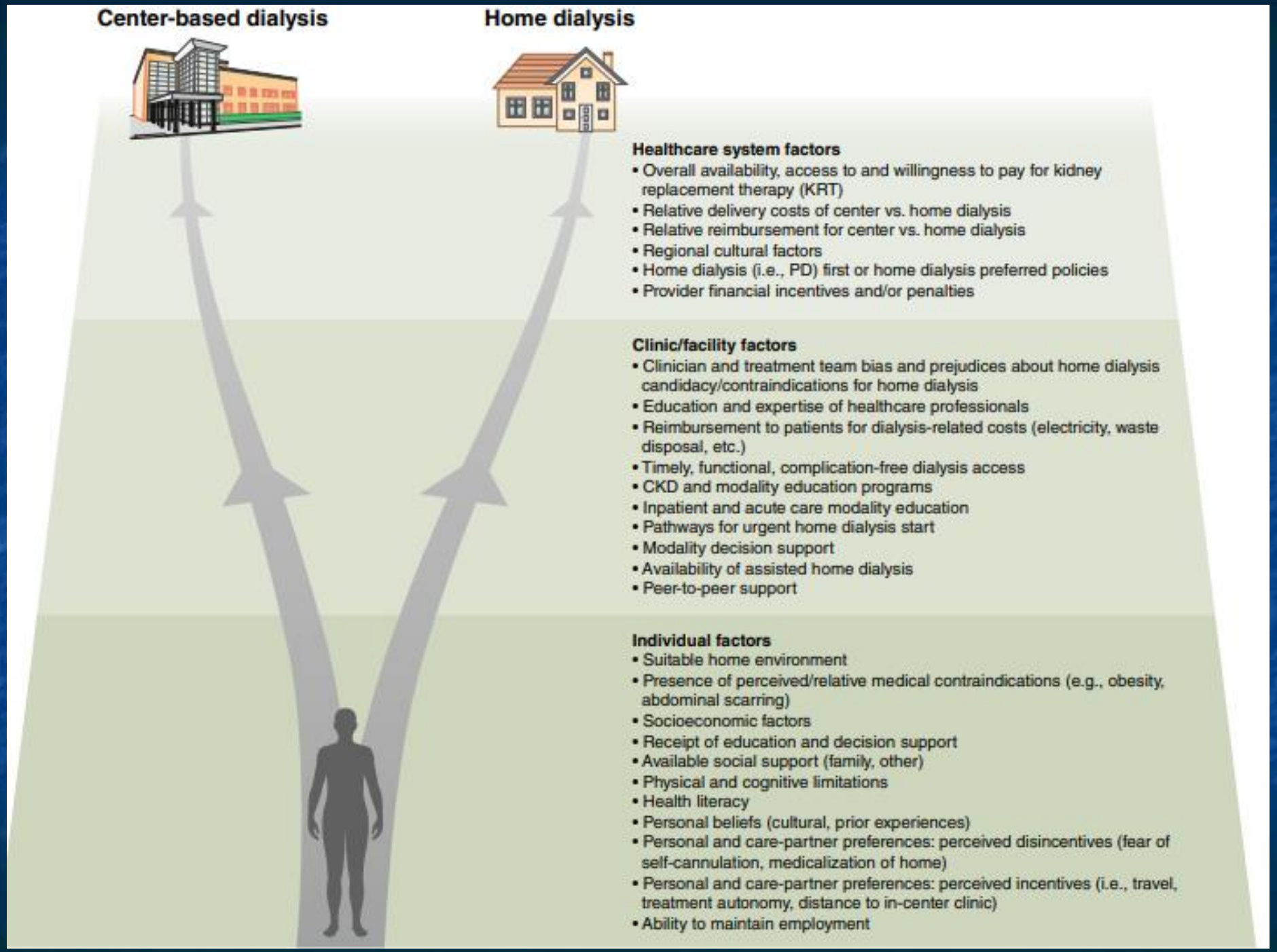
- CONDIZIONE/I CHE PROIBISCE ASSOLUTAMENTE LA DP INDIPENDENTEMENTE DALLA SCELTA DEL PAZIENTE O DEL MEDICO



BARRIERE ALLA DP

OSTACOLI ALL'AUTOGESTIONE DELLA DP (ED AL SELF CARE IN GENERALE) SUPERABILI CON UN SUPPORTO MATERIALE O PERSONALE (CARE GIVER)

- **SUPERABILE** SE SUPPORTO DISPONIBILE
- **NON SUPERABILE** SE SUPPORTO NON DISPONIBILE



Fattori che determinano la scelta (KDIGO 2023)

Pregiudizi da parte del team medico/inf sulla sulla dialisi domiciliare

Presenza di un percorso per la urgent start PD

Percezione di “presunte controindicazioni” come obesità e cicatrici addominali

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Julie R. Ingelfinger, M.D., *Editor*

Peritoneal Dialysis

Isaac Teitelbaum, M.D.

There are only a few absolute contraindications to peritoneal dialysis. These include an insufficiently clean environment in which to perform exchanges, an inadequate cognitive or physical ability on the part of the patient or an assisting partner to learn and perform peritoneal dialysis, and lack of a suitable peritoneal cavity due to extensive scarring or adhesions.
The degree of scarring often cannot be assessed until the peritoneal cavity is visualized laparoscopically at the time of attempted catheter placement.

N Engl J Med 2021;385:1786-95.

Clinical Kidney Journal, 2023, vol. 16, Suppl 1, i39–i47

https://doi.org/10.1093/ckj/sfad062
CKJ Review

CKJ REVIEW

An update on absolute and relative indications for dialysis treatment modalities

Mark Lambie and Simon Davies

School of Medicine, Faculty of Medicine and Health Sciences, Keele University, UK

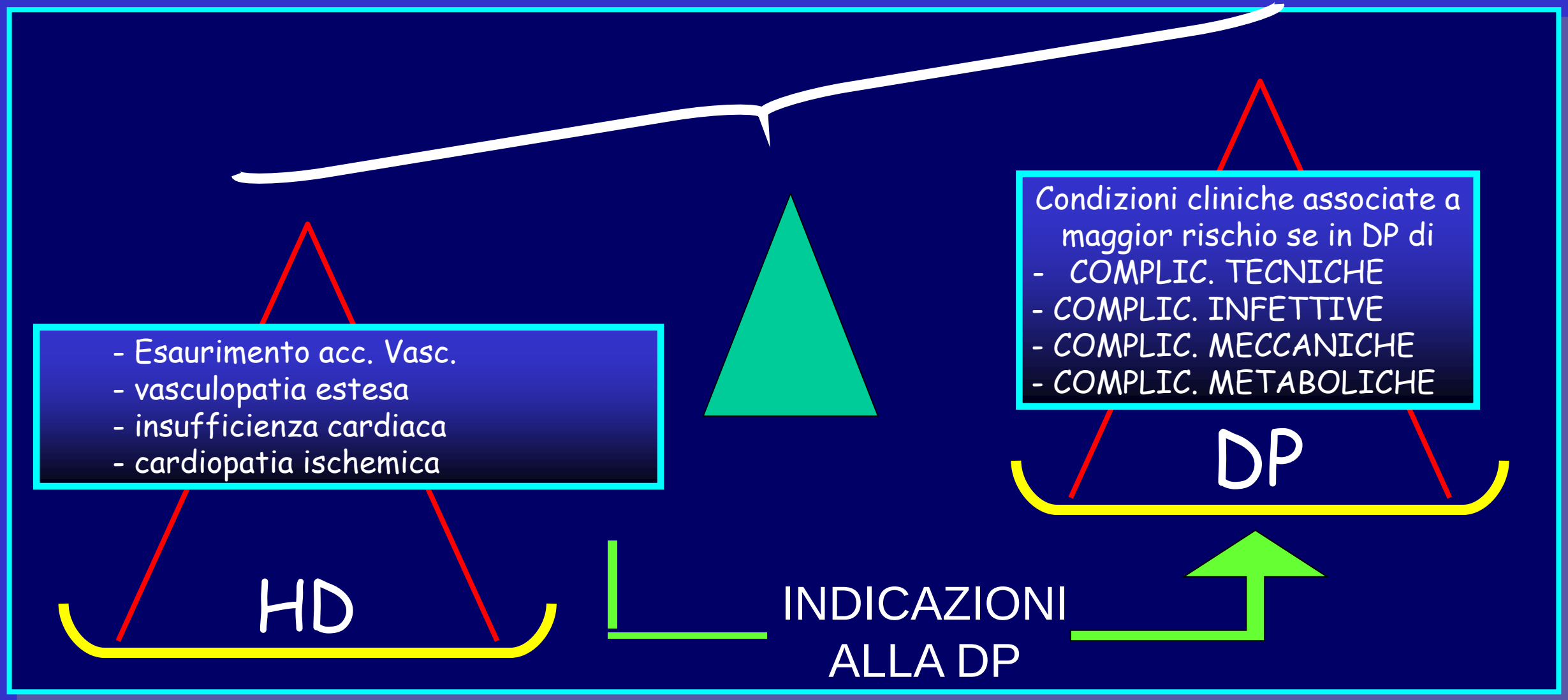
Correspondence to: Simon Davies; E-mail: simonj.davies55@gmail.com

Absolute contraindications to a particular dialysis modality are rare. Relative indications for or against particular modalities should be considered but are rarely more important than patient preferences.

