

The aim of this study was to examine the effect of ethnicity, socioeconomic group (SEG) and comorbidities on provision of vascular access for haemodialysis (HD)” Wilmink et al (2017).

Abstract:

BACKGROUND: The aim of this study was to examine the effect of ethnicity, socioeconomic group (SEG) and comorbidities on provision of vascular access for haemodialysis (HD).

METHODS: This was a retrospective review of two databases of HD sessions and access operations from 2003-11. Access modality of first HD session and details of transplanted patients were derived from the renal database. Follow-up was until 1 January 2015. Primary failure (PF) was defined as an arteriovenous fistula (AVF) used for fewer than six consecutive dialysis sessions. AVF survival was defined as being until the date the AVF was abandoned. Ethnicity was coded from hospital records. SEG was calculated from postcodes and 2011 census data from the Office of National Statistics. Comorbidities were calculated with the Charlson Comorbidity Index.

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RESULTS: Five hundred incident patients started chronic HD in the study period. Mode of starting HD was not associated with ethnicity ($P = 0.27$) or SEG ($P = 0.45$). Patients from ethnic minorities were younger when starting dialysis ($P < 0.0001$). Some 928 AVF patients' first AVF operations were analysed: 68% Caucasian, 26% Asian and 6% Afro-Caribbean. Half were in the most deprived SEG and 11% in the least deprived SEG. PF did not differ by ethnicity ($P = 0.29$), SEG ($P = 0.75$) or comorbidities ($P = 0.54$). AVF survival was not different according to ethnicity ($P = 0.13$) or SEG ($P = 0.87$). AVF survival was better for patients with a low comorbidity score ($P = 0.04$). The distribution of transplant recipients by ethnic group and SEG was similar to the distributions of all HD starters.

CONCLUSION: Ethnicity and socioeconomic group had no effect on mode of starting HD, primary AVF failure rate or AVF survival. Ethnic minorities were younger at start of dialysis

and at their first AVF operation.

Reference:

Wilmink, T., Wijewardane, A., Lee, K., Murley, A., Hollingworth, L., Powers, S. and Baharani, J. (2017) Effect of ethnicity and socioeconomic status on vascular access provision and performance in an urban NHS hospital. *Clinical Kidney Journal*. 10(1), p.62-67.

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