

# Självodialys & byte av behandlingsform

Ulrika Hahn Lundström



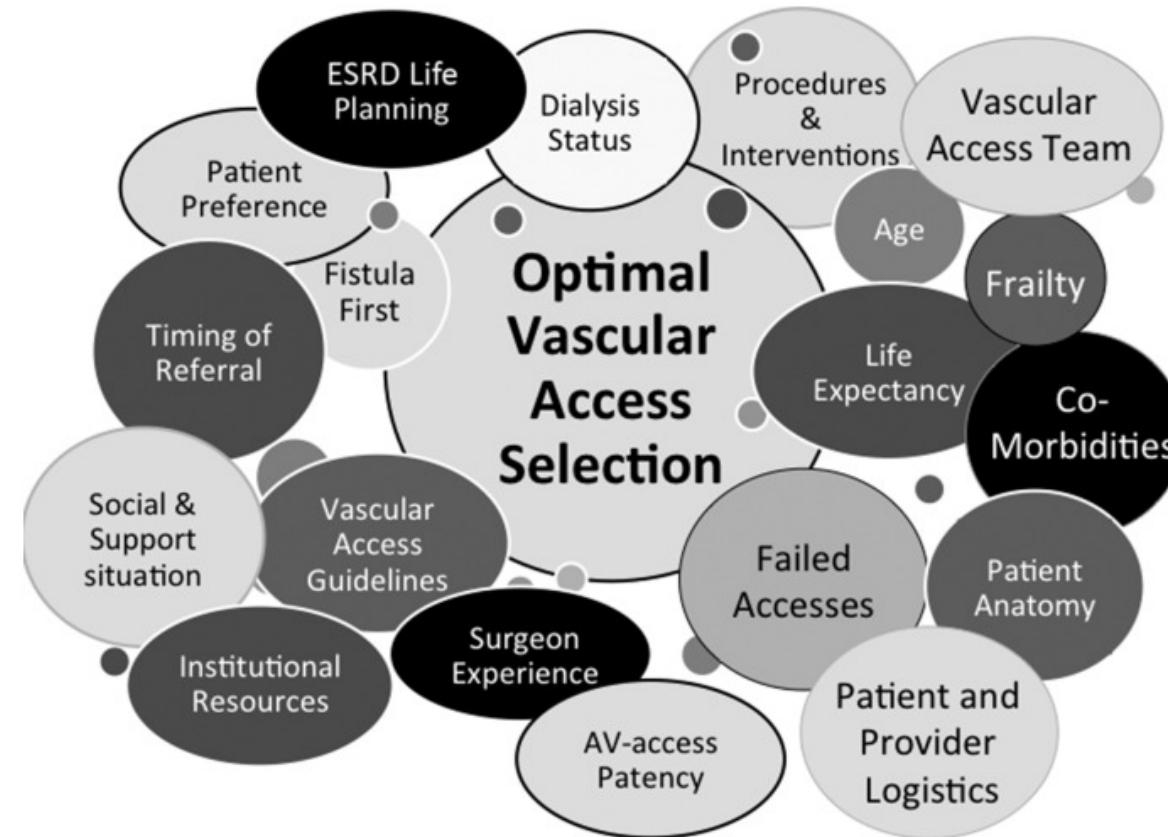
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# När – Vem – Hur längre?



Adapted from Woo, Lok Clin J Am Soc Nephrol 11: 1487–1494, 2016

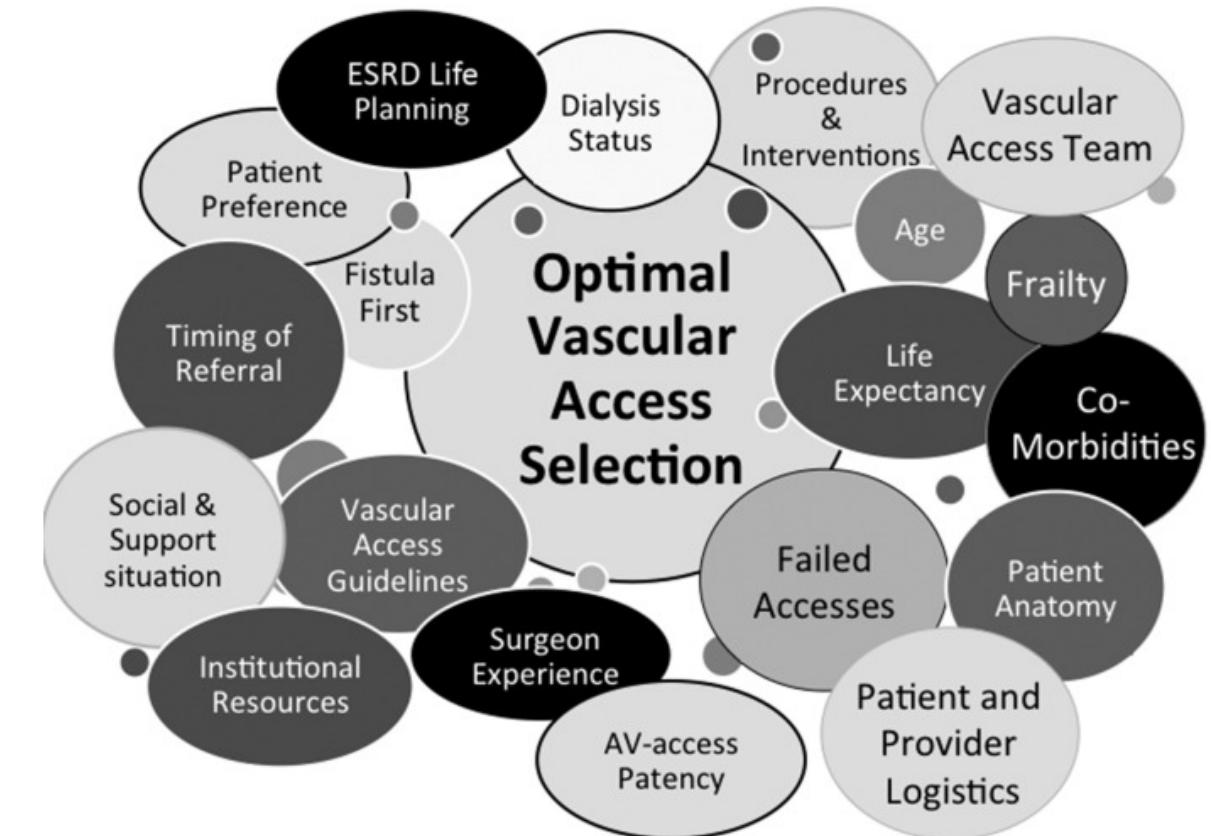
# När – Vem – Hur längre?