ELIGIBILITA' CLINICA

	NKF-DOQI 1997	SEN 2005	CARI 2005	HAS 2008
ADDOME IMPRATICABILE	ERNIE INCORREGGIB. ONFALOCELE GASTROSCHISI ERNIA DIAFRAMMAT. ESTROFIA VESCICALE	ERNIE INCORREGGIB. STOMIE ADERENZE (CHIR) RESEZ. INTEST. EST. ESTROFIA VESCICALE	ERNIE INCORREGGIB. STOMIE DIGEST. ADERENZE (CHIR.)	ERNIE INCORREGGIB. STOMIE DIGEST. SVENTRAMENTO EVISCERAZIONE
CONDIZIONI AD ELEVATO RISCHIO DI				
MALFUNZION. INEFFICIENZA	ADERENZE	ADERENZE MASSA ↑ (FRR =0)	MASSA MUSC ↑	
INFEZIONI / PERITONITI	DIVERTICOLITI IBD INFEZIONI CUTANEE PROTESI RECENTI	DIVERTICOLITI IBD ANGINA ABDOMINIS GASTROPARESI DIAB. INFEZIONI CUTE PROTESI RECENTI	DIVERTICOLITI	SIGMOIDITE DIVERT. IBD PROTESI RECENTI
COMPLICANZE MECCANICHE		MAL. POLM GRAVI MAL. RACHIDE APKD GIGANTI	INS. RESPIRAT. GRAVE SHUNT PL-PER	INS. RESPIRAT. CRON.
COMPLICANZE METABOLICHE	OBESITA' SEVERA MALNUTRIZ. GRAVE	OBESITA' MALNUTR GRAVE DISLIPIDEMIA SEVERA	OBESITA' ADDOMINALE	BMI > 45 (RR >30) PANCREASECTOMIA IPOALBUMINEMIA

IL BILANCIO DEI RISCHI



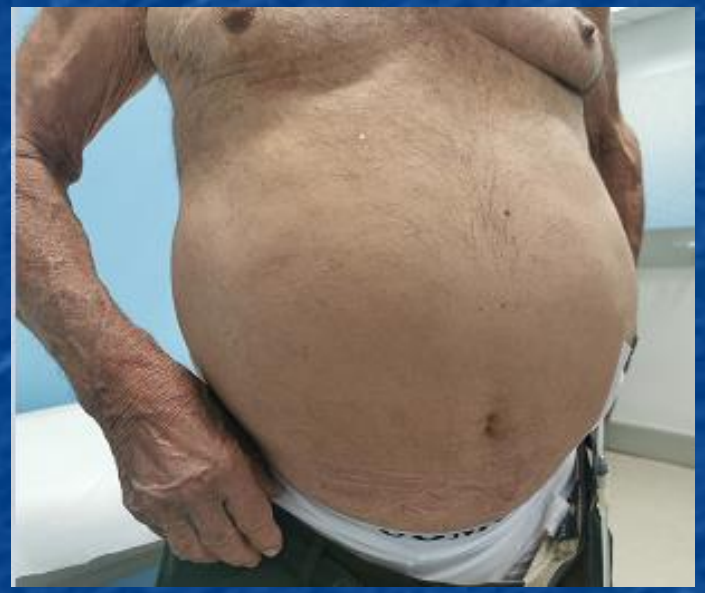
Da Neri, Viglino

CONDIZIONI DI MAGGIOR RISCHIO CLINICO

EDTA 2010 – RACCOMANDAZIONI - NON CONSIDERARE CONTROINDICAZIONI

INSUFFICIENZA CARDIACA CONGESTIZIA
MALATTIA POLICISTICA
DIVERTICOLOSI
ERNIE ADDOMINALI
IPERTENSIONE PORTALE
OBESITA'
SCARSA COMPLIANCE, ETA' AVANZATA
INABILITA' FISICA O MENTALE ALL'AUTOGESTIONE

OBESITA’



La pressione Intraperitoneale

GdP Dialisi Peritonale | Osin Reni

LA PRESCRIZIONE DIALITICA IN DIALISI PERITONEALE

Best-Practice

Il rendimento dell'APD può essere efficacemente incrementato con l'aumento del volume di riempimento quando il paziente è supino per il riposo notturno.
Con taglie corporee > 2.0 mq è possibile utilizzare fino a 3.5 l di carico.
L'aumento del riempimento della cavità peritoneale necessita però la verifica dell'IPP che influenza la capacità vitale respiratoria, l'ultrafiltrazione, l'assorbimento di fluido e specificamente per l'APD la qualità del sonno.

Viene quindi proposto un riempimento addominale di 1500 ml/mq BSA (2595 ml per 1.73 mq) solo se IPP è inferiore a 18 cm di acqua.

[1] Keshaviah P, Emerson PF, Vonesh EF, et al. Relationship between body size, fill volume and mass transfer area coefficient in peritoneal dialysis. J Am Soc Nephrol 1994;4:1820-26.

[2] Durand PY Optimization of fill volumes in automated peritoneal dialysis. Perit Dial Int 2000;20:601-2.

[3] Fischbach M, Issad B, Dubois V, Taamma R. The beneficial influence on the effectiveness of automated peritoneal dialysis of varying the dwell time (short/long) and fill volume (small/large): a randomized controllec trial. Perit Dial Int. 2011;31:450-8.

Alessandro Domenici

L'influenza della pressione intraddominale: PKD e obesità sono vere controindicazioni alla dialisi peritoneale?

61° CONGRESSO NAZIONALE SIN

TORINO, 4-7 OTTOBRE 2023

ALESSANDRO DOMENICI

L'influenza della pressione intraddominale:
PKD e obesità sono vere controindicazioni alla dialisi peritoneale?

sin reni
Società Italiana Nefrologia

Alessandro Domenici

L'influenza della pressione intraddominale: PKD e obesità sono vere controindicazioni alla dialisi peritoneale?

Obesità, PKD e pressione intraperitoneale

- Gli obesi ed i pazienti con PKD presentano, a parità di VIP, PIP più elevate della controparte non obesa e non PKD
- La pressione intraperitoneale correla con BMI e volumetria epatica e renale, ma la variabilità interindividuale è ampia
- BMI e volumetria renale ed epatica non consentono di predire accuratamente il profilo PIP/VIP del singolo paziente

