

The Renal Association UK Renal Registry



Adult Patients Starting Renal Replacement Therapy in 2016

Plain English Summary

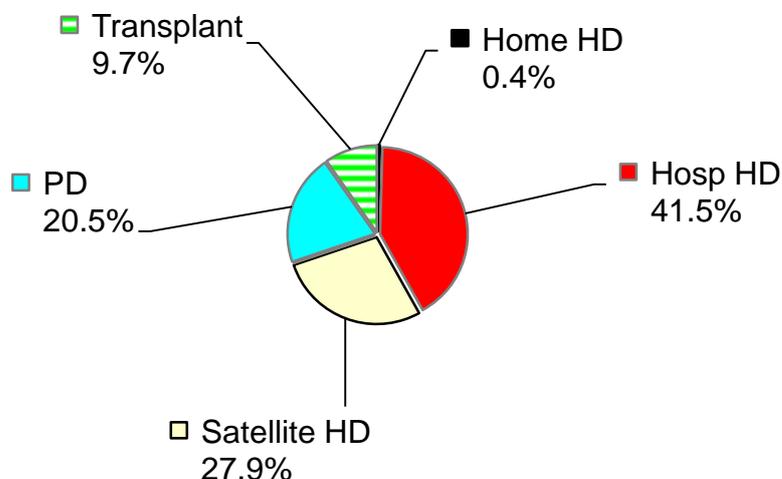
Renal Replacement Therapy (RRT) is a term used to describe treatments that take over the role of the kidneys. These are needed when a person's kidney have failed. RRT treatments include dialysis (blood cleaning) and kidney transplantation. Dialysis can be either haemodialysis (HD), where a person's blood passes through a machine for cleaning, or peritoneal dialysis (PD) where fluid is passed in and out of a tube in the belly to collect and remove the waste. This paper looks at the people who started RRT in 2016.

In 2016, 7,759 people started RRT in the UK. That means for every one million people in the UK, 118 started RRT. Since 2011, there has been a 14% increase in the number of UK patients starting RRT. The average age for people starting RRT was 64 years. Patients starting PD or receiving a transplant tended to be younger than those starting HD. More men started RRT than women (63% male versus 37% female). The most common kidney problem causing kidney failure was diabetes, affecting 29% of new patients.

Most patients starting RRT went onto dialysis, with a small number receiving a kidney transplant before dialysis was needed (pre-emptive transplant). Looking at people who had been receiving RRT for 90 days (figure 1):

- Seven out of ten people were on HD
- Two out of ten people were on PD
- One in ten people had a kidney transplant

Figure 1. RRT type 90 days after starting treatment in 2016



Kidney function is measured by calculating the estimated glomerular filtration rate (eGFR). This is a measure of how well the kidneys are cleaning the blood. In 2016, the average eGFR at the start of RRT was 7.4ml/min/1.73m². This is similar to previous years. However, information was only available from under half of all new patients so this value may not be accurate.

‘Late presentation’ is undesirable and is defined as needing to start RRT within 90 days of first meeting a kidney specialist. The percentage of patients presenting late fell from 24% in 2006 to 15% in 2016. Late presenting patients were more likely to be younger and to start HD than early presenters.

For the second time, we report the number of HD sessions used for people with acute kidney injury (AKI). AKI is sudden damage to kidneys that stops them from working properly, in some cases bad enough that temporary dialysis is needed. Reporting the number of HD sessions given for AKI may help us to understand the reasons behind deaths in the first 90 days of dialysis. It can also help national bodies such as NHS England to monitor use of HD for AKI across centres. We report data on 2,581 people who received acute HD in 2016 and we will report on the outcomes for these individuals in a future publication.

For the full annual report chapters, please visit www.renalreg.org/reports/2017-twentieth-annual-report/