Njurtransplantation

Peritonealdialys

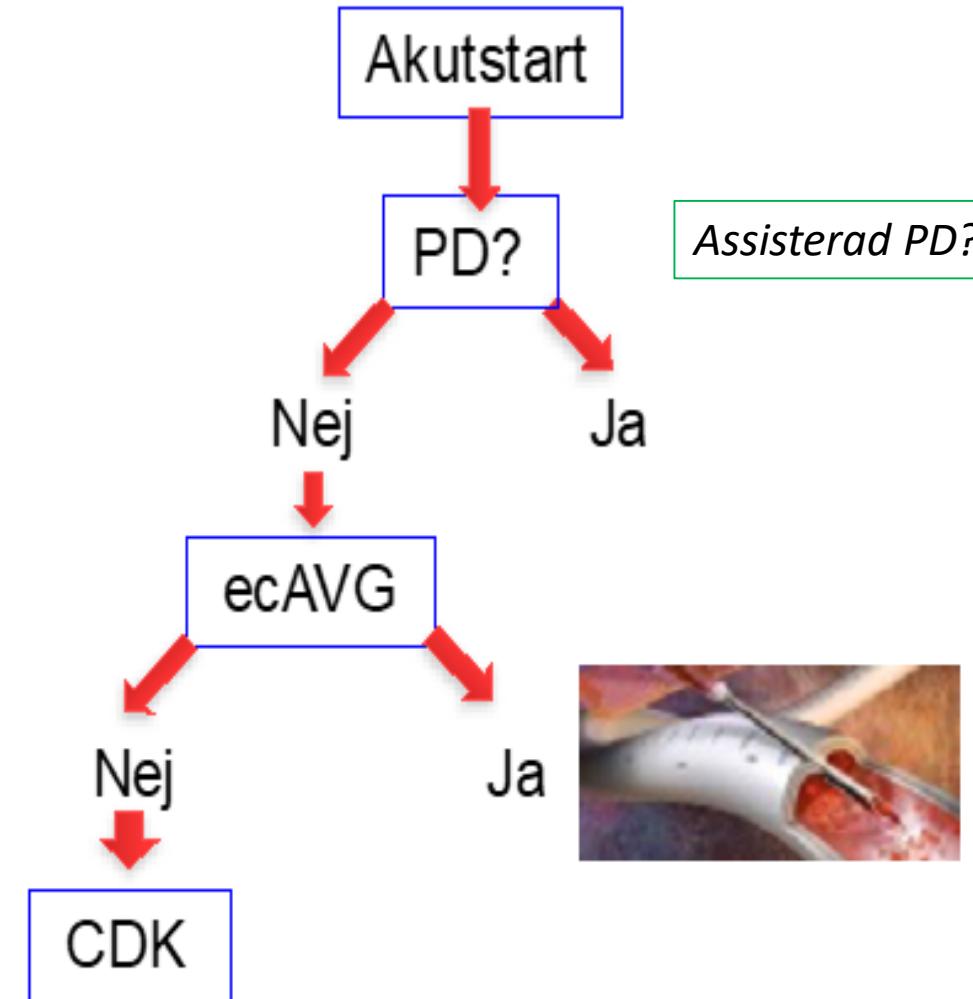
Hemodialys

Konservativ behandling



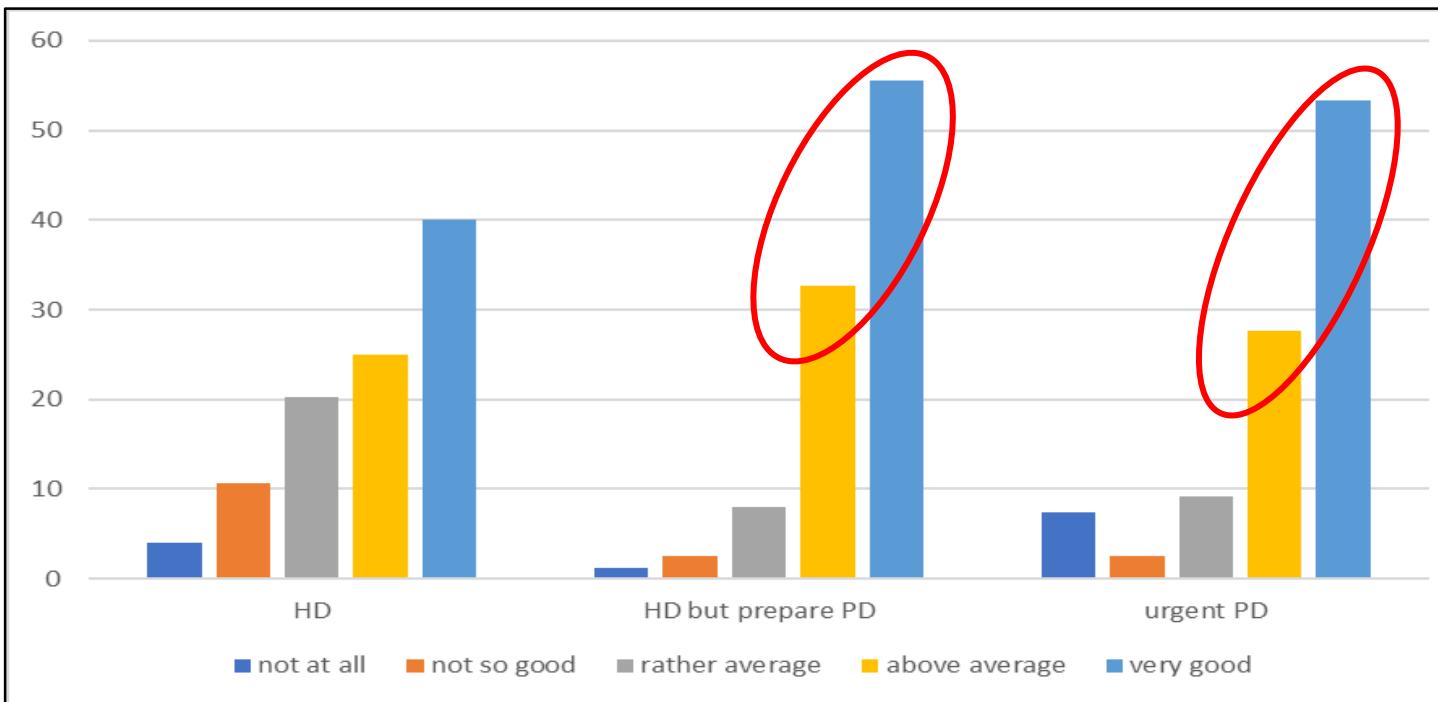
Adapted from Woo, Lok Clin J Am Soc Nephrol 11: 1487–1494, 2016

# Självdialys först



# EuroPD Survey

## Structure of pre-dialysis education program? (p= 0.001)



Case Reports > Perit Dial Int. 2021 Nov;41(6):542-551. doi: 10.1177/08968608211034988.  
Epub 2021 Aug 19.

### Barriers and opportunities to increase PD incidence and prevalence: Lessons from a European Survey

Ulrika Hahn Lundström <sup>1</sup>, Alferso C Abrahams <sup>2</sup>, Jennifer Allen <sup>3</sup>, Karmela Altabas <sup>4</sup>, Clémence Béchade <sup>5</sup>, Felix Burkhalter <sup>6</sup>, Anne-Lorraine Clause <sup>7</sup>, Richard W Corbett <sup>8</sup>, Gabriele Eden <sup>9</sup>, Karlien François <sup>10</sup>, Louis de Laforcade <sup>11</sup>, Mark Lambie <sup>12</sup>, Heike Martin <sup>13</sup>, Jernej Pajek <sup>14</sup>, Vincenzo Panuccio <sup>15</sup>, Silvia Ros-Ruiz <sup>16</sup>, Dominik Steubl <sup>17</sup>, Almudena Vega <sup>18</sup>, Ewa Wojtaszek <sup>19</sup>, Ariane Zaloszyc <sup>20</sup>, Simon J Davies <sup>21</sup>, Wim Van Biesen <sup>22</sup>, Helga Gudmundsdottir <sup>23</sup>