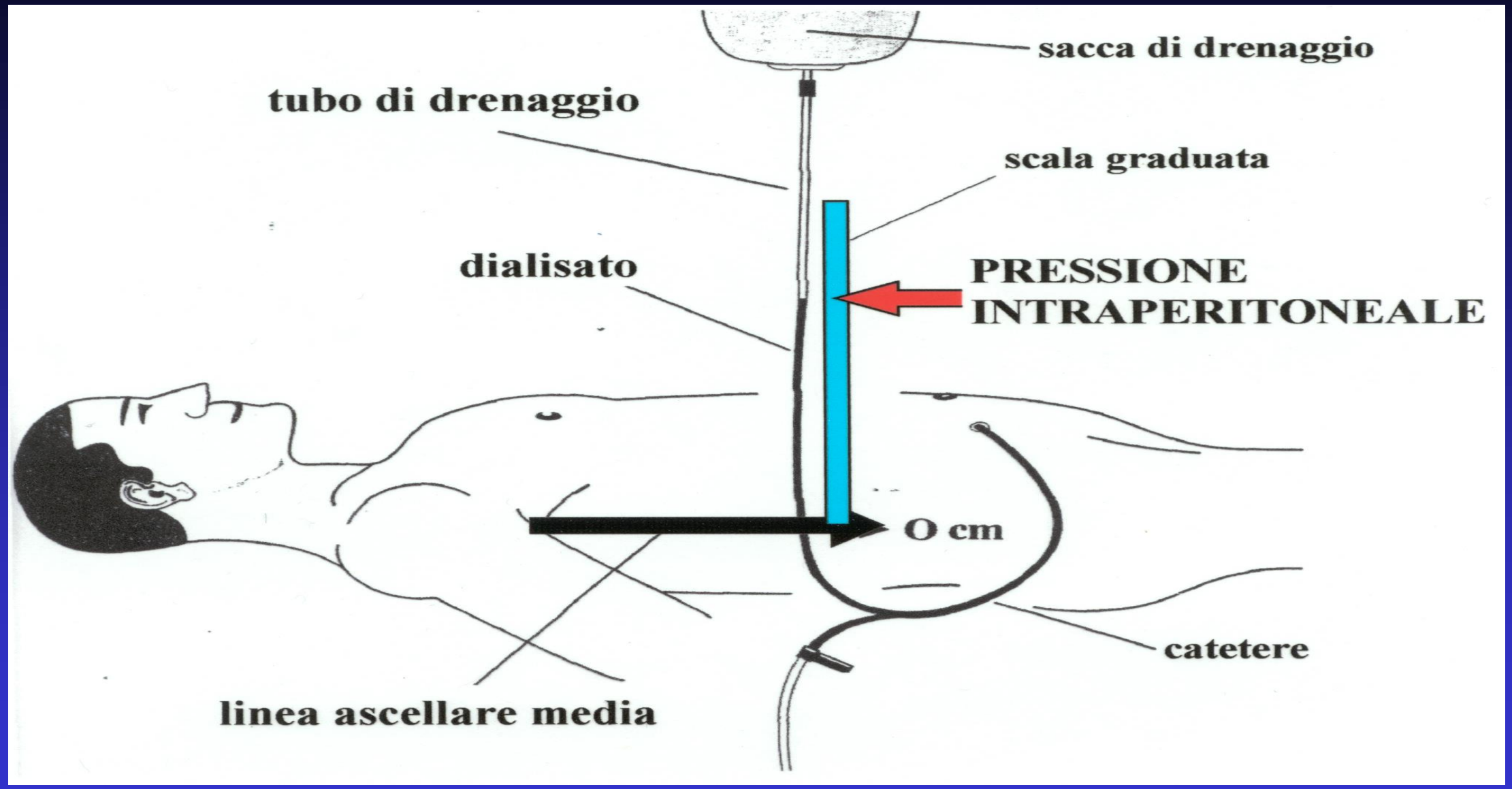
Alessandro Domenici

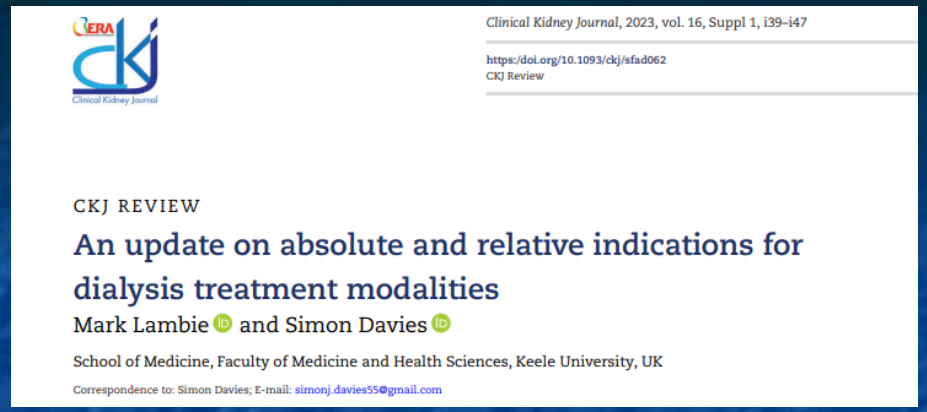
L'influenza della pressione intraddominale: PKD e obesità sono vere controindicazioni alla dialisi peritoneale?

L'influenza della pressione intraddominale: PKD e obesità sono vere controindicazioni alla dialisi peritoneale?

- i dati della letteratura, lacunosi per quantità e qualità, non consentono di prevedere *a priori* il rapporto PIP/VIP nel singolo soggetto ADPKD o obeso
- le conoscenze a sostegno di un valore di PIP tollerabile e scevro da complicanze correlate sono insufficienti, ed andrebbero accresciute dalla diffusione della misurazione nella pratica clinica e da studi prospettici
- la pressione intraperitoneale si riduce nel tempo
- Il timore di una eccessiva pressione intraperitoneale non costituisce *per se* motivo per non proporre la DP al soggetto con ADPKD o obeso
- per questi pazienti trova particolare indicazione l'APD notturna

LA PRESSIONE INTRAPERITONEALE





Clinical Kidney Journal, 2023, vol. 16, Suppl 1, i39–i47

https://doi.org/10.1093/ckj/sfad062
CKJ Review

CKJ REVIEW

An update on absolute and relative indications for dialysis treatment modalities

Mark Lambie and Simon Davies

School of Medicine, Faculty of Medicine and Health Sciences, Keele University, UK

Correspondence to: Simon Davies; E-mail: simonj.davies55@gmail.com

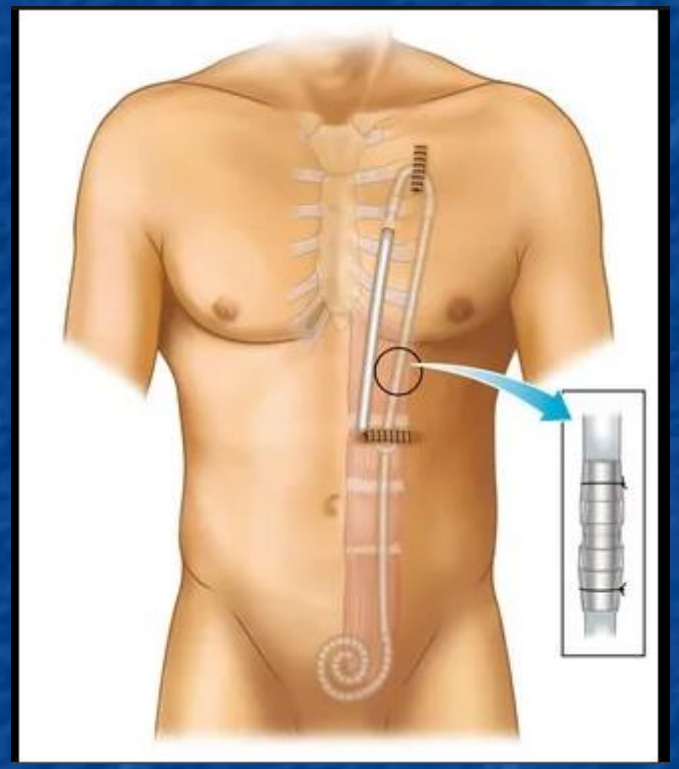
Obesità e glucosio

La percezione che l'obesità debba essere considerata come una controindicazione relativa alla DP deriva dal presupposto che l'uso di glucosio peggiorerà la situazione, riducendo la sopravvivenza.

In realtà, non ci sono prove evidenti di questo e infatti i dati indicano che l'aumento di massa grassa è maggiore in HD

L'esposizione giornaliera al glucosio del dialisato è associato con l'aumento del sangue livelli di glucosio, ma l'effetto è trascurabile e non associato ad outcomes clnici.

Presternal peritoneal catheter



Review > Adv Ren Replace Ther. 2002 Apr;9(2):125-32. doi: 10.1053/jarr.2002.33517.

Presternal peritoneal catheter

Zbylut J Twardowski [1]

Affiliations + expand

PMID: 12085389 DOI: 10.1053/jarr.2002.33517

Abstract

The swan neck presternal catheter is composed of 2 flexible (silicon rubber) tubes joined by a titanium connector at the time of implantation. The exit site is located in the parasternal area. The catheter located on the chest was designed to reduce the incidence of exit site infections compared to peritoneal dialysis catheters with abdominal exits. From August 1991 to September 30, 2001, 974 swan neck presternal catheters were implanted worldwide. At the university of Missouri, 150 of these catheters were implanted and followed for over 130 patient years. Presternal catheters tended to perform better than swan neck abdominal catheters regarding exit and tunnel infections, even though they were implanted in several patients in whom regular catheters with the exit on the abdomen would be difficult or impossible to implant. Two-year survival probability of presternal catheters was 0.95. Recurrent/refractory peritonitis was the only reason for catheter failure. The catheter is particularly useful in obese patients (body mass index >35), patients with ostomies, children with diapers and fecal incontinence, and patients who want to take baths without the risk of exit contamination. Many patients prefer presternal catheter because of better body image. Disadvantages of the presternal catheter are minimal. Compared with abdominal catheters, dialysis-solution flow is slightly slower because of the increased catheter length; however, slower flow is insignificant clinically. There is a possibility of catheter disconnection in the tunnel, but this complication is extremely rare in adults and easily corrected. Finally, the implantation technique is more challenging compared with that of single-piece, abdominal catheters.

