Home haemodialysis (HHD) has the potential to impact positively on patient outcomes and health resource management” Kennedy et al (2017).

Abstract:

BACKGROUND: Home haemodialysis (HHD) has the potential to impact positively on patient outcomes and health resource management. There has been rejuvenated international interest in HHD in recent years. We aimed to review the activity and outcomes of the Irish HHD Programme since inception (2009-2016).

METHODS: Patient data were collected using the national electronic Renal Patient database (eMEDRenal version 3.2.1) and individual centre records. All data were recorded in a coded fashion on a Microsoft Excel Spreadsheet and analysed with Stata SE software.

RESULTS: 101 patients completed training and commenced HHD; a further 45 patients were assessed for HHD suitability but did not ultimately dialyse at home. Twenty patients switched to nocturnal HHD when this resource became available. The switch from conventional in-centre dialysis to HHD led to an increase in the mean weekly hours on HD and a reduction in
medication burden for the majority of patients. The overall rate of arteriovenous fistula (AVF) as primary vascular access was 62%. Most HHD complications were related to access function or access-related infection. Over the seven-years, 29 HHD patients were transplanted and nine patients died. No deaths resulted directly from a HHD complication or technical issue.

CONCLUSIONS: Patient and technique survival rates compared favourably to published international reports. However, we identified several aspects that require attention. A small number of patients were receiving inadequate dialysis and require targeted education. Ongoing efforts to increase AVF and self-needling rates in HD units must continue. Psychosocial support is critical during the transition between dialysis modalities.

Reference:


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