



NEWS

European Renal Association -
European Dialysis and Transplant Association

Should a more frequent dialysis schedule be applied?

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In general, patients with End Stage Renal Disease are dialyzed 3 times per week for about four hours each time. Observational studies [1] have associated long dialysis intervals with an excess risk of mortality and cardiovascular disease hospitalizations, and on the other hand a rather new study [2] has suggested that daily dialysis might improve left-ventricular mass and health-related quality of life. Therefore the idea to implement a more frequent dialysis schedule seems appealing.

However is a more frequent schedule really efficient, e.g. beneficial and economically justifiable? Prof. Carmine Zoccali, NDT Editor-in-Chief took the task to analyze the pros and cons on this matter and to draw a conclusion. His review [3] can be read in the January edition of NDT.

As Zoccali points out, there might be a benefit on mortality but, on the other hand, a more frequent (e.g. alternate) hemodialysis might increase the risk of arteriovenous fistula problems and, thus, increase the disease burden. The impact on the outcome has not yet been proven, emphasized Zoccali: "Evidence that these regimes are beneficial mainly derives from observational studies and the possibility that the same regimes are harmful cannot be excluded". As long as new data is missing, there is no need to change dialysis schedules. "Only in problematic patients we should think about pro-actively applying more frequent HD regimes".

Interested in reading the full paper? Just send a copy of your press card to press@era-edta.org and ask for the pdf.

[1] Foley RN et al. N Engl J Med. 2011; 365(12): 1099-107; Chertow GM et al. N Engl J Med. 2010; 363(24): 2287-300

[2] Suri RS et al. Kidney Int. 2013; 83(2): 300-7

[3] Zoccali C et al. NDT 2015



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About ERA-EDTA

With more than 7,000 members, the ERA-EDTA ("European Renal Association – European Dialysis and Transplant Association") is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. The ERA-EDTA supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all activities of the ERA-EDTA the Council decided to create a Young Nephrologists' Platform (YNP). Besides, it has established various research networks and different working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology). Furthermore, a "European Renal Best Practice" (ERBP) advisory board has been established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: several series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need of continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association's journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. Finally, ERA-EDTA is member of the European Kidney Health Alliance (EKHA), a consortium of renal societies that actively interacts with the European Parliament. For more information please visit www.era-edta.org