CONDIZIONI DI MAGGIOR RISCHIO CLINICO

EDTA 2010 – RACCOMANDAZIONI - NON CONSIDERARE CONTROINDICAZIONI

INSUFFICIENZA CARDIACA CONGESTIZIA
MALATTIA POLICISTICA
DIVERTICOLOSI
ERNIE ADDOMINALI
IPERTENSIONE PORTALE
OBESITA'
SCARSA COMPLIANCE, ETA' AVANZATA
INABILITA' FISICA O MENTALE ALL'AUTOGESTIONE

RENI POLICISTICI

PLOS ONE

RESEARCH ARTICLE

Outcome of polycystic kidney disease patients on peritoneal dialysis: Systematic review of literature and meta-analysis

Vincent Dupont[1], Lukshe Kanagaratnam[2], Mickaël Sigogne[1], Clémence Bechade[3], Thierry Lobbedez[3], Jose Portoles[4], Philippe Rieu[1,5], Moustapha Drame[2], Fatouma Touré[1,5]*

Methods: A systematic review and meta-analysis (2018) were performed examining all studies which included "Polycystic kidney disease" and "Peritoneal dialysis"

9 studies published between 1998 and 2016 were included for analysis with a total of 7,197 patients including 882 PKD patients. Overall survival of PKD patients was found to be better compared to non-PKD patients

Conclusions: PKD is associated with a better global survival, an increased risk of abdominal hernia, but **no differences in peritonitis rate or technical survival were found. PD is a safe dialysis modality for PKD patients**. Properly designed controlled studies are needed to determine whether all PKD patients are eligible for PD or whether some specific criteria should be determined.

Nephrol Dial Transplant (2018) 33: 2020–2026
doi: 10.1093/ndt/gfx364
Advance Access publication 17 January 2018

ndt
Nephrology Dialysis Transplantation

Outcome of autosomal dominant polycystic kidney disease patients on peritoneal dialysis: a national retrospective study based on two French registries (the French Language Peritoneal Dialysis Registry and the French Renal Epidemiology and Information Network)

Mickael Sigogne[1,*], Lukshe Kanagaratnam[3,*], Vincent Dupont[1], Cécile Couchoud[4], Christian Verger[5], Hervé Maheut[1], Marc Hazzan[6], Jean Michel Halimi[7], Coralie Barbe[3], Eric Canivet[1], Andréea Petrache[1], Moustapha Dramé[3], Philippe Rieu[1,2] and Fatouma Touré[1,2]

RENI POLICISTICI

2000 and 2010
REIN e RDPLF (French Language Peritoneal Dialysis Registry)

REIN: ADPKD patients on PD (n = 638) Vs ADPKD patients on HD (n = 4653)

RDPLF: ADPKD patients on PD (n = 797) Vs non-ADPKD patients on PD (n = 12 059)

REIN (PD vs HD): ADPKD patients on PD had higher serum albumin levels and were less frequently diabetic
The use of PD in ADPKD patients was positively associated with the occurrence of a kidney transplantation but not with death
RDPLF (PD) non-ADPKD patients on PD Vs ADPKD patients on PD ADPKD status was not associated with an increased risk of technique failure or an increased risk of peritonitis.

Conclusions: According to our results, PD is proposed to a selected population of ADPKD patients, PD does not have a negative impact on ADPKD patients' overall survival and PD technique failure is not influenced by ADPKD status. Therefore PD is a reasonable option for ADPKD patients.

CONDIZIONI DI MAGGIOR RISCHIO CLINICO

EDTA 2010 – RACCOMANDAZIONI - NON CONSIDERARE CONTROINDICAZIONI

INSUFFICIENZA CARDIACA CONGESTIZIA
MALATTIA POLICISTICA
DIVERTICOLOSI
ERNIE ADDOMINALI
IPERTENSIONE PORTALE
OBESITA'
SCARSA COMPLIANCE, ETA' AVANZATA
INABILITA' FISICA O MENTALE ALL'AUTOGESTIONE

Peritoneal Dialysis International
Volume 30, Issue 2, March 2010, Pages 187-191
© 2010 International Society for Peritoneal Dialysis, Article Reuse Guidelines
https://doi.org/10.3747/pdi.2007.00244

PDI 2010

Article

Colonic Diverticulosis as a Risk Factor for Peritonitis in Chinese Peritoneal Dialysis Patients

Terence Yip, Kai Chung Tse, Man Fai Lam, Suk Wai Cheng, Sing Leung Lui, Sydney Tang, Matthew Ng, Tak Mao Chan, Kar Neng Lai, and Wai Kei Lo

Studio retrospettico condotto dal 1994 al 2006 su 104 pz in CAPD
Diagnosi di diverticolosi nel 24% (nel 56% casi nel colon ascendente)

La presenza di diverticolosi è un fattore di rischio indipendente per lo sviluppo della peritonite enterica.
La diverticolosi del colon non sembra influenzare l'esito della peritonite enterica

JOURNAL ARTICLE

Diverticular Disease of the Colon: A Risk Factor for Peritonitis in Continuous Peritoneal Dialysis

Get access

A. Tranæus, O. Heimbürger, S. Granqvist

Nephrology Dialysis Transplantation, Volume 5, Issue 2, 1990, Pages 141–147,
https://doi.org/10.1093/ndt/5.2.141
Published: 01 January 1990 **Article history**

NDT 1990

129 pz incidenti in 9 anni di studio

Ad inizio DP pz eseguivano clisma opaco
42% pz avevano > 1 diverticolo

in 54 (42%) of all patients. In all cases the following factors: ≥ 10 diverticula, diverticular size of ≥ 10 mm and diverticula in the ascending, transverse, or descending colon, significantly increased the risk of developing peritonitis of enteral origin ($p<0.05$). Neither diverticula in the sigmoid colon nor diverticulitis, as assessed by radiological findings, were identified as risk factors. Enteral episodes (as defined in this study) appear to represent mainly

44 peritoniti in 30 pz di origine enterica

La diverticolosi del non-sigmoid colon è un fattore di rischio per peritoniti in CAPD

Diverticolosi

La presenza di diverticoli aumenta il rischio di peritoniti in funzione del numero, della sede, delle dimensioni e di concomitanti alterazioni dell'alvo

Diverticolosi, controindicazione a DP se...

Pregresse diverticoliti
Malattia diverticolare diffusa

Case Reports > Pol Merkur Lekarski. 2002 Nov;13(77):408-9.

[Diverticulosis as a background of "abdominal catastrophe" in the course of peritoneal dialysis. Care Report]

[Article in Polish]
Bozena Pietrzak [1], Anna Olszowska, Monika Prokopiuk, Grzegorz Zelichowski

Eseguire:
PREVENZIONE STIPSI E FATTORI CORRELATI
PREVENZIONE IN MANOVRE INVASIVE

La selezione del paziente: le vere controindicazioni e i miti da sfatare

- PZ ANURICO
- PZ ASCITICO
- PZ URGENT START
- PZ FRAGILE

PAZIENTE ANURICO IN DP/rischio sovraccarico

- Nei pz anurici secondo le linee guida europee il valore minimo target per UF giornaliera è 1 L/die (Dombros. European Best Practice Guidelines NDT 2005 Dec;suppl 9)

- Per le Linee Guida Britanniche valore minimo consigliato per UF 0,75 l/die (Peritoneal Dialysis in CKD)

Peritoneal Dialysis International, Vol. 35, pp. 379–387
doi: 10.3747/pdi.2014.00279
0896-8608/15 $3.00 + .00
Copyright © 2015 International Society for Peritoneal Dialysis

ISPD GUIDELINES/RECOMMENDATIONS

ISPD CARDIOVASCULAR AND METABOLIC GUIDELINES IN ADULT PERITONEAL DIALYSIS PATIENTS PART I – ASSESSMENT AND MANAGEMENT OF VARIOUS CARDIOVASCULAR RISK FACTORS

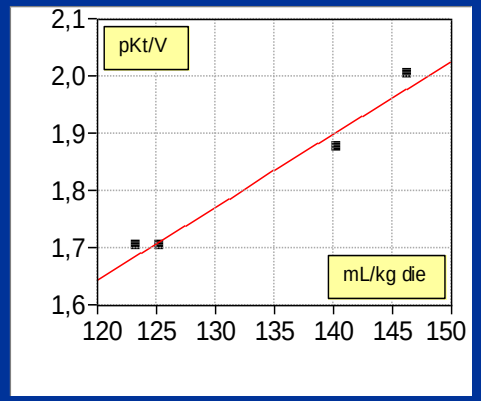
Angela Yee Moon Wang,[1] K. Scott Brimble,[2] Gillian Brunier,[3] Stephen G. Holt,[4] Vivekanand Jha,[5] David W. Johnson,[6,7] Shin-Wook Kang,[8] Jeroen P. Kooman,[9] Mark Lambie,[10] Chris McIntyre,[11] Rajnish Mehrotra,[12] and Roberto Pecoits-Filho[13]

1.2 We recommend salt restriction (<2 g sodium or 5 g sodium chloride per day) for all peritoneal dialysis patients unless contraindicated or patients show evidence of volume contraction or hypotension. (1C)

