Increasing prevalence of withdrawal from dialysis: trends from 2004-2011

The Peer Kidney Care Initiative
A collaboration of the Chronic Disease Research Group (Minneapolis, Minnesota) and the Chief Medical Officers of 13 US Dialysis Providers

Introduction
• Voluntary withdrawal from dialysis frequently occurs when a patient perceives dialysis as having become unduly burdensome.
• Withdrawal is an area of increasing interest to the nephrology community.
• How early withdrawal—defined as withdrawal occurring within 1 year of dialysis initiation—has changed over the past decade has not been fully explored.

Methods
• Patients initiating dialysis between 2004 and 2011 were selected from the CMS ESRD database.
• Information on withdrawal was ascertained from the ESRD Death Notification Form by the presence of code 104 (“withdrawal”) in the 1st or 2nd position.
• The unadjusted cause-specific monthly mortality rate (deaths per 100 patient-years) was calculated for patients initiating in each year.

Results
• Annual incident counts ranged from 87,174 in 2004 to 100,665 in 2011 (Table 1). Basic characteristics seemed relatively unchanged.
• Overall, during the first year of dialysis, the withdrawal rate was highest soon after initiation, generally peaking at month 2 for all years except 2004 (Figure 1).
• Rates then decreased until approximately month 9, then stabilized through month 12.
• Additionally, early rates more than tripled over the study period, from 1.9 per 100 patient-years at month 2 in 2004 to 5.9 in 2008 to 6.4 in 2011.

Conclusions
• Withdrawal rates are high in the initial months immediately after dialysis initiation.
• This pattern appears more marked in recent years.
• Patients who withdraw soon after initiation may be suboptimal dialysis candidates; future work should focus on determining whether alternative approaches, such as conservative care, might be a better strategy for some patients.