

Home haemodialysis outcomes: A single centre experience in the UK

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Objectives: Home haemodialysis (HHD) provides advantages in terms of flexibility, quality of life and overall outcome compared to in-centre Haemodialysis (HD). Despite these well recognised benefits, rates of home haemodialysis remain low with approximately 4 to 4.5% of the dialysis population receiving HHD. We analysed our experience of providing HHD in our area over the last 14 years.

Methods: Data were collected on all patients coded as receiving HHD from the renal computer system. Patients included had entered the HHD programme from 16/11/2005 up to the present day.

Results: Records were available for 86 patients. The majority were male who comprised 66% of the population versus 34% female. Most HHD patients were of European ethnic origin (74.4%) compared with 18.6% of South Asian origin and 6% Afro-Caribbean. This compares with an incidence of 29.4% and 10% of South Asian and Afro-Caribbean patients respectively in the local dialysis population. Of these 86 patients 62 were now no longer receiving HHD. The median length of time spent on HHD for patients who had dropped off was 19.5 months. The most common reasons for drop off from HHD were transplantation (39% of patients) and death (40% of patients). Drop off due to reasons of illness and frailty occurred in 8 patients (12.9%). Electing to change back to in-centre HD was uncommon (2 patients).

Conclusion: Data from our experience of providing HHD show that once started most patients remain on HHD until either transplantation or death. Drop off due to frailty or patient choice is uncommon. The data also suggest that the home HHD population does not necessarily reflect our overall dialysis population in terms of ethnicity and gender, suggesting that some cultural and social barriers towards take-up still exist.