575 nefrologer  
21 länder

# Pre-dialys information CKD 5

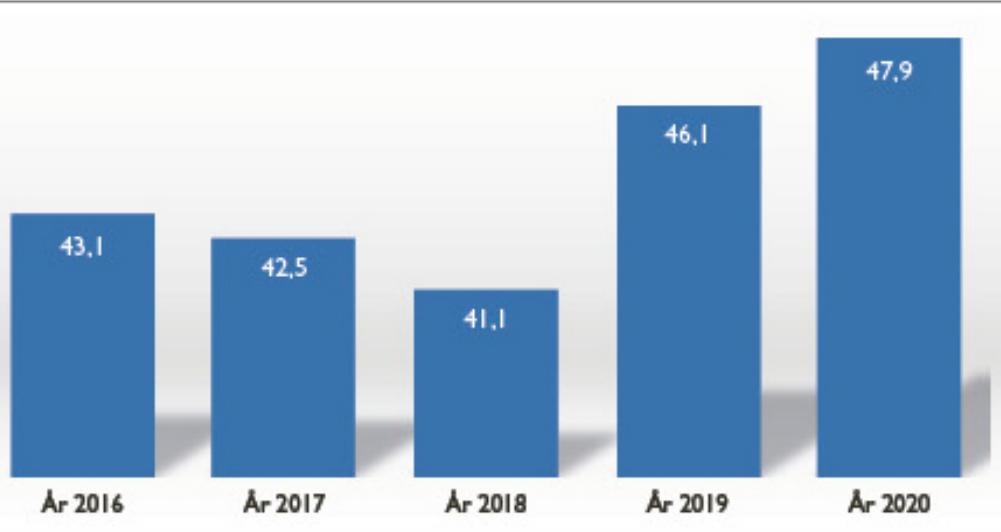


Fig 8b. Andel patienter som någon gång fått undervisning (med eGFR <15 mL/min/1,73 m<sup>2</sup> eller som startat NEB 2016-2020)

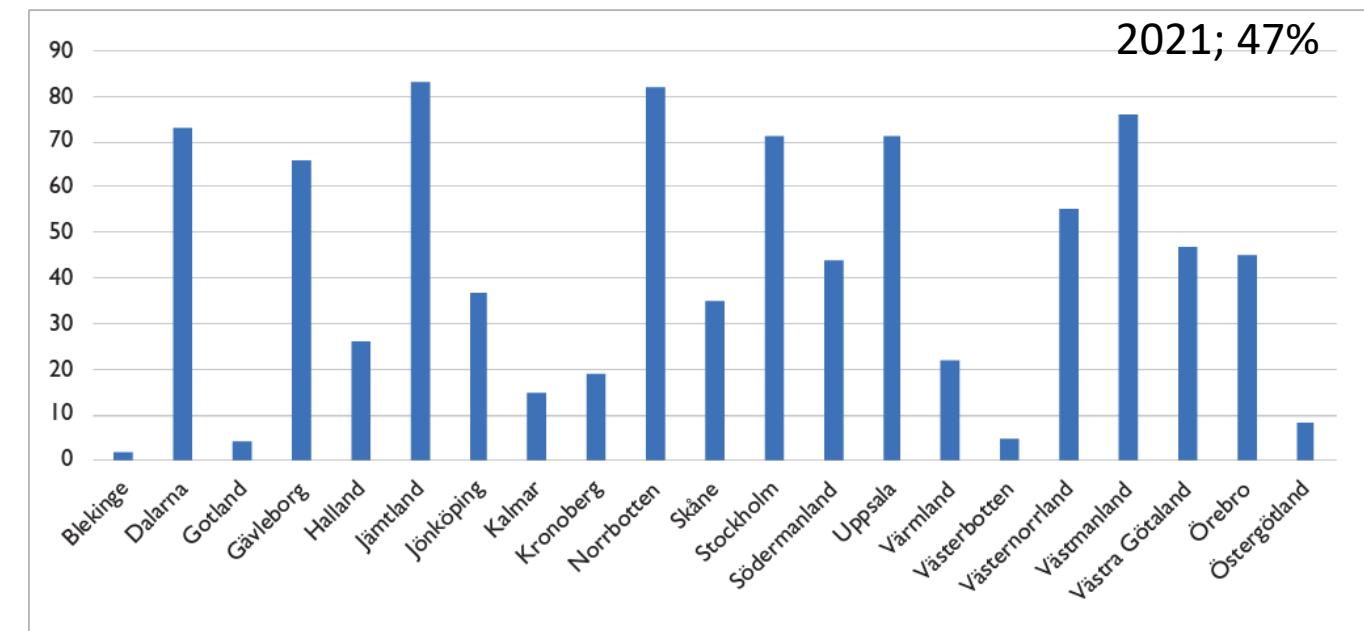
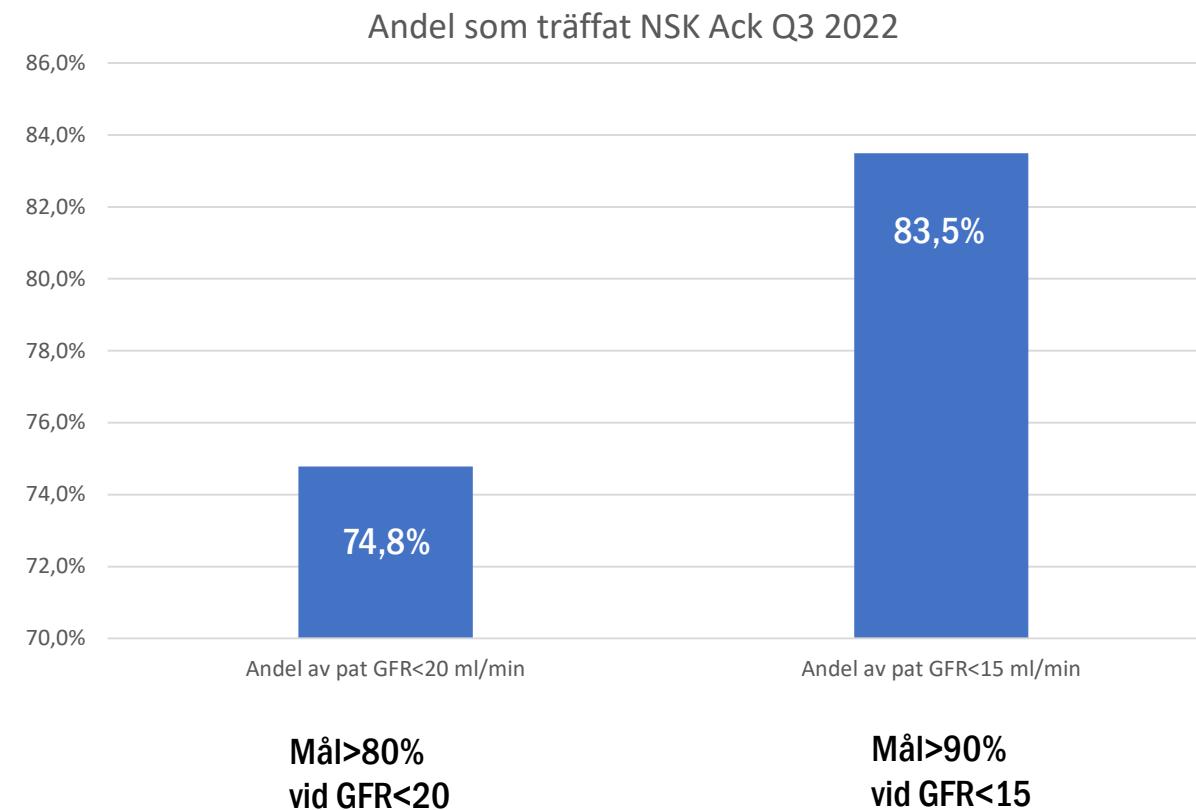


Fig 13. Andel av patienter med CKD 5/start i NEB som fått undervisning

## Karolinskas mål att patienten träffar Njursviktskoordinator minst 1 gång



“The participants in the **nurse-led clinic** chose and started dialysis in a **self-care alternative** and had a **functioning, permanent dialysis access** to a greater extent than the patients in the comparison group”.

