P121

P121- IMPACT OF THE IMPLEMENTATION OF AN ASSISTED PERITONEAL DIALYSIS SERVICE ON PERITONEAL DIALYSIS INITIATION

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Background: There is limited information available on the impact provision of an assisted peritoneal dialysis (PD) service has on the initiation of PD. The aim of this study was to assess this impact in a centre following initiation of assisted PD in 2011.
Methods: This retrospective, single-centre study, analysed 1576 patients incident to renal replacement therapies (RRT) between January 2002 and 2017. Adjusted Cox regression with a time-varying covariate, , and a Fine and Gray model were used to measure the incidence of assisted PD use, accounting for the non-linear impact of RRT starting time, on overall PD initiation and the competing risks (transplant and death).
Results: Patients starting PD with assistance were significantly older than those starting unassisted: 70.0 years old versus 58.7 years old respectively ($p<0.001$). In the adjusted analysis assisted PD service availability was associated with an increased probability of PD initiation (cause-specific Hazard Ratio (cs-HR) 1.78, 95% CI 1.21-2.61). During the study period, the probability of starting PD independently of the assisted PD service fell before flattening out. Transplantation and death increased over time but this did not affect the fall in PD initiation (for each year in the study cs-HR of starting PD 0.95 (0.93-0.98), sub-distribution-HR 0.95 (0.94-0.97)).
Conclusion: In a single centre study, introducing an assisted PD service significantly increased the probability of PD initiation, benefitting older patients most. This offset a fall in PD usage over time, which was not explained by changes in transplantation or death.