



The aim of the present study was to examine the association between the type of vascular access at the initiation of dialysis and the incidence of mortality in Japan” Ozeki et al (2017).

Abstract:

Objective: The National Kidney Foundation (NKF) Kidney Disease Outcome Quality Initiative (KDOQI) guidelines have recommended the use of arteriovenous fistula (AVF) at the initiation of dialysis. However, there are significant differences in the dialysis environments of Japan and the United States, and there are few people who receive hemodialysis via a central venous catheter (CVC) in Japan. The aim of the present study was to examine the association between the type of vascular access at the initiation of dialysis and the incidence of mortality in Japan.

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Methods: This study was a prospective, multicenter, cohort study. The data was collected by the Aichi Cohort study of Prognosis in Patients newly initiated into dialysis (AICOPP) in which 18 Japanese tertiary care centers participated. The present study enrolled 1,524 patients who were newly introduced to dialysis (the patients started maintenance dialysis between October 2011 and September 2013). After excluding 183 patients with missing data, 1,341

patients were enrolled. The Cox proportional hazards model was used to evaluate mortality based on the type of vascular access. The types of vascular access were divided into four categories: AVF, arteriovenous graft (AVG), CVC changed to AVF during the course (CAVF), CVC changed to AVG during the course (CAVG).

Results: A multivariate analysis revealed that AVG, CAVF and CAVG were associated with a higher risk of mortality in comparison to AVF .

Conclusion: The research proved that the survival rate among patients in whom hemodialysis was initiated with AVF was significantly higher than that in patients in whom hemodialysis was initiated with AVG or CVC.

Reference:

Ozeki, T., Shimizu, H., Fujita, Y., Inaguma, D., Maruyama, S., Ohyama, Y., Minatoguchi, S., Murai, Y., Terashita, M. and Tagaya, T. (2017) The Type of Vascular Access and the Incidence of Mortality in Japanese Dialysis Patients. *Internal Medicine*. 56(5), p.481-485.

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