CAPD: la prescrizione dialitica negli anurici / rischio inadeguatezza depurativa

La Milia, Lecco 2013 corso DP

	pKt/V	Peso (Kg)	Volume (L / die)	VOLin / die	Autore
CAPD	> 1.70	59	7.4	125 mL / Kg	Szeto 2001
CAPD	= 1.79	70	8.6	123 mL / Kg	Virga 1994
CAPD	> 1.87	50	7.0	140 mL / Kg	Lo 2005
CAPD	> 2.00	65	9.5	146 mL / Kg	Bhaskaran 2000
CAPD	=1.70	60	7.55 (1.90 x 4)	125 mL/kg	
CAPD	=1.70	70	8.75 (2.20 x 4)	125 mL/kg	
CAPD	=1.70	80	10.00 (2.50 x 4)	125 mL/kg	
CAPD	=1.70	90	11.25 (2.80 x 4)	125 mL/kg	



125 ml dialisato x 85 kg = 10,6 L/die

J Am Soc Nephrol 14: 2948–2957, 2003

Survival of Functionally Anuric Patients on Automated Peritoneal Dialysis: The European APD Outcome Study

EDWINA A. BROWN,* SIMON J. DAVIES,† PETER RUTHERFORD,‡
FREDERIQUE MEEUS,§ MERCEDES BORRAS,‖ WERNER RIEGEL,¶
JOSE C. DIVINO FILHO,# EDWARD VONESH,** and
MONIQUE VAN BREE # ON BEHALF OF THE EAPOS GROUP

Downloaded fro

Pz Anurico, EAPOS group

- Lento Trasportatore < 0.65 : CCPD 3 cicli, 2 L 9 ore + 2 stasi diurn
- Medio trasportarore: CCPD 3-4 cicli, 2-3 L 9 ore + 2 stasi diurne
- Rapido trasportatore: CCPD 4-5 cicli 2-2.5 L 8 ore + 2 stasi di cui una con icodestrina

Target Cl Creat 60 l/sett

Volumi 15-17 L

UF > 750 ml/die

AJKD In Practice Review

Peritoneal Dialysis Use in Patients With Ascites: A Review

Nilum Rajora, Lucia De Gregorio, and Ramesh Saxena

Am J Kidney Dis. 78(5):728-735. Published online June 16, 2021.

Pz Ascitico

Il pz emodializzato con ascite è di difficile gestione per:
- emodinamica instabile
- la presenza di coagulopatia
- malnutrizione, encefalopatia

Studi osservazionali hanno dimostrato che la PD fornisce stabilità emodinamica e facilita una migliore gestione del volume rispetto all'emodialisi.

La PD elimina la necessità di paracentesi terapeutica facilitando il drenaggio continuo dell'ascite, riduce potenzialmente le complicanze emorragiche evitando l'uso routinario di anticoagulanti

Tuttavia, vi è la percezione che l'uso della PD sia associato a un rischio più elevato di infezioni, a un'eccessiva perdita di albumina e a risultati complessivamente sfavorevoli e pertanto non dovrebbe essere offerto ai pazienti in IRC e ascite

Kidney Failure and Ascites

AJKD In Practice Review

Peritoneal Dialysis Use in Patients With Ascites: A Review

Nilum Rajora, Lucia De Gregorio, and Ramesh Saxena

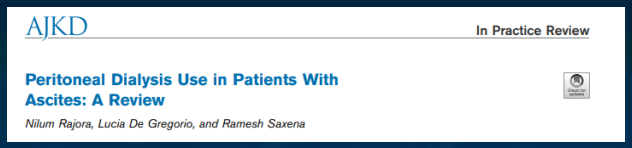
La presenza di cirrosi aumenta il rischio complessivo di mortalità nei pazienti affetti da KF

Box 1. Potential Advantages and Disadvantages of Peritoneal Dialysis in Patients With Kidney Failure and Ascites

Advantages
- Better hemodynamic stability
- No need for anticoagulation
- Lower risk of hepatitis B and C virus transmission
- Continuous drainage of ascites—no need for serial therapeutic paracentesis
- Provision of caloric load

Disadvantages
- Protein loss in dialysate effluent
- Risk of peritonitis
- Potential risks of pericatheter leaks, hernia, and other mechanical complications
- Need for stable home situation
- Inability to perform peritoneal dialysis in the setting of physical or mental incapacity in the absence of assistance

Patients with ascites are overall hypervolemic, but they have low effective arterial blood volume. Rapid removal of fluid from the intravascular compartment during HD may thus produce severe hypovolemia and hypotension


AJKD In Practice Review

Peritoneal Dialysis Use in Patients With Ascites: A Review

Nilum Rajora, Lucia De Gregorio, and Ramesh Saxena

Outcomes of PD in Patients With KF and Ascites IPOALBUMINEMIA

Hypoalbuminemia is a predictor of mortality in KF patients and an independent risk factor for peritonitis in PD

Pertanto, dati i bassi livelli basali di albumina sierica nei pazienti con IRC e ascite, sono note le preoccupazioni in merito al fatto che un'eccessiva perdita di proteine nell'effluente possa esacerbare l'ipoalbuminemia e provocare scarsi risultati clinici. Tuttavia, la maggior parte dei dati disponibili non supporta questa ipotesi.

Conceivably, an increase in intra-abdominal pressure generated by PD fluid may counter portal pressure and thereby reduce the formation of ascites and ensuing protein losses

A majority of patients tolerate PD well, with minimal change in serum albumin. Protein losses are initially high but reduce with time.

Infections and Peritonitis

AJKD In Practice Review

Peritoneal Dialysis Use in Patients With Ascites: A Review

Nilum Rajora, Lucia De Gregorio, and Ramesh Saxena

Cirrhosis facilitates translocation of gut microorganisms, particularly Escherichia coli and other Gram-negative bacteria, into the peritoneum.

Si teme che la DP possa aggravare il rischio di peritonite sommando ai rischi catetere-correlati il rischio intrinseco di peritonite batterica spontanea.

However, most of the recent data suggest that this may not be the case

Although the rates of peritonitis may be similar between cirrhotic and noncirrhotic PD patients, the causative organisms may differ. One study reported gut-dwelling Streptococcus, E coli, and other Gram-negative bacteria caused 43% of the peritonitis cases in cirrhotic PD patients, compared with only 20% in noncirrhotic patients

Patient Survival and Hemodynamic Stability

Nel complesso, le evidenze disponibili, sebbene basate su piccoli studi, indicano che la PD è un'opzione praticabile per i pazienti con KF e cirrosi con ascite e ha simili outcomes rispetto ai pazienti con KF e cirrosi ascitogena sottoposti a HD.

Table 2. Comparison of Outcomes Between HD and PD in Patients with Kidney Failure and Liver Cirrhosis and Ascites

Study	Patients	Outcomes
Nader et al[35]	26,135 cirrhotic patients with incident KF (25,686 HD; 449 [1.7%] PD; 1,878 with ascites, of which 18 [0.96%] on PD)	In-hospital mortality: no significant difference between PD and HD; among subgroup with ascites, significantly lower with PD vs HD (0 vs 26.67; $P = 0.03$) Hospital LOS: longer in HD vs PD (8.34 vs 7.06 d; $P < 0.001$) In-hospital charges: higher with HD vs PD ($74,501 vs $57,460; $P < 0.001$)
Chou et al[43]	Cohort 1: 85 PD and 340 HD patients with KF and cirrhosis; cohort 2: 279 PD and 1,116 HD patients with cirrhosis and KF; prevalence of ascites not available	Lower mortality among PD vs HD patients in cohort 1 (HR, 0.48 [95% CI, 0.31-0.74]; $P < 0.01$; average FU of 6 y) and cohort 2 (HR, 0.61 [95% CI, 0.47-0.79]; $P < 0.01$; FU duration NA)
Kim et al[28]	44 KF patients with cirrhosis (33 on HD [11 with ascites], 11 on PD [1 with ascites])	No difference in mortality between HD and PD patients ($P = 0.562$)
Chien et al[30]	40 PD and 703 HD patients with KF and cirrhosis (prevalence of ascites not given)	Liver cirrhosis is an important predictor of mortality in KF, but the effect on mortality was not different between HD and PD patients

Abbreviations: FU, follow-up; HD, hemodialysis; HR, hazard ratio; KF, kidney failure; LOS, length of stay; NA, not available; PD, peritoneal dialysis.

Peritoneal Dialysis International
Volume 41, Issue 1, January 2021, Pages 15-31
© The Author(s) 2020, Article Reuse Guidelines
https://doi.org/10.1177/0896860820970834

Special Series/Guidelines

ISPD guidelines for peritoneal dialysis in acute kidney injury: 2020 update (adults)

Brett Cullis [1,2], Abdullah Al-Hwiesh [3], Kajiru Kilonzo [4], Mignon McCulloch [2], Abdou Niang [5], Peter Nourse [2], Watanyu Parapiboon [6], Daniela Ponce [7], and Fredric O Finkelstein [8]

Urgent Start PD

Guideline 1: Is PD a suitable modality for treating AKI?

