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Home hemodialysis: An underused modality for patients with end stage kidney disease

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Dialysis for patients with end stage kidney disease (ESKD) came as a life-saving measure several decades ago. Patients requiring dialysis around the world are rising. Despite the tremendous technological advances and the wide use of dialysis, mortality of patients with ESKD on dialysis remains very high. Conventional, thrice-weekly hemodialysis fails to adequately address several important issues; the high risk of cardiovascular morbidity and mortality, the high pill burden, the diminished quality of life, as well as the limited tolerability of conventional hemodialysis treatment. Several studies showed that more frequent dialysis reduce left ventricular hypertrophy, reduce blood pressure and serum phosphorus, thus minimizing the high pill burden, as well as improve the quality of life of patients with ESKD. Several challenges are faced by the nephrologist in building a dialysis program that allows for frequent hemodialysis as home hemodialysis (HHD) programs. Among the main challenges hindering the promotion of HHD programs, are identifying qualified personals. To build a strong HHD program, a strong team should be structured. This strong team is composed of the patients, nurses and nephrologists. Nurses, being the key for the success of HHD programs, need to be dedicated to the therapy, independent, thoughtful and well trained. Similarly, nephrologists need better training in this modality. Addressing these challenges offer ESKD patient a viable option for renal replacement therapy.

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