

PD for patients requiring urgent treatment

Your Voice.
Their Choice.Selecting the right patients
to benefit from Modern PD

John
70 years old
Has mobility issues

Medical Information:

CKD Stage 5
Serum creatinine: 8.3 mg/dL
eGFR: 4 mL/min/ 1.73m²
Serum K+: 5.2 mEq/L

John has been putting off **kidney replacement therapy** for 2 years, but needs to urgently start dialysis now due to hypervolaemia.

How can Modern PD help John?

Clinical Benefits



Urgent-start dialysis is associated with **better outcomes when started with PD** than HD.^{1,2,3}

- Urgent-start PD carries a **lower risk** of **hospitalisation** and dialysis-related **complications** compared to urgent-start HD^{1,2}
- PD avoids the use of CVCs**, which are associated with greater mortality and infection rates^{2,3}



PD is associated with **better preservation of Residual Kidney Function (RKF)** compared to HD^{4,5}

Quality of Life Benefits



An urgent-start program will result in a smooth transmission to dialysis through **outpatient management of dialysis initiation**, reducing treatment delays as well as length of hospitalisation.⁶ It also introduces patients onto the path of **independence** and **flexibility** available through home dialysis.⁷

Urgent-start PD offers a minimally invasive RRT that is both a **safe** and **effective** option for acutely ill patients who need immediate access to dialysis.^{8,9}



Dialysing at home **reduces time spent travelling**¹⁰ to and from the dialysis centre and **prevents nosocomial infection**¹¹, protecting our most vulnerable.

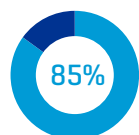
¹ Ghaffari A, Brunelli SM, Cassin M, Schreiber M: Urgent-start peritoneal dialysis versus urgent-start hemodialysis: a multicenter clinical trial. Kidney Week. Philadelphia, PA, JASN, 2014. ² Jin H, Fang W, Zhu M, Yu Z, Fang Y, Yan H, Zhang M, Wang Q, Che X, Xie Y, Huang J: Urgent-start peritoneal dialysis and hemodialysis in ESRD patients: complications and outcomes. PLoS One. 2016 Nov 8;11(11):e0166181. ³ Koch M, Kohnle M, Trapp R, Haastert B, Rump LC, Aker S: Comparable outcome of acute unplanned peritoneal dialysis and haemodialysis. Nephrology Dialysis Transplantation, Vol 27, Issue 1, Jan 2012, P 375-380. ⁴ Liu X, Dai C: Advances in understanding and management of residual renal function in patients with chronic kidney disease. Kidney Diseases. 2016;2(4):187-96. ⁵ Tang SC, Lai KN: Peritoneal dialysis: the ideal bridge from conservative therapy to kidney transplant. Journal of Nephrology. 2020 Jul 11:1-6. ⁶ Rajora et al. How To Build a Successful Urgent-Start Peritoneal Dialysis Program, KIDNEY360 1: 1165-1177, 2020. ⁷ Zazzeroni et al. Comparison of Quality of Life in Patients Undergoing Hemodialysis and Peritoneal Dialysis: a Systematic Review and MetaAnalysis, Kidney Blood Press Res 2017;42:717-727. ⁸ Swinnen et al. Changing the peritoneal dialysis access algorithm with a precise technique of percutaneous Seldinger PD catheter placement, The Journal of Vascular Access 2022. ⁹ Alkathheeri et al. Success of Urgent-Start Peritoneal Dialysis in a Large Canadian Renal Program, 2016 International Society for Peritoneal Dialysis Vol. 36, pp. 171-176. ¹⁰ Litjens EJ, Mulder WJ, Peppelenbosch NG, Cornelis T: Peritoneal dialysis in centenarian patients: no age limitation? Journal of Vascular Access. 2016 Mar;17(1 suppl):S53-5. ¹¹ The Renal Association, COVID-19: challenges for renal services. March 2020.

Higher Satisfaction with Therapy

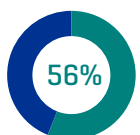
74% of urgent-start PD patients remain on therapy. Of those who left PD, only **33%** electively switched to HD.¹²



PD patients report higher satisfaction with therapy than HD patients.¹³



satisfied on PD



satisfied on HD



ANZ-RC00-230043

Urgent-start Dialysis is a Common Issue



Up to **60%** of dialysis patients may start dialysis in an unplanned manner.¹⁴



Immediate use of **PD catheter with low volume prescriptions** allows for safe urgent-starts of PD before discharge.¹⁵

Shared Decision-Making to Help Your Patients Make Their Dialysis Choice



Shared decision-making [SDM] is a collaborative process where clinicians support patients to reach a treatment decision that is right for their clinical condition, lifestyle and social circumstances.



Even in urgent-start patients, SDM can still be practiced before discharge. Urgent-start patients who completed a pre-dialysis education program and made a therapy choice were more likely to choose PD.¹⁶



Shared decision-making supports patient satisfaction and leads to an increase in patients choosing PD.¹⁷

Here's how you can get started:

- 1** Present **evidence-based therapy options** along with the unbiased pros and cons of each.
- 2** Let your patient **engage** to the extent that he/she desires e.g., making his/her values and preferences explicit.
- 3** A **mutual, informed decision is made** based on the discussion between you and your patient.



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website



Baxter's **My Kidney Journey** website was created to help HCPs present comprehensive and objective information regarding CKD and dialysis to patients in a way that is easy to understand. **Find out more from your local Baxter team.**

Are you ready to voice the benefits of Modern PD to your patients today?

Your Voice. Their Choice.

For Healthcare Professionals Only

¹² Wong LP, Li NC, Kansal S, Lacson E, Maddux F, Kessler J, et al. Urgent peritoneal dialysis starts for ESRD: initial multicenter experiences in the United States. American Journal of Kidney Diseases. 2016 Sep 1;68(3):500-2. ¹³ Rubin HR, Fink NE, Plantinga LC, Sadler JH, Klinger AS, Powe NR. Patient ratings of dialysis care with peritoneal dialysis vs hemodialysis. JAMA. 2004 Feb 11;291(6):897-703. ¹⁴ Dias DB, Mendes ML, Alves CA, Caramori JT, Ponce D. Peritoneal dialysis as an urgent-start option for incident patients on chronic renal replacement therapy: world experience and review of literature. Blood purification. 2020;49(6):652-7. ¹⁵ Chaffari A, Kumar V, Guest S. Infrastructure requirements for an urgent-start peritoneal dialysis program. Peritoneal Dialysis International. 2013 Nov;33(6):611-7. ¹⁶ Machowska A, Alscher MD, Vanga SR, Koch M, Aarup M, Qureshi AR, Lindholm B, Rutherford P. Offering Patients Therapy Options in Unplanned Start (OPTIONS): Implementation of an educational program is feasible and effective. BMC Nephrology. 2017 Dec;18(1):1-2. ¹⁷ Devoe, DJ, Wong, B, James, MT, Ravani, P, et al. Patient Education and Peritoneal Dialysis Modality Selection: A Systematic Review and Meta-analysis. American Journal of Kidney Diseases. 2016; 68:422-33.