PD should be considered a suitable modality for treatment of AKI in all settings (1B)

Esistono numerosi vantaggi della PD rispetto alla terapia extracorporea nel trattamento dell'AKI. Tuttavia, da lungo tempo si ritiene che la DP non sia in grado di raggiungere adeguate clearances per renderla paragonabile alle terapie extracorporee. Di conseguenza, si temeva che i risultati non sarebbero stati ottimali nei pazienti trattati con PD.

A Cochrane review made the following conclusion: 'Based on moderate (mortality, recovery of kidney function), low (infectious complications), or very low certainty evidence (correction of acidosis) there is probably little or no difference between PD and extracorporeal therapy for treating AKI. Fluid removal (low certainty) and weekly delivered K t/V (very low certainty) may be higher with extracorporeal therapy.

Peritoneal Dialysis International
Volume 41, Issue 1, January 2021, Pages 15-31
© The Author(s) 2020, Article Reuse Guidelines
https://doi.org/10.1177/0896860820970834

SAGE journals

Special Series/Guidelines

ISPD guidelines for peritoneal dialysis in acute kidney injury: 2020 update (adults)

Brett Cullis [1,2], Abdullah Al-Hwiesh [3], Kajiru Kilonzo [4], Mignon McCulloch [2], Abdou Niang [5], Peter Nourse [2], Watanyu Parapiboon [6], Daniela Ponce [7], and Fredric O Finkelstein [8]

Urgent start PD – AKI

L'APD, utilizzando 25 L con Tidal al 70% per 24 ore mostra una sopravvivenza equivalente alla CVVH con una dose di effluente di 23 mL/kg/h (1C)

Guideline 4: Prescribing and achieving adequate clearance in acute PD

(4.1) Targeting a weekly K_t/V_{urea} of 3.5 provides outcomes comparable to that of daily HD in critically ill patients; targeting higher doses does not improve outcomes **(1B)**. This dose may not be necessary for most patients with AKI and targeting a weekly K_t/V of 2.2 has been shown to be equivalent to higher doses **(1B)**. Tidal automated PD (APD) using 25 L with 70% tidal volume per 24 h shows equivalent survival to continuous venovenous haemodiafiltration with an effluent dose of 23 mL/kg/h **(1C)**.

Ye et al. BMC Nephrology (2019) 20:238
https://doi.org/10.1186/s12882-019-1408-9

BMC Nephrology

RESEARCH ARTICLE Open Access

Urgent-start peritoneal dialysis for patients with end stage renal disease: a 10-year retrospective study

Hongjian Ye[1,2†], Xiao Yang[1,2†], Chunyan Yi[1,2], Qunying Guo[1,2], Yafang Li[1,2], Qiongqiong Yang[1,2], Wei Chen[1,2], Haiping Mao[1,2], Jianbo Li[1,2], Yagui Qiu[1,2], Xunhua Zheng[1,2], Dihua Zhang[1,2], Jianxiong Lin[1,2], Zhijian Li[1,2], Zongpei Jiang[1,2], Fengxian Huang[1,2] and Xueqing Yu[1,2*]

2059 patients (58.9% male, mean age 47.6 ± 15.9 years)

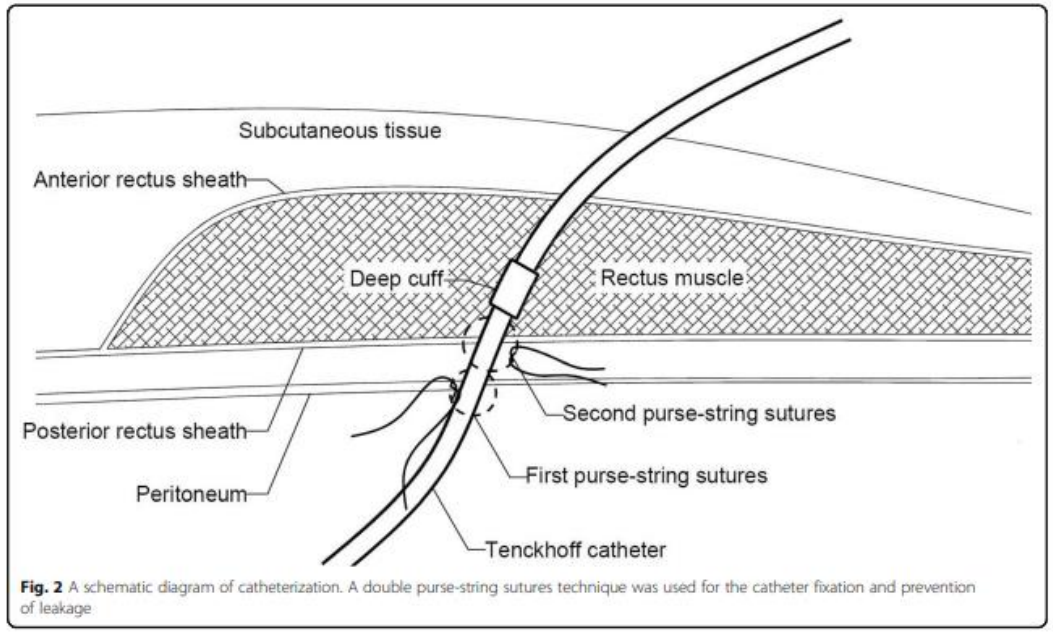
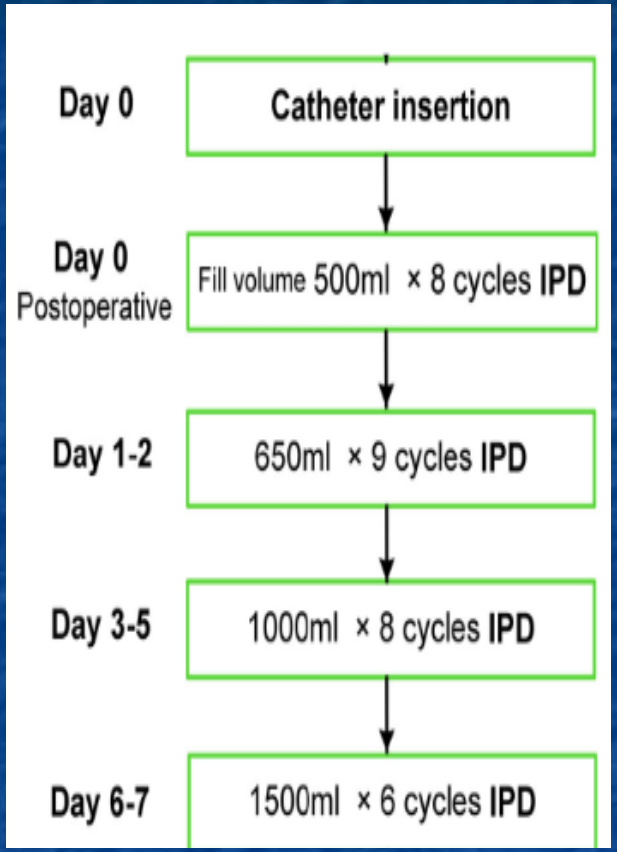


Fig. 2 A schematic diagram of catheterization. A double purse-string sutures technique was used for the catheter fixation and prevention of leakage



Conclusions: Urgent-start PD is a safe and efficacious option for unplanned ESRD patients. A well-trained PD team, a standardized catheter insertion procedure by experienced nephrologists, and a carefully designed initial PD prescription as well as comprehensive follow-up care, might be essential for the successful urgent-start PD program

La doppia borsa di tabacco intorno alla cuffia profonda del catetere peritoneale: una tecnica per l'inizio immediato della CAPD

Articoli Originali

Antonio Scalamogna[1], Luca Nardelli[1,2], Piergiorgio Messa[1,2]

1 UOC di Nefrologia, Dialisi e Trapianti di Rene, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano
2 Scuola di Specializzazione in Nefrologia, Università degli Studi di Milano

Corrispondenza a:
Luca Nardelli
UOC di Nefrologia, Dialisi e Trapianti di Rene, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano
Via della Commenda 15
20122 Milano, Italia
Tel/Fax 02 55034552
E-mail: luca.nardelli@unimi.it

Luca Nardelli

Protocollo di inizio CAPD

Come protocollo standard gli scambi dialitici venivano iniziati entro 24 ore dal posizionamento del catetere. Per i primi 3 giorni venivano effettuati 4 scambi giornalieri con un volume di stazionamento pari a 1 litro. Dalla quarta alla sesta giornata si effettuavano 4 scambi con un volume di stazionamento uguale a 1.5 litri. In settima giornata il volume per singolo scambio veniva portato a 2 litri e il numero di scambi effettuati giornalmente erano stabiliti sulla base delle esigenze cliniche individuali.

