

Early Initiation of Hemodialysis

One-year mortality was higher with earlier than with later initiation, even in healthier patients.

Recent trends toward early initiation of hemodialysis (HD) — at estimated glomerular filtration rates (eGFRs) >10 mL/minute/1.73 m² — have been driven by expectations that it would lower early morbidity and mortality in patients with end-stage renal disease (ESRD). Because prior studies were criticized for not controlling for comorbidity, researchers based this study on a U.S. ESRD database of 81,000 HD patients (age range, 20–64) without substantial comorbidities other than hypertension; survival was assessed specifically among the 36,000 "healthiest" patients (those with serum albumin levels ≥ 3.5 g/dL).

In analyses adjusted for several clinical and demographic factors in the healthy cohort, death by 1 year was more common among patients who initiated HD at higher eGFRs. For example, compared with mortality in patients who initiated HD at an eGFR <5.0 mL/minute/1.73 m², mortality was 53% higher for patients with an eGFR of 10.0–14.9 and 118% higher for patients with an eGFR >15.0 . These results corroborate those of a recent Canadian study ([JW Gen Med Feb 1 2011](#)).

Comment: An editorialist challenges the current clinical focus on initiating HD at the earliest signs of uremic symptoms irrespective of eGFR, because this study and others (including a recent randomized trial; [JW Gen Med Jul 22 2010](#)) do not support such an approach. She calls for a more structured assessment of the burden of early uremic symptoms compared to the burdens and potentially higher mortality associated with HD initiation at higher eGFRs.

— [Thomas L. Schwenk, MD](#)

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