**Table 3**  
**Outcomes in Nurse-Led Clinic and Comparison Group**

Outcomes	Patients in nurse-led clinic (N = 70)	Comparison group (N = 153)
Chosen self-care dialysis	59%	40%
Started self-care dialysis	52%	33%
Started dialysis with permanent dialysis access	90%	61%
Started dialysis with emergency dialysis access	10%	39%

# Självdialys

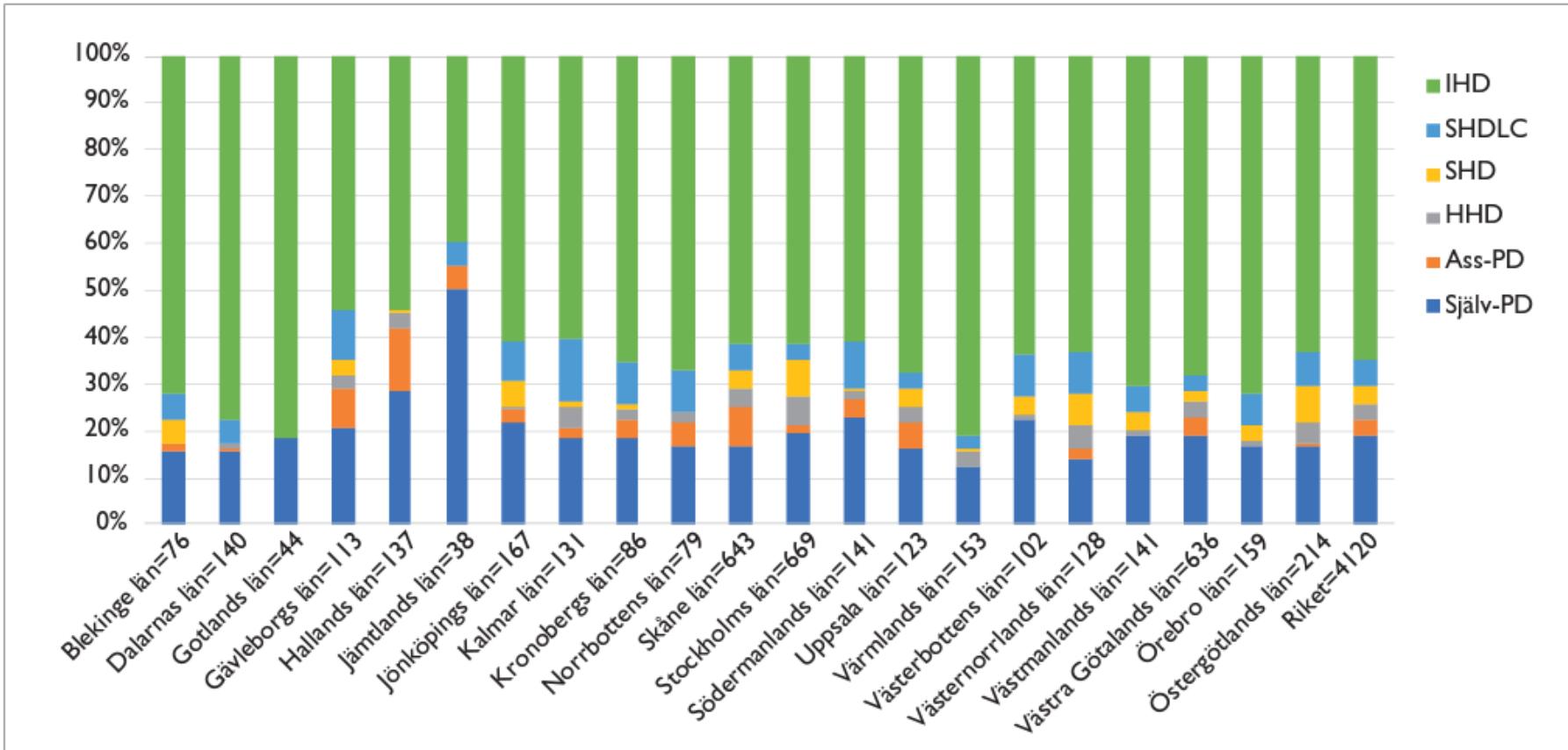


Fig 1. Andel självadministrerad PD, assisterad PD, hem-HD, själv-HD och själv-HD med limited care per län 2021

# Karolinskas mål

MÅL DIALYSKRÄVANDE NJURSVIKT	Sverige tvärsnitt 2019	Sverige tvärsnitt 2020	K + Diav tvärsnitt höst 2019	K + Diav tvärsnitt höst 2020	Q 1 2021	Q 2 2021	Q 3 2021	Q 3 2022
Andel hem- och självdialys inklusive assisterad PD	28 %	30 %	<b>37 %</b>	37 %	<b>37 %</b>	<b>38 %</b>	<b>40 %</b>	<b>40 %</b>

# Modality choice

- 7820 pat, 38 countries
- IHD 63%, Tx 29%, PD 6% and HHD 2,2% of study population
- 25% no information on options
- 33% not informed of conservative care
- Min njurresa/ My kidney journey

Nephrol Dial Transplant (2022) 37: 477–488  
doi: 10.1093/ndt/gfab059  
Advance Access publication 2 March 2021



Patient-reported factors influencing the choice of their kidney replacement treatment modality

Rianne W. de Jong  <sup>1</sup>, Vianda S. Stel  <sup>1</sup>, Axel Rahmel<sup>2</sup>, Mark Murphy<sup>3</sup>, Raymond C. Vanholder  <sup>4,5</sup>, Ziad A. Massy<sup>6,7</sup> and Kitty J. Jager  <sup>1</sup>

Nephrol Dial Transplant (2022) 37: 126–138  
doi: 10.1093/ndt/gfaa342  
Advance Access publication 31 March 2021



Results of the European EDITH nephrologist survey on factors influencing treatment modality choice for end-stage kidney disease

Rianne W. de Jong  <sup>1</sup>, Kitty J. Jager<sup>1</sup>, Raymond C. Vanholder<sup>2,3</sup>, Cécile Couchoud<sup>4</sup>, Mark Murphy<sup>5</sup>, Axel Rahmel<sup>6</sup>, Ziad A. Massy<sup>7,8</sup> and Vianda S. Stel<sup>1</sup>

# EuroPD Survey

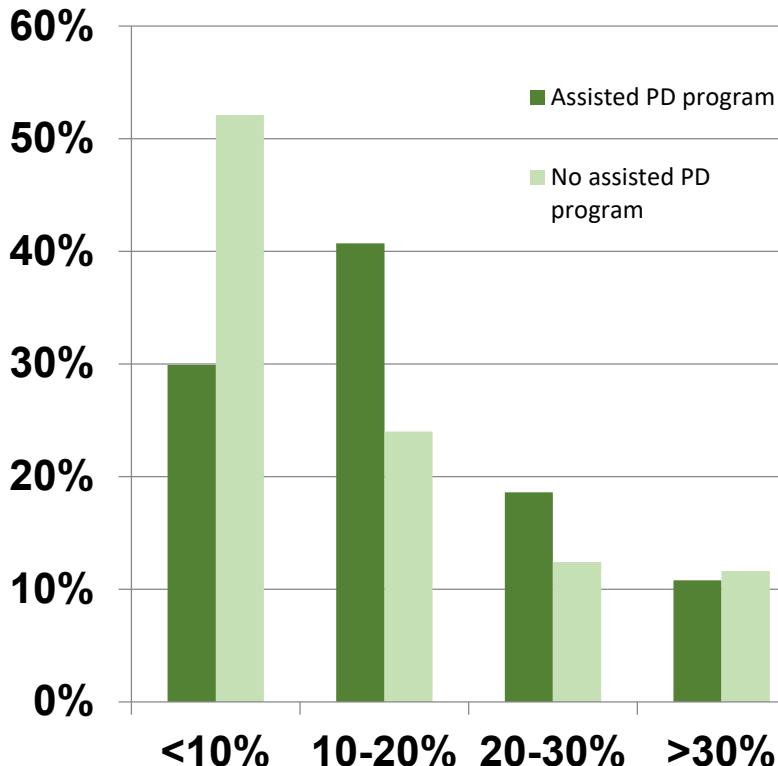
Availability of assisted PD program & proportion of patients on home dialysis modality ( $p<0.001$ )