Peritoneal Dialysis International
Volume 41, Issue 1, January 2021, Pages 15-31
© The Author(s) 2020, Article Reuse Guidelines
https://doi.org/10.1177/0896860820970834

SAGE journals

Special Series/Guidelines

ISPD guidelines for peritoneal dialysis in acute kidney injury: 2020 update (adults)

Brett Cullis [1,2], Abdullah Al-Hwiesh [3], Kajiru Kilonzo [4], Mignon McCulloch [2], Abdou Niang [5], Peter Nourse [2], Watanyu Parapiboon [6], Daniela Ponce [7], and Fredric O Finkelstein [8]

The recent Covid-19 pandemic has highlighted the benefits of acute PD in patients who have a hypercoagulable state, especially when extracorporeal therapy options are limited due to demands on machines, supplies and staffing.16

editorial: special report
www.kidney-international.org

Use of peritoneal dialysis for acute kidney injury during the COVID-19 pandemic in New York City: a multicenter observational study

Check for updates

Wei Chen[1,2,3], Nina Caplin[4,5], Osama El Shamy[6], Shuchita Sharma[6], Maryanne Y. Sourial[2], Michael J. Ross[1,2], Mina H. Sourial[2], Kalyan Prudhvi[2], Ladan Golestaneh[2], Vesh Srivatana[7,8], Rochelle Dalsan[1], Daniil Shimonov[7,8], Luis Sanchez-Russo[6], Sara Atallah[6] and Jaime Uribarri[6]; for the NYC-PD Consortium

To demonstrate feasibility of acute peritoneal dialysis (PD) for acute kidney injury during the coronavirus disease 2019 (COVID-19) pandemic, we performed a multicenter, retrospective, observational study of 94 patients who received acute PD in New York City in the spring of 2020. Patient comorbidities, severity of disease, laboratory values, kidney replacement therapy, and patient outcomes were recorded. The mean age was 61 ± 11 years; 34% were women; 94% had confirmed COVID-19; 32% required mechanical ventilation on admission. Compared to the levels prior to initiation of kidney replacement therapy, the mean serum potassium level decreased from 5.1 ± 0.9 to 4.5 ± 0.7 mEq/L on PD day 3 and 4.2 ± 0.6 mEq/L on day 7 ($P < 0.001$ for both); mean serum bicarbonate increased from 20 ± 4 to 21 ± 4 mEq/L on PD day 3 ($P = 0.002$) and 24 ± 4 mEq/L on day 7 ($P < 0.001$). After a median follow-up of 30 days, 46% of patients died and 22% had renal recovery. Male sex and mechanical ventilation on admission were significant predictors of mortality. The rapid implementation of an acute PD program was feasible despite resource constraints and can be lifesaving during crises such as the COVID-19 pandemic.

[1]Division of Nephrology, Albert Einstein College of Medicine, Bronx, New York, USA; [2]Division of Nephrology, Montefiore Medical Center, Bronx, New York, USA; [3]Division of Nephrology, University of Rochester School of Medicine and Dentistry, Rochester, New

Kidney International (2021) **100,** 2–5; https://doi.org/10.1016/j.kint.2021.04.017
KEYWORDS: acute kidney injury; acute peritoneal dialysis; COVID-19; mortality; kidney replacement therapy
Copyright © 2021, International Society of Nephrology. Published by Elsevier Inc. All rights reserved.

Studio multicentrico restrospettivo osservazionale 94 pz.

Studio osservazionale 34 pz

Original Investigation
Kidney360

Acute Peritoneal Dialysis During the COVID-19 Pandemic at Bellevue Hospital in New York City

Nina J. Caplin,[1,2] Olga Zhdanova,[1,2] Manish Tandon,[3,4] Nathan Thompson,[1,2] Dhwanil Patel,[1] Qandeel Soomro,[1] Fnu Ranjeeta,[1] Leian Joseph,[1] Jennifer Scherer,[1,2] Shivam Joshi,[1,2] Betty Dyal,[5] Harminder Chawla,[1,2] Sitalakshmi Iyer,[1] Douglas Bails,[2,6] Judith Benstein,[1] David S. Goldfarb,[1] Bruce Gelb,[1] Richard Amerling,[7] and David M. Charytan[1]

Abstract

Background The COVID-19 pandemic strained hospital resources in New York City, including those for providing dialysis. New York University Medical Center and affiliations, including New York City Health and Hospitals/Bellevue, developed a plan to offset the increased needs for KRT. We established acute peritoneal dialysis (PD) capability, as usual dialysis modalities were overwhelmed by COVID-19 AKI.

Methods Observational study of patients requiring KRT admitted to Bellevue Hospital during the COVID surge. Bellevue Hospital is one of the largest public hospitals in the United States, providing medical care to an underserved population. There were substantial staff, supplies, and equipment shortages. Adult patients admitted with AKI who required KRT were considered for PD. We rapidly established an acute PD program. A surgery team placed catheters at the bedside in the intensive care unit; a nephrology team delivered treatment. We provided an alternative to hemodialysis and continuous venovenous hemofiltration for treating patients in the intensive–care unit, demonstrating efficacy with outcomes comparable to standard care.

Results From April 8, 2020 to May 8, 2020, 39 catheters were placed into ten women and 29 men. By June 10, 39% of the patients started on PD recovered kidney function (average ages 56 years for men and 59.5 years for women); men and women who expired were an average 71.8 and 66.2 years old. No episodes of peritonitis were observed; there were nine incidents of minor leaking. Some patients were treated while ventilated in the prone position.

Conclusions Demand compelled us to utilize acute PD during the COVID-19 pandemic. Our experience is one of the largest recently reported in the United States of which we are aware. Acute PD provided lifesaving care to acutely ill patients when expanding current resources was impossible. Our experience may help other programs to avoid rationing dialysis treatments in health crises.

KIDNEY360 1: 1345–1352, 2020. doi: https://doi.org/10.34067/KID.0005192020

CONDIZIONI DI MAGGIOR RISCHIO CLINICO

EDTA 2010 – RACCOMANDAZIONI - NON CONSIDERARE CONTROINDICAZIONI

INSUFFICIENZA CARDIACA CONGESTIZIA
MALATTIA POLICISTICA
DIVERTICOLOSI
ERNIE ADDOMINALI
IPERTENSIONE PORTALE
OBESITA'
SCARSA COMPLIANCE, ETA' AVANZATA
INABILITA' FISICA O MENTALE ALL'AUTOGESTIONE

Il paziente nefropatico fragile

Ore 14:30 IN PRIMO PIANO: IL PAZIENTE NEFROPATICO FRAGILE

Moderatori: *Maurizio Gallieni, Massimo Matalone*

- Individualising the peritoneal dialysis prescription
  Edwina A. Brown
- Dialisi? Terapia nutrizionale? Palliazione? Come gestire la scelta
  Giuliano Brunori
- Cure palliative in dialisi peritoneale
  Maria Cristina Pinerolo de Septis

Guidelines

PERITONEAL DIALYSIS INTERNATIONAL

Peritoneal Dialysis International
2020, Vol. 40(3) 327–332
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0896860819893558
journals.sagepub.com/home/ptd
SAGE

Delivering peritoneal dialysis for the multimorbid, frail and palliative patient

Edwina A Brown[1] and Helen Hurst[2]

PDI 2020

La dialisi peritoneale (PD) è una componente dell'assistenza per i pazienti anziani multimorbidi, fragili e/o con necessita' palliativa. Gli obiettivi di cura dovrebbero essere determinati per tutti i pazienti attraverso un processo decisionale condiviso all'inizio del periodo di PD. Il peso della DP dovrebbe essere ridotto al minimo personalizzando la prescrizione tenendo conto della funzione renale residua e adattandola a ciò che è accettabile per il paziente.

Le strutture di DP dovrebbero sviluppare i percorsi assistenziali necessari per questo gruppo di pazienti, inclusa l'integrazione con i servizi geriatrici, palliativi e sociali locali

A novel programme of supportive two-exchange assisted continuous ambulatory peritoneal dialysis for frail patients with end-stage kidney disease

