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### Hematocrit, Erythropoietin and Iron Use Trends in Hemodialysis Versus Peritoneal Dialysis Patients

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Mean hematocrit (Hct) values have increased steadily over the past decade in both U.S. hemodialysis (HD) and peritoneal dialysis (PD) patients. The ESRD Clinical Performance Measures (CPM) Project suggests that mean hemoglobin values are approximately the same in a randomized sample of adult 1999 U.S. HD and PD patients. Our study evaluated anemia in prevalent 1997-1999 adult and pediatric Medicare HD and PD patients. To evaluate monthly Hct and EPO dose trends, patients were selected with at least 1 EPO claim each month, and mean EPO dose per week (EPO/wk) and mean Hct were calculated for each month. Annual mean Hct and the percentage of patients having 0, >0-<2, and  $\geq 2$  iron vials per patient month were calculated for patients with at least 1 EPO claim during the year.

*EPO/wk in June of each yr.	1997		1998		1999	
	HD	PD	HD	PD	HD	PD
No. patients	175,220	18,104	184,721	15,574	192,298	13,894
Mean Hct	32.5%	31.6%	33.0%	31.8%	34.2%	32.8%
0 iron vials/mo	21.9%	69.0%	18.9%	64.1%	18.2%	64.5%
* Mean EPO/wk	11,759	6,913	13,415	6,824	14,465	7,308

The mean Hct increased 1.7% in HD patients and 1.2% in PD patients from 1997 to 1999. However, the mean Hct in PD patients lagged behind the mean Hct in HD patients studied with the difference increasing between groups over time: Mean Hct for HD patients was 0.9% and 1.4% higher than PD patients in 1997 and 1999 respectively. The mean EPO/wk was also much higher in the HD versus PD groups. Although the percentage of HD or PD patients receiving 0 iron vials per month decreased over the study period, there was a much smaller percentage of PD patients receiving IV iron. Our results suggest that Medicare EPO receiving PD patients lag behind HD patients in terms of Hct levels, EPO dose and IV iron use. Our data suggests that peritoneal dialysis programs need to more aggressively manage anemia.