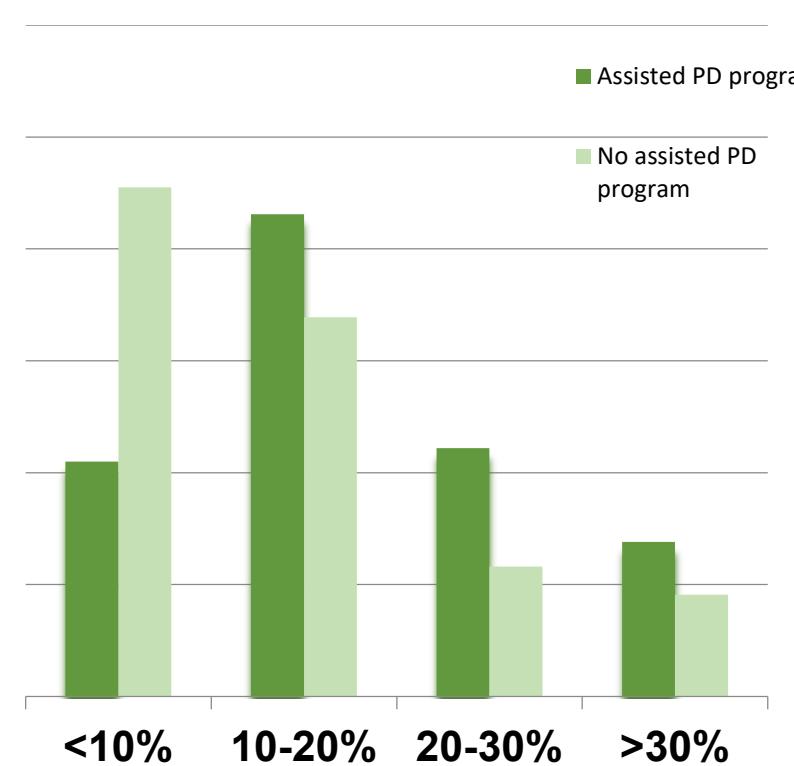
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*Incidence home dialysis*



*Prevalence home dialysis*



Original Article

PERITONEAL DIALYSIS INTERNATIONAL

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**Assisted peritoneal dialysis across Europe: Practice variation and factors associated with availability**

Anita van Eck van der Sluijs<sup>1</sup> , Brigit C van Jaarsveld<sup>2,3</sup>, Jennifer Allen<sup>4</sup>, Karmela Altabas<sup>5</sup>, Clémence Béchade<sup>6</sup> , Anna A Bonenkamp<sup>7</sup> , Felix Burkhalter<sup>7</sup> , Anne-Lorraine Clause<sup>8</sup>, Richard W Corbett<sup>9</sup> , Friedo W Dekker<sup>10</sup>, Gabriele Eden<sup>11</sup>, Karlien François<sup>12</sup>, Helga Gudmundsdóttir<sup>13</sup>, Ulrika Hahn Lundström<sup>14</sup> , Louis de Lafaucade<sup>15</sup>, Mark Lambie<sup>16</sup>, Heike Martin<sup>17</sup>, Jernej Pajek<sup>18</sup>, Vincenzo Panuccio<sup>19</sup>, Silvia Ros-Ruiz<sup>20</sup>, Dominik Steubl<sup>21</sup>, Almudena Vega<sup>22</sup>, Ewa Wojtaszek<sup>23</sup>, Simon J Davies<sup>24</sup> , Wim Van Biesen<sup>25</sup> and Alfero C Abrahams<sup>1</sup>

**EUROPD**

# Assisted PD initiative

**Table 7. Key recommendations for equity of access to assisted PD in Europe**

1. Educate renal healthcare teams about the advantages of PD
2. Establish funding/reimbursement of asPD in those countries where it is not available
3. Address the shortage of nurses by training non-HCP assistants who could assist patients and receive payment for the assistance
4. Design a standardized training curriculum for non-HCP assistants to ensure that knowledge is consistent, and protocols are aligned
5. Define a clear model and protocols for setting up asPD programmes in renal units
6. Ensure that patients receive adequate information on asPD during shared decision-making discussions and pre-dialysis programmes

Abbreviations: HCP, healthcare professional.

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

# Byte mellan behandlingsformer 2021

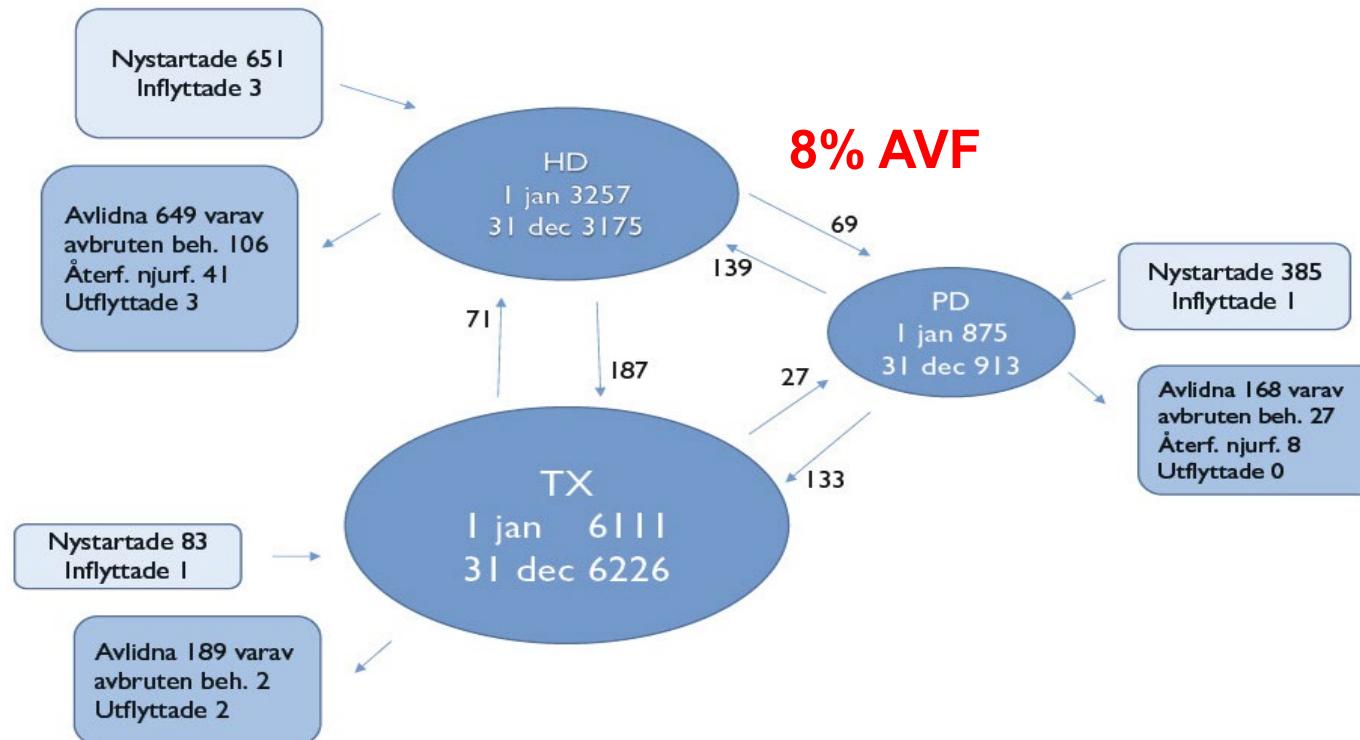


Fig 15. Flödesschema över hur patienter rör sig mellan de olika behandlingsformerna