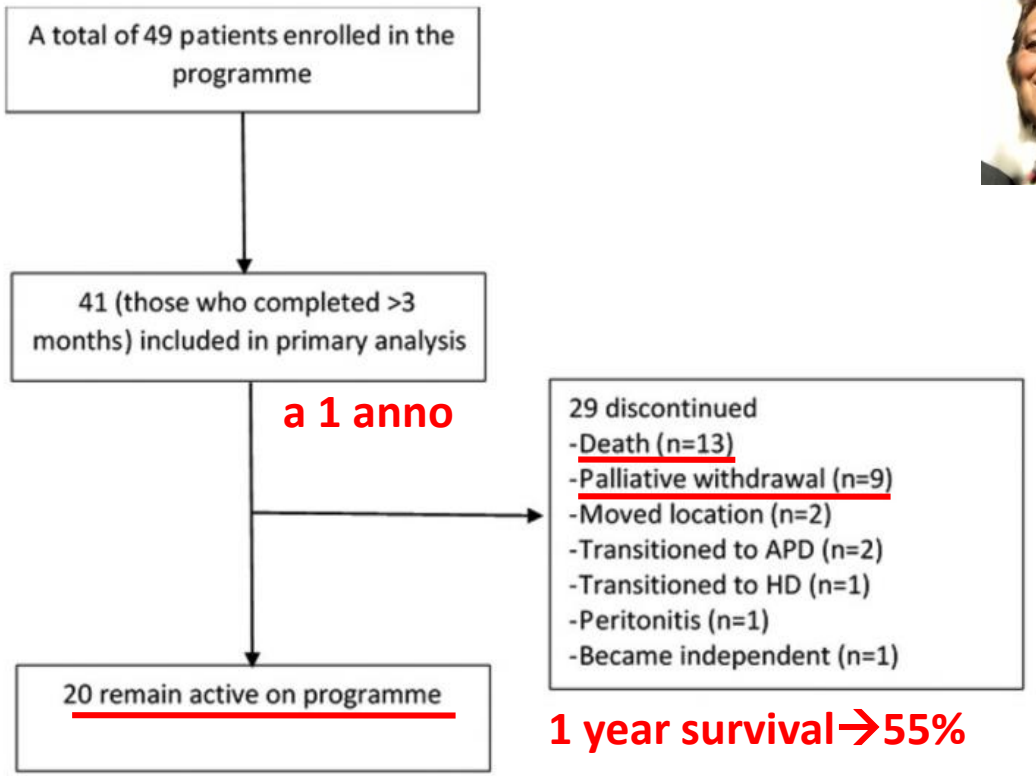
-UK Assisted CAPD
-Studio retrospettivo 2016-2020, 41/49 pz
-Pz anziani non autonomi, fragili, inadatti a HD
-GFR 7,7-+2,6ml/min, incidenti, in AssCAPD >3 mesi
-2 scambi garantiti da servizio territoriale del SSN:
5-7gg/sett
icodestrina notturna +
gluc 1,36%-2,27%-3,86% o 2° icodestrina

- **Outcome primario**:

controllo sintomi a 3 mesi→ miglioramento globale dei sintomi (anoressia, astenia, dispnea, edemi)

- **Outcome secondari:**

peritoniti→0,52/pz/anno,
sopravvivenza →55% a 1 anno



The novel supportive two-exchange asCAPD programme shows potential improvement of symptoms after 3 months and may provide an acceptable dialysis modality for the frail co-morbid person with established kidney failure

EA Brown, PDI 2023

Da Pinerolo, XXI convegno PD 2023

Nephrology Dialysis Transplantation (2022) 0: 1–10
https://doi.org/10.1093/ndt/gfac193
Advance Access publication date 7 June 2022

Availability of assisted peritoneal dialysis in Europe: call for increased and equal access

Edwina A. Brown[1], Agneta Ekstrand[2], Maurizio Gallieni[3,4], Maite Rivera Gorrín[5], Helga Gudmundsdottir[6], Anabela Malho Guedes[7], Marco Heidempergher[4], Benno Kitsche[8,9], Thierry Lobbedez[10], Ulrika Hahn Lundström[11], Kate McCarthy[12], George J. Mellotte[13], Olivier Moranne[14], Dimitrios Petras[15], Johan V. Povlsen[16], Sally Punzalan[1] and Martin Wiesholzer[17]

Background. Availability of assisted PD (asPD) increases access to dialysis at home, particularly for the increasing numbers of older and frail people with advanced kidney disease. Although asPD has been widely used in some European countries for many years, it remains unavailable or poorly utilized in others. A group of leading European nephrologists

Results. Only 5 of the 13 countries surveyed provided publicly funded reimbursement for asPD. The use of asPD depends on overall attitudes to PD, with all respondents mentioning the need for nephrology team education and/or patient education and involvement in dialysis modality decision making.

Conclusions and call to action. Many people with advanced kidney disease would prefer to have their dialysis at home, yet if the frail patient chooses PD most healthcare systems cannot provide their choice. AsPD should be available in all countries in Europe and in all renal centres. The top priorities to make this happen are education of renal healthcare teams about the

Guidelines

PERITONEAL DIALYSIS INTERNATIONAL

International Society for Peritoneal Dialysis practice recommendations: Prescribing high-quality goal-directed peritoneal dialysis

Peritoneal Dialysis International
2020, Vol. 40(3) 244–253
© The Author(s) 2020
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0896860819895364
journals.sagepub.com/home/ptd
SAGE

«It is now generally accepted, however, that the well-being of the person on dialysis is related to many different factors and not just removal of specific toxins."

"This guideline has been written with the focus on the person doing PD."

Alleanza terapeutica e obbiettivi condivisi diventano il fulcro della prescrizione dialitica: <u>dalla PD adequacy alla goal-directed PD</u>

Volontà del pz diventa una indicazione centrale nella scelta

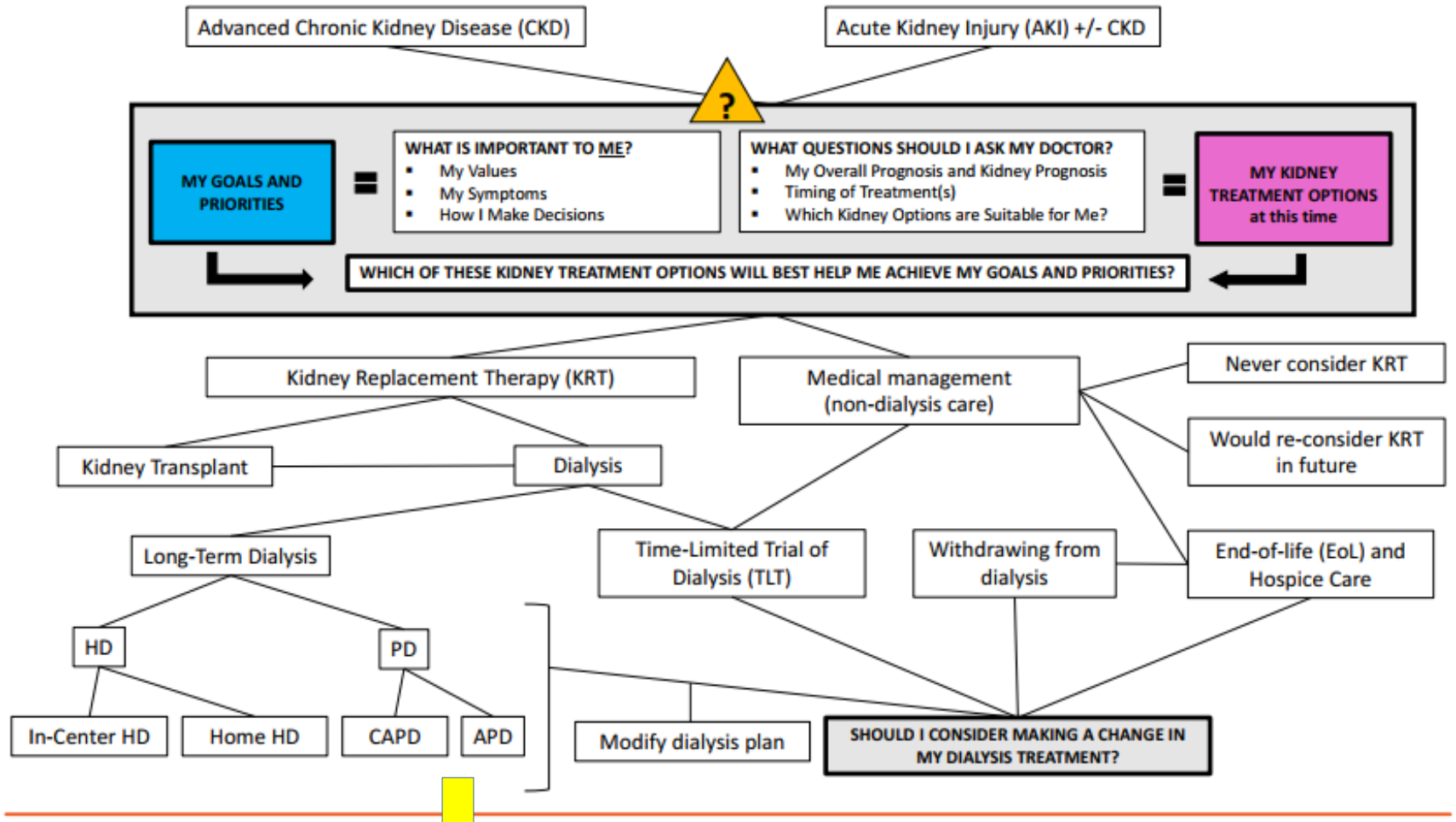


Figure 1. My Kidney Care Roadmap. AI , automated peritoneal dialysis; CAPD, continuous ambulatory peritoneal dialysis; HD, hemodialysis; PD, peritoneal dialysis.

AsPD
Palliative PD

Kidney Supportive Care in Peritoneal Dialysis: Developing a Person-Centered Kidney Disease Care Plan

Emily Lu and Emily Chai

GRAZIE PER L’ATTENZIONE