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Abstract

STARTING REGULAR DIALYSIS IN ELDERLY

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Abstract:
As we know the protocol in this issue is that it is preferable to continue conservative treatment to ELDERLY patients with GFR declining below 30 with primary renal disease even with reaching ESRD. That is due to studies found that dialysis will not improve life expectancy to such patients as they are suffering from other diseases for example. This decision to start dialysis or continue conservative treatment usually not determined by nephrologists alone. It should consider the patient and his family's decision.. That why in our communities as arab countries we are in stress due to our traditions always directing us towards starting dialysis to ELDERLY patients even over 80 years old.. We observed that this step surely better for those patients in comparison to others who continued on conservative treatment..... As we found that starting dialysis

1. Improves quality of life better than conservative treatment as this increasing their feel of ability to stay awake and able to do regular habits more easily than others. And decreasing uremic manifestations.

2. Decreases number and time of admissions of patients in hospital than those on conservative treatment in spite of marked decline of GFR

3. Improves psychological status for patients for those patients as they found that they have ability to do more things without complications specially patients can Start hemodialysis in the dialysis units as it gives him chance to go out home regularly and see people in same condition and talk more to others.

We have no studies about comparing their life expectancy to others but we consider that improving life style and decreasing rate of depresion and hospital admissions is enough to encourage dialysis modalities to this category of patients. We advise to those patients to choose the dialysis modality which is more suitable to their status by the following priority.

A. Hemo dialysis in hospital dialysis unit if the patient can be transpoted easily to hospital as this better for safety and psychologicaly better for them and more efficient follow up.

B. Peritoneal dialysis for patients cannot transpoted regularly and easily. Or not accepting hemo dialysis. If they are not contraindicated from this modality and if they have trained nursing personell adherent to them specially if there is residual renal functions

Biography:

Valerii A. Voinov – MD, PhD, professor, head of Therapeutic apheresis department, of I.P. Pavlov's St. Petersburg State Medical University. He is the author of more than 470 scientific papers, including 12 monographs, 25 inventions and patents on the problems of therapeutic apheresis in various fields of medicine.

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