PD → HD

- Infektion
- Lågt clearance
- Psykosocialt

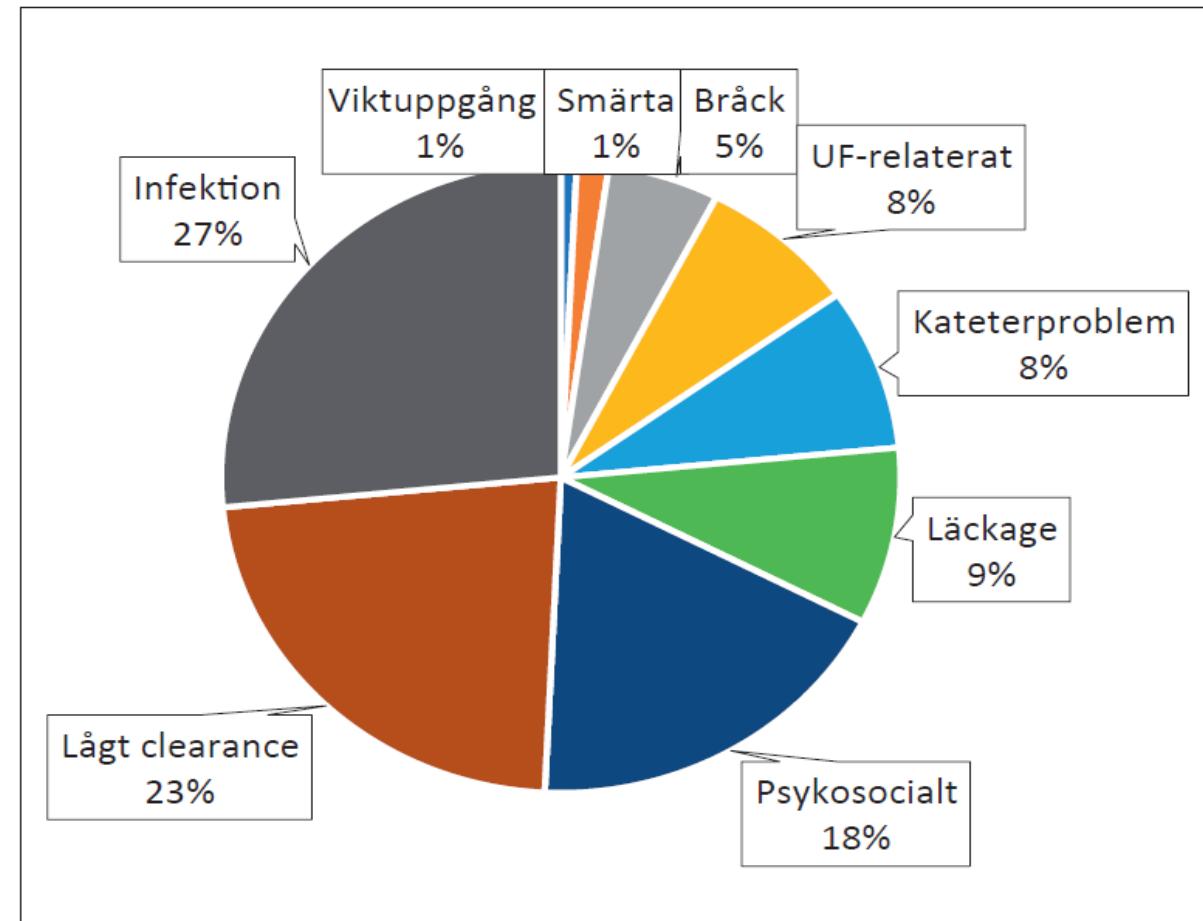
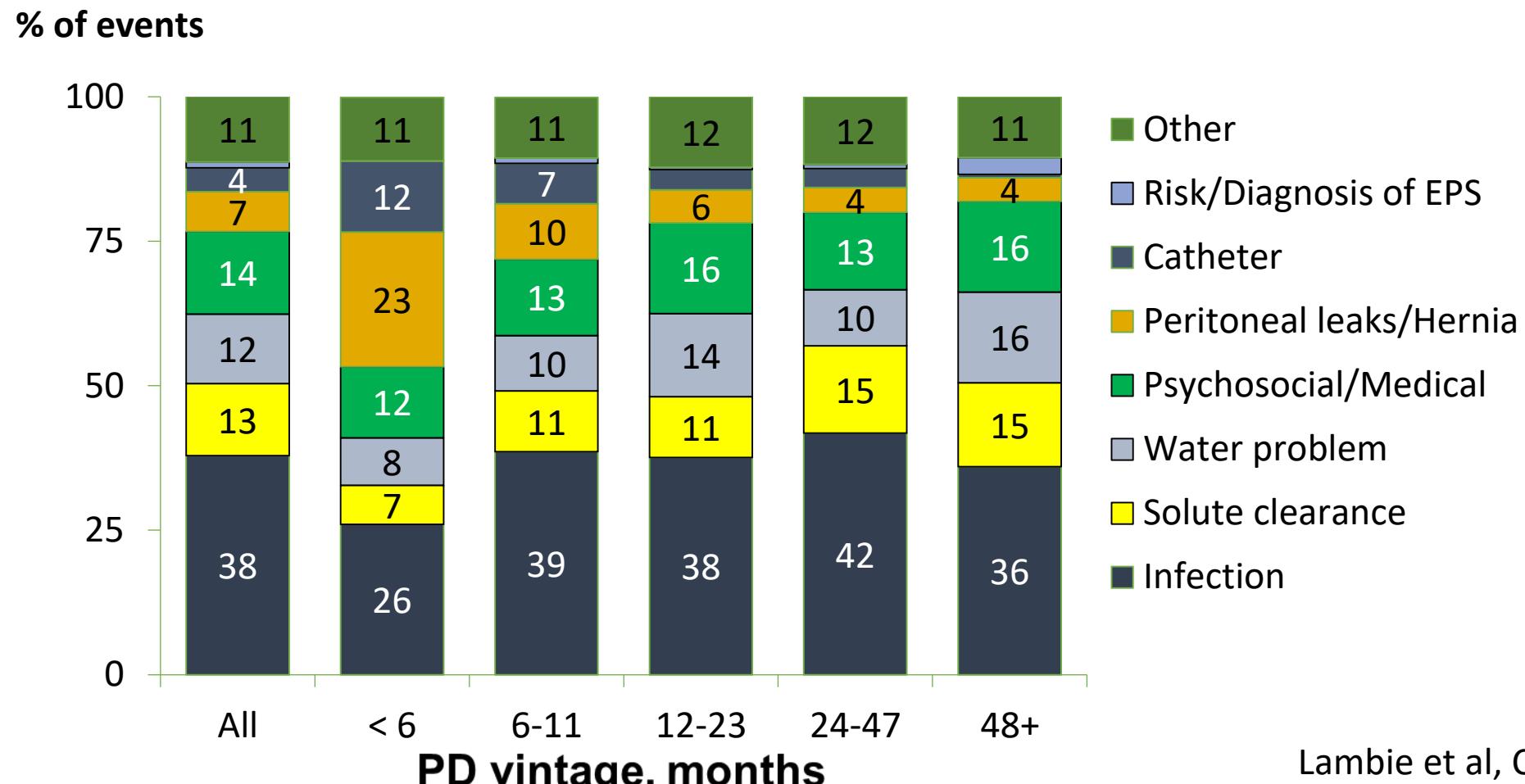


