DEMOGRAPHIC AND CLINICAL PROFILE OF PATIENTS INITIATED ON HEMODIALYSIS IN LEBANON

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The launch of a national kidney registry in Lebanon is underway and is set for March 2011. Data will be entered on site into a web-based database and deposited into a central file, with the goal of generating a public annual report and a confidential facility report that can be used for internal quality improvement by the facility.

Complete demographic and dialysis initiation data will be captured for the first time for all incident patients during a 12-month period, and for over 2600 prevalent patients undergoing hemodialysis (HD) at 56 hospital-based dialysis centers in Lebanon. The initiation data include history of specific chronic kidney disease (CKD) management prior to dialysis, vaccinations, existing comorbidities, ongoing medications, laboratory values and history of vascular access creation. The collection of this data started in November 2010 and will be completed by end of February 2011 for all patients starting dialysis in the past 6 months and will continue routinely after the launch of the registry.

The planning and development of the national kidney registry comprehensive database was based on the experience gained from a pilot study conducted during 2007-09 at 18 dialysis centers. There were 1164 prevalent HD patients included in the study, of which 113 had initiated dialysis during the 6 months prior to the conduct of the study at the facility. The mean age of these incident patients was 60.9 years (± 14.6, median = 63.5 years), consisted of 58 males (51.3%), 57% had elementary education or lower and only 14% were working. About 40% initiated dialysis using a fistula, 1% using a synthetic graft and 49% using a temporary or permanent catheter (data missing for 11%). Mean hemoglobin was 9.8 g/dL (± 1.45), ferritin 371 mg/dl (± 332, median 205), transferrin saturation 44%, calcium 8.5 mg/ml (± 0.94), phosphorus 5.6 mg/ml (± 1.9), iPTH 462 pg/ml (± 493, median 264) and albumin 3.4 mg/ml (± 0.9, median 3.7).

Comprehensive real-time incident data for patients initiating HD can prove to be of great value in informing a prevention plan in CKD patients prior to renal replacement therapy.