

肝硬化為老年血液透析病患中期而非長期死亡率之獨立危險因子

Liver cirrhosis is an independent risk factor of medium-term but not long-term

Survival among Elderly Patients with chronic Hemodialysis: A Population-Based Cohort Study in Taiwan

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Background: The incidence and prevalence of end-stage renal disease are very high in Taiwan, especially in the elderly patients. However, the risk factors for mortality about medium-term and long-term survival of elderly patients with chronic seem to be inconclusive. This study aims to determine the association of comorbidities with all-cause mortality in maintenance hemodialysis (HD) people with 65 years and older.

Methods: Using Taiwan's National Health Insurance research database, we conducted an observational cohort study to investigate the impact of underlying comorbidities on medium-term (2-year) and long-term outcome between 1999 and 2008. Several risk factors possibly affecting mortality were analyzed. Survival rates of different age group were also compared.

Results: In all, 2,198 incident elderly patients (≥ 65 years) on maintenance HD with initial dialysis treatment between 01 January, 1999, and 31 December, 1999 were enrolled. They were divided into 5 groups by age (Age 65-69, 70-74, 75-79, 80-84, ≥ 85 years). The basic demographic data between these groups did not statistically differ, except diabetes mellitus (DM), congestive heart failure (CHF), and liver cirrhosis (Table 1). During the nearly 10 years of follow-up, 1,343 (61.1 %) subjects died or loss of follow-up. Both 2-year and 5-year survival rate in these 5 groups had significantly lower in older age group (Table 2). Further analyses showed that older age, DM, CHF, cerebral vascular accidents (CVA) were independent risk factors for medium-term and long-term mortality (Table 3, 4). Besides, liver cirrhosis was an independent risk factor of 2-year mortality, while it showed no significance for long-term mortality. Higher mortality rate was also significantly associated with older-age group (log-rank test: $p < 0.001$) (Figure 1).

Conclusions: Older age is still an important risk factor of mortality in elderly HD

patients. Besides, some common comorbidities may have significant impact on medium-term and long-term outcome. Initial decision of HD therapy in elderly patients with these risk factors should be taken into careful consideration with detailed informed consent.

Keywords: hemodialysis, elderly, liver cirrhosis, mortality