Fig 6. Orsak till övergång från PD- till HD-behandling

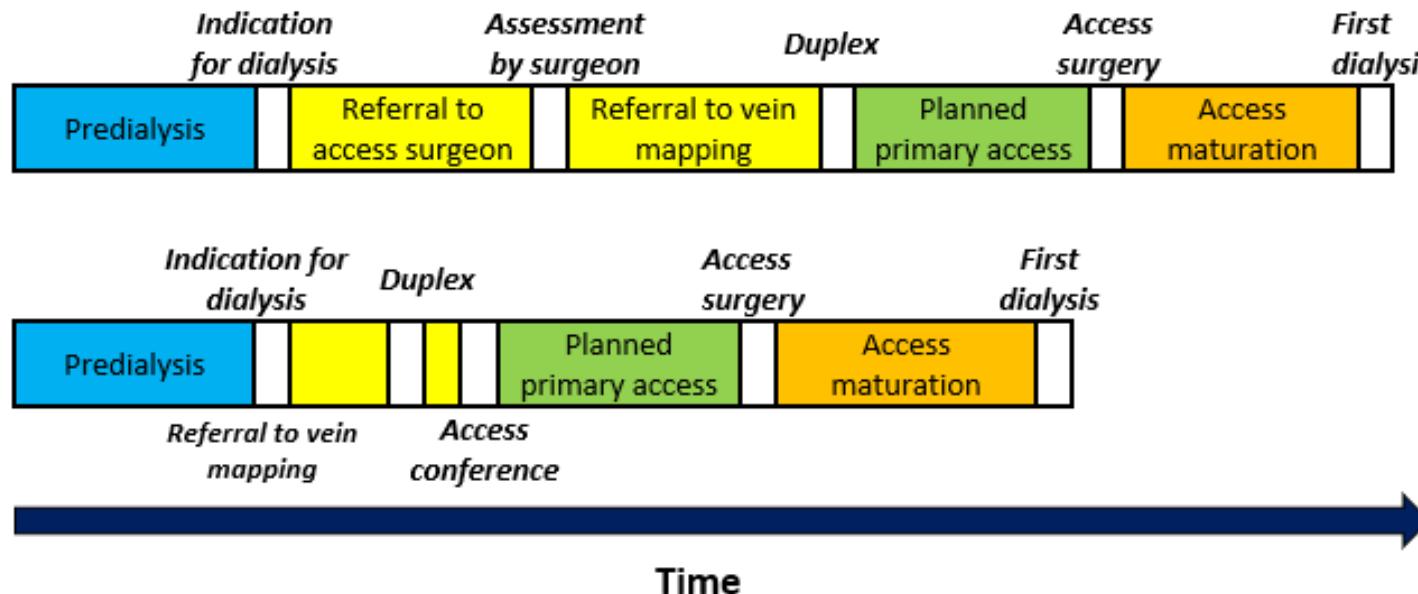
# Reason switched to HD by PD vintage at time of switch



N Events: 887

Lambie et al, CJASN 2022  
Courtesy of Dr Heimburger

# Snabb effektiv accessprocess



Adapted from Hedin, U., *Vascular access: a never-ending story*. J Cardiovasc Surg (Torino), 2014. **55**(6): p. 793-801.

# Start AV-fistel / graft 2020 – tänk om!

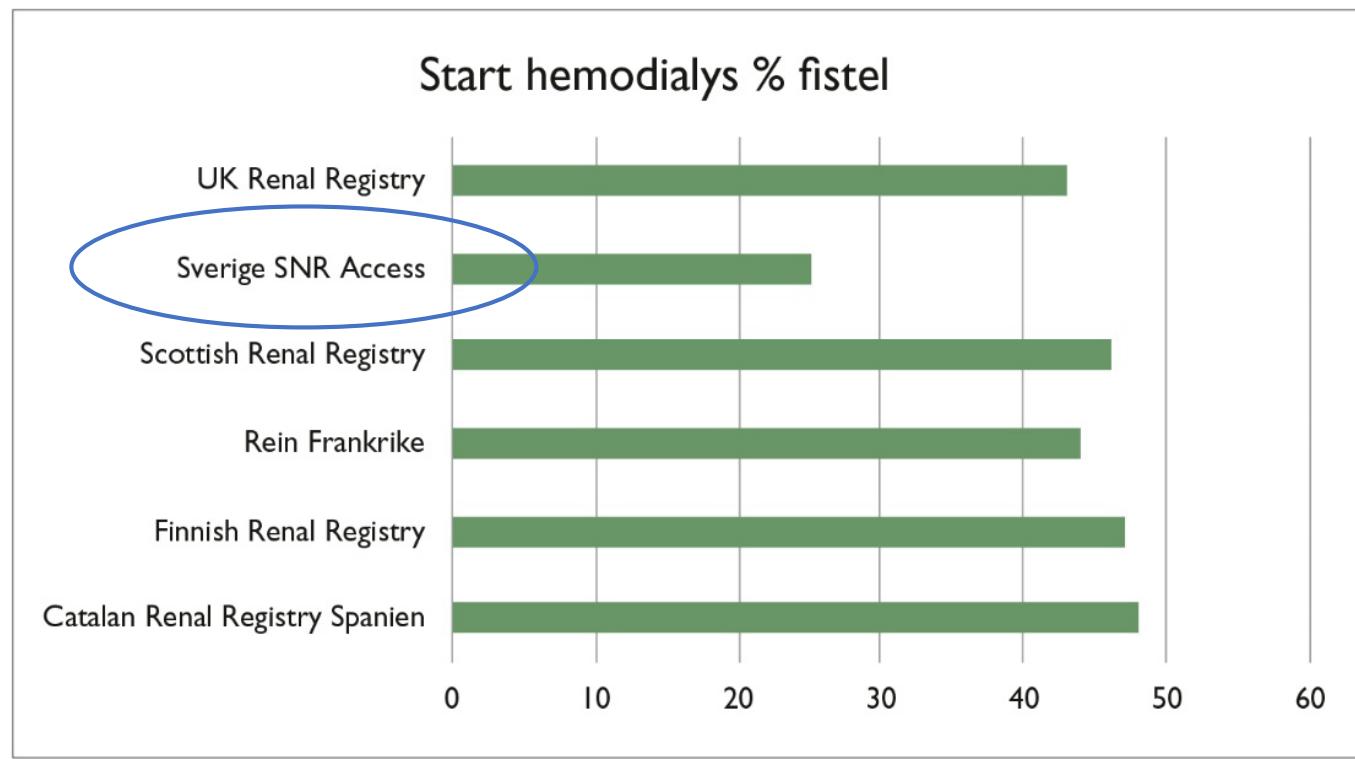
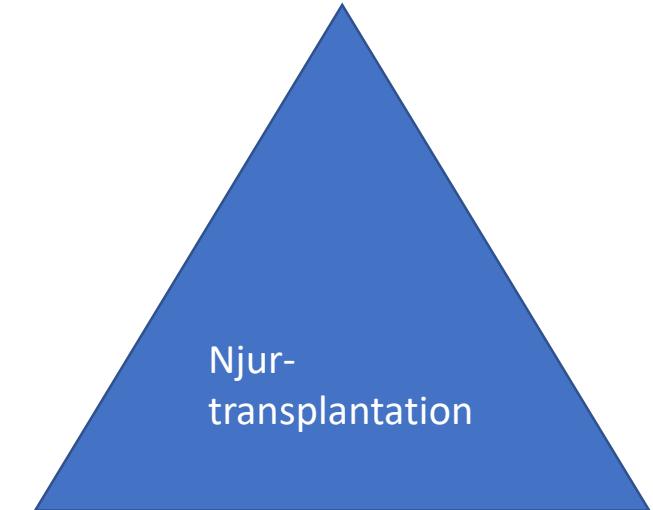
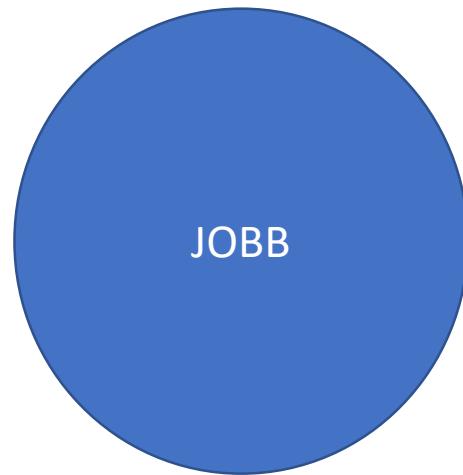


Fig. 4. Incidenta patienter i hemodialys med AV-fistel eller AV-graft andel (%) fördelat på sex olika nationella register.

