



ORIGINAL ARTICLE

Clinical management of patients on peritoneal dialysis in Italy: results from the ATENA study

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Abstract

Background: In Italy, few studies have examined the clinical management of peritoneal dialysis (PD) patients, resulting in a lack of information and awareness.

Methods: A total of 378 PD patients (64.7 ± 14.3 years, 58.9% males) were enrolled across 15 centres in a 12-month retrospective and 6-month prospective study. The primary objective was to evaluate the achievement of Kidney Disease Outcomes Quality Initiative and Kidney Disease Improving Global Outcomes guidelines on recommended target values for anaemia, high blood pressure and mineral metabolism. Comorbidities, hospitalizations, treatment and quality of life were also assessed.

Results: Frequent comorbidities included hypertension (87.8%) and cardiovascular disease (39.7%). Peritonitis was the leading cause of hospitalization [12 admissions per 100 person-years (95% confidence interval 9.3–15.2)]. At 6 months, anaemia corrected by erythropoiesis-stimulating agents was observed in 30% of patients and 73% received erythropoiesis-stimulating agents. Systolic and diastolic blood pressures were recorded in 50% and 20% of patients, respectively. Sixty-four percent of echocardiograms revealed left ventricular hypertrophy and 30% of patients had vitamin D < 10 ng/mL. Medication to treat intact parathyroid hormone (PTH) included calcitriol (36.3%), paricalcitol (29.2%), cholecalciferol (23.6%) and cinacalcet (21.5%). In a subgroup of patients matched for baseline PTH treated for 1 year, a significant reduction in PTH with paricalcitol (–41%; $P < 0.001$) but not cinacalcet (+2%; $P = 0.63$) was observed. Comparison of quality of life domains revealed significant differences for symptoms ($P = 0.049$), cognitive function ($P = 0.019$) and social support ($P = 0.04$) (baseline versus 6 months).

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