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Category: 106. Outcomes, Epidemiology, Clinical Trials, and Health Services Research

The 2001 ASN/ISN World Congress of Nephrology

Filename: 552079

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Entities that provided funding for this abstract:

Pharmaceutical Company Support

Private Foundation Support

Keywords:

Peritoneal dialysis

Hospitalization

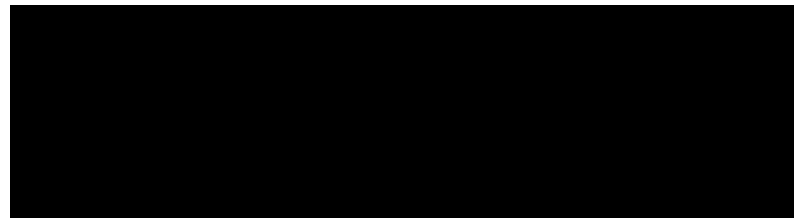
Hematocrit

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Effect of Hematocrit (HCT) Level on First Hospitalization Events in the Peritoneal Dialysis (PD) Population.

Shuling Li ¹, Jon J Snyder ¹, David T Gilbertson ¹ and Allan J Collins ^{1*}. (Sponsored by Allan Collins) ¹Nephrology Analytical Services, Minneapolis, MN.

Current Dialysis Outcome Quality Initiative (DOQI) guidelines suggest HCT levels should be between 33% and 36%. Benefits include increased survival, decreased left ventricular hypertrophy, and improved quality of life. This study seeks to determine if HCT levels within the PD population influence first hospitalization outcomes. We studied first hospitalizations for 1) all-cause, 2) CVD, and 3) infection. The study population included 20,349 Medicare patients (pts) who were incident between the years 1991-1998, who were classified as PD on day 91, survived at least 9 months, and were at least 20 years old. Pts had HCTs classified during a 6-month entry period from day 91 through the end of the 9th month. Pt outcomes were tracked starting at month 10 for a 2-year follow-up period. Cox proportional hazards analyses were used adjusting for age, gender, race, incident year, and hospital days during the entry period, with pts being censored at transplantation, 60-days after a modality change, loss-to-follow-up, unrelated hospitalization and death. Separate analyses were performed for diabetic and non-diabetic populations.



For all-cause hospitalizations, we observed a decreasing risk with increasing HCT levels. For CVD

hospitalizations we observed increased risk in the DM population with HCTs <30% and no significant differences in the non-DM population for HCT >30%. In infection hospitalizations, we observed increasing risk with decreasing HCTs in the DM population and no significant differences in the non-DM population. These findings support the DOQI HCT guidelines for both PD and HD.