2021  
CKD-fas 38%  
TX-fas 27%

**POSTDIALYS-  
INFORMATON**

# Vem är patienten?



# Post-dialys information om själv/ hemodialys

Byter vi *för sällan* mellan behandlingsformer?

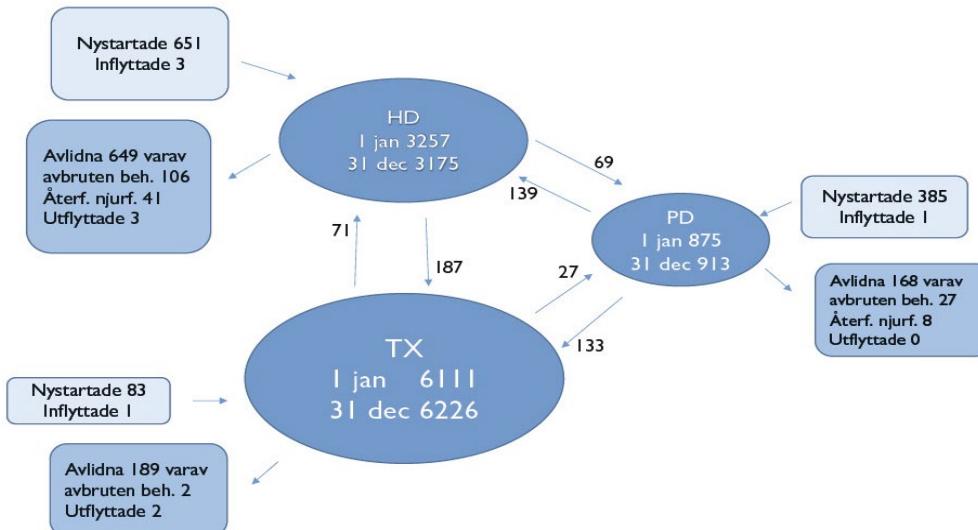
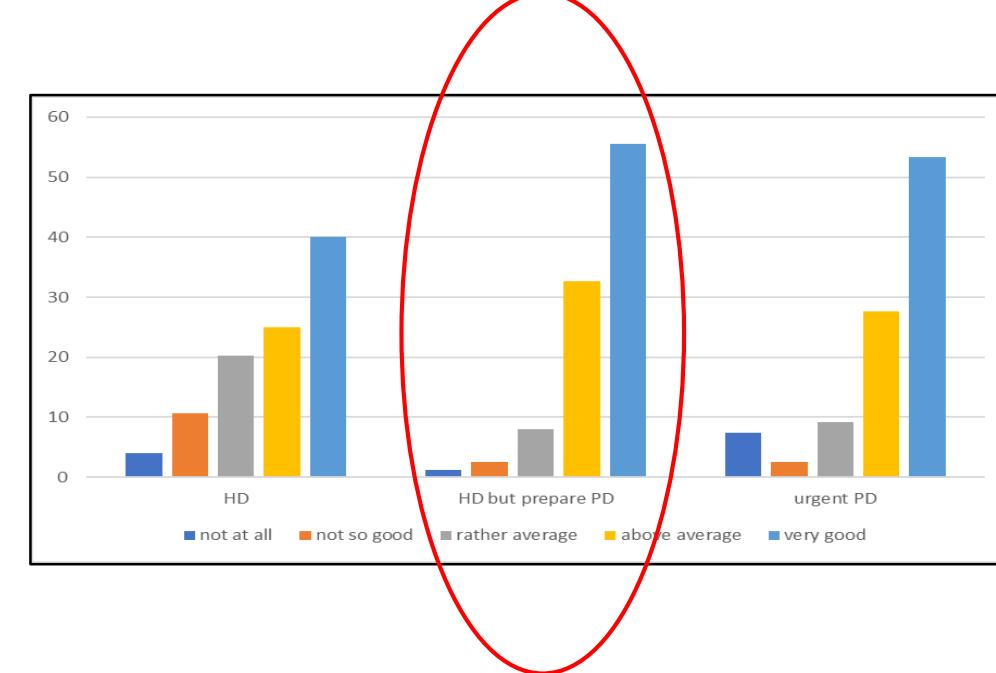


Fig 15. Flödesschema över hur patienter rör sig mellan de olika behandlingsformerna





Tack för mig!



# Anlagda PD katetrar fördelat på operationsteknik

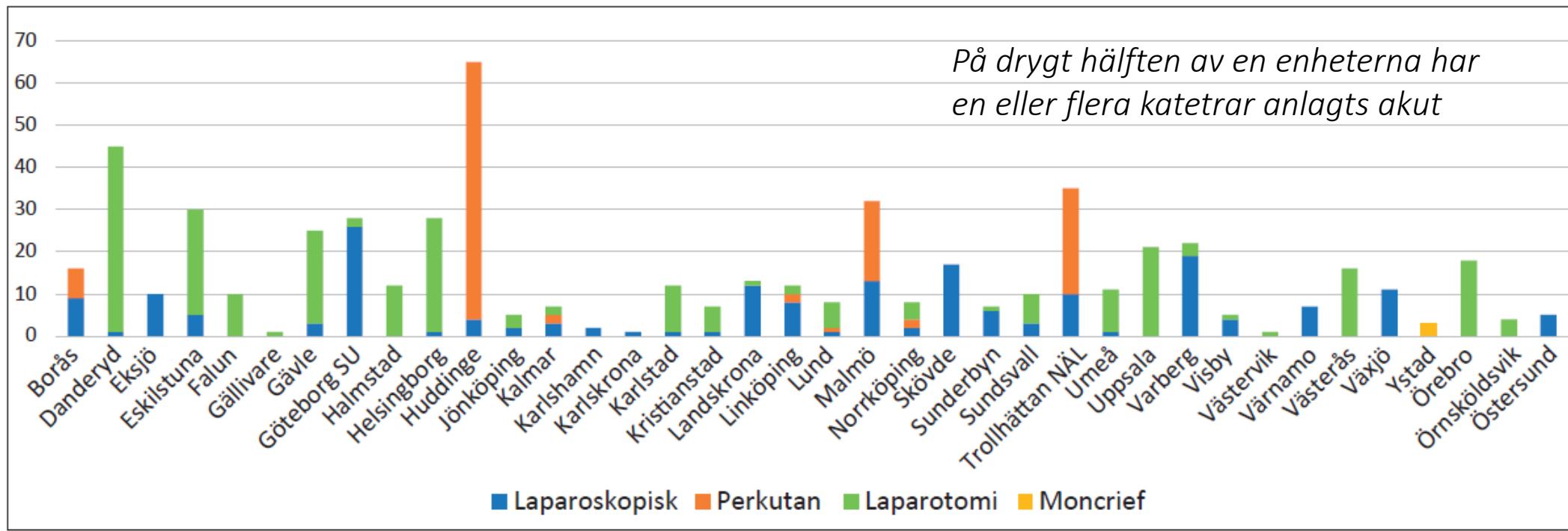


Fig 3. Anlagda PD-katetrar fördelat på operationsteknik per enhet