

DIALYSIS

Socioeconomic differences in dialysis modality uptake

Home peritoneal dialysis (PD) and home haemodialysis (HD) offer substantial advantages over in-centre HD for patients with end-stage kidney disease. Despite its benefits, a new study by Blair Grace at the University of Adelaide, Australia, and coauthors, shows that the barriers to widespread use of home care are complex and might relate to insurance coverage.

The researchers used data from >23,000 patients (≥ 18 years in age) in the Australia and New Zealand Dialysis and Transplant Registry and examined socioeconomic factors that might explain differences in the uptake of home dialysis. Although previous studies in the USA, Netherlands and Taiwan had shown that home PD was associated with higher income, Grace and colleagues found the opposite in Australia.

“Patients from the most advantaged areas were considerably less likely to use PD,” explains Grace. “This might be related to the use of private hospitals, which rarely

use PD or home HD.” The low uptake of home care might be driven by the insured, who might choose in-centre HD.

With respect to home HD, only an estimated 9.5% of patients in Australia would ever use it; its rate of uptake was not associated with socioeconomic status. By contrast, home HD is associated with high-income regions and full-time employment in both the UK and US.

Given that home PD and HD offer comparable quality of life at lower cost, understanding resistance to home care is important. “We want to investigate differences between uptake of home HD and PD, and how this is related to how patients with private health insurance are managed,” concludes Grace.

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Original article Grace, B. S. *et al.* Socioeconomic differences in the uptake of home dialysis. *Clin. J. Am. Soc. Nephrol.* doi:10.2215/CJN.08770813