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When Should Patients with Chronic Kidney Disease Start Dialysis?

Mortality was about 37% in both the early-start and late-start groups.

A trend toward earlier initiation of dialysis in patients with chronic kidney disease has developed during the past decade, but no compelling evidence supports that trend. In this randomized trial from Australia and New Zealand, 828 adults with chronic kidney disease were assigned to begin dialysis when estimated glomerular filtration rate (GFR) fell to either 10–14 or 5–7 mL/minute/1.73 m^2. Patients randomized to the late-start group were permitted to begin dialysis earlier if warranted by their symptoms.

During average follow-up of 3.6 years, mortality was about 37% in both groups. Cardiovascular events, infections, and complications of dialysis also occurred with similar frequency in the two groups. The difference between the early- and late-start groups in average GFR at which dialysis was initiated was smaller than intended (12.0 vs. 9.8 mL/minute/1.73 m^2) because of symptoms that developed in some late-start patients; nevertheless, the late-start group began dialysis an average of 6 months later than the early-start group.

Comment: This trial indicates that in clinically stable patients, dialysis can be deferred until the GFR falls to the range of 5–7 mL/minute/1.73 m^2 — unless symptoms that mandate dialysis occur at a higher GFR. Adoption of this practice likely would result in substantial cost savings without compromising clinical outcomes.

— *Allan S. Brett, MD*

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