

Chapter 1: Summary of the year 2000 report on data from 1999

For new patients in 1999, haemodialysis was the modality of RRT at a day 90 in 58.8% of dialysis patients in England & Wales compared with 66.8% in Scotland.

By the end of the first year 16% of patients starting RRT on peritoneal dialysis (PD) had changed to haemodialysis (HD).

3.1% of all patients starting dialysis in the UK in 1999 were patients with failed transplants.

For new patients, the 90 day survival is 95% (95%CI 94-97%) for those aged less than 65 and 81% (95%CI 78-83%) for patients aged 65 and over. The one year survival is 88% (95%CI 86-89%) for those aged less than 65 and 65% (95%CI 62-68%) for patients aged 65 and over.

Diabetic nephropathy was the cause of renal failure in 16% of new patients, and just over 10% of all prevalent patients.

From a 1998 survey of all the renal units in the UK, 96 adults per million population per year started renal replacement therapy (RRT), (92 England, 128 Wales, 105 Scotland).

On 31/12/99, the Renal Registry was following 14772 adult patients receiving RRT in 35 renal units across the UK. The units participating in the Registry experienced an annual growth in patient numbers of 4.3% during 1999.

Haemodialysis is the predominant form of dialysis at all ages but especially in the older age groups. In England & Wales 66% of dialysis patients were on HD compared with 73% in Scotland. An increasing percentage of patients are being treated with HD, with the steepest rise being since 1995.

So few patients are now on “standard” CAPD that it should no longer be called “standard”. “Connect PD” may be a better term.

The one-year survival of all patients established on RRT for at least 90 days on 1/1/1999 was 83.7 % for the UK (84.8 for England & Wales and 78.8 for Scotland). The lower survival in Scotland may reflect the generally lower survival of the Scottish population itself, rather than any factor related to RRT.

In England & Wales a uniform method of measuring the post dialysis urea sample has not yet been implemented.

A cross sectional analysis of haemodialysis patients in 1999 showed there was a continuing rise in urea reduction ratios (URR) over the 2 years from starting dialysis. This rose from 40% achieving a URR > 65% in the first 6 months to 70% achieving this at 2 years.

Within England and Wales, there has been a year on year increase in dialysis adequacy over the three years of the Registry. It is hoped that the wide variation in URR achieved in these early cycles of audit of hospital haemodialysis will continue to decrease.

Of the 22 renal units in England and Wales with adequate data returns, the Renal Association standard for haemoglobin in dialysis patients of 85% with haemoglobin of at least 10 g/dl was achieved by 2 units for haemodialysis patients, and 9 for peritoneal dialysis patients.

Haemoglobin levels improved: 72% of HD patients and 80% of PD patients in England & Wales achieved a haemoglobin of 10g/dl or more. Erythropoietin is given to 86% (range between renal units of 79% - 97%) of HD patients and 63% (36% - 88%) of PD patients.

Serum ferritin concentrations were above 100mcg/l in 88% of HD patients in England and Wales (unit range 67%-100%) and in 80% of PD patients (unit range 62%-96%).

There are continuing problems with comparative audit of corrected serum calcium due to difficulties with albumin measurements. Reliance on the BCG method to measure serum albumin (which over-estimates serum albumin) to correct calcium may be concealing hypercalcaemia. Due to interference with the BCG method from non-albumin proteins in uraemic sera, the BCP assay should be recommended.

Centres have difficulty achieving the target phosphate concentrations. These targets may not be achievable with current phosphate binders and dialysis regimes.

Only three centres returned any significant co-morbidity data. The most pressing need for the Registry is to improve the returns of co-morbidity data from patients starting renal replacement therapy. Without good co-morbidity data to enable comparisons of groups of similar patients the value of this data will be greatly reduced

Of paediatric patients, 76% had a functioning graft: 405 (86.7%) cadaveric and 62 (13.3%) living related. There was a significant increase in live related grafts, to 30%. 103 (22%) patients had pre-emptive grafts. Graft outcome was excellent in over 85% of cases.

Normalisation of growth and nutritional status are important goals of treatment in children. 37.5% of patients on PD and 43.8% of those on HD were less than 2 s.d. below the mean for height. 20.6% of dialysis patients were receiving growth hormone. After transplantation linear growth improved, with 29% of patients less than 2 s.d. below the mean for height.

28% of the 6838 dialysis patients on the Renal Registry in 1998 were on the active transplant waiting list. There is a large variation (16-38%) in the percentage of dialysis patients on the transplant active waiting list from centre to centre in the Registry.

In 1993, 16% of the total number of UK patients on the waiting list were suspended and this had risen to 19% on the 1st January 1999.

For Renal Registry centres only 22% of dialysing diabetics aged under 65 were on the active waiting list compared with 44% of non-diabetics

The annual death rate of patients with established renal transplants is low at 2.9% for the whole UK (including patients with failed grafts returning to dialysis). There are marked differences in control of modifiable risk factors for cardiovascular disease such as serum cholesterol and blood pressure. Control of these factors is often poor.