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P282 -Clinical review of cause of death in adults undergoing in-center chronic haemodialysis between 2016 and 2018

Dr Mwayiwathu Prince Mtekateka¹, Dr Diamanto Athanasopoulou¹, Mrs Alison Blythin¹, Mr Jonas Willemsen¹, Dr Amir Bhanji¹

¹Wessex Kidney Centre, Queen Alexandra Hospital, Portsmouth, United Kingdom

Data showed there was an increase in the number of deaths of patients undergoing in-center haemodialysis in our tertiary Renal Unit from 2016 to 2017. In 2016, 15.6% of the patients undergoing haemodialysis died and this figure rose to 18.3% in 2017. This finding led us to conduct this clinical review of deaths in patients undergoing in-center haemodialysis in an attempt to identify any trends or factors in patients who died whilst on haemodialysis between 2016 and 2018

We collected the names of all chronic haemodialysis patients who were on in-center haemodialysis and died between 1st of January 2016 and 31st December 2018. We used the mortality review tool, discharge summaries and coroner's office or General Practitioner Surgerys to collect data on cause of death. We used the local renal database (PROTON) and clinic letters to obtain clinic and dialysis information about the patients. All data was recorded on an excel spreadsheet.

The median age of death was 74 years and 41.1% of the patients who died were diabetic. The average duration on haemodialysis was 4.7 years which is similar to national data. Wednesday was the most common day in which patients died, however there was no difference in the number of patients who died if they were dialyzing on a Monday, Wednesday, Friday compared with Tuesday, Thursday, Saturday.

Our main finding was that infection was the leading cause of death in our cohort and more than 50% of the patients who died during this period were dialysing via a tunneled dialysis line. Current proportion of patients dialysing with a line is 32%. This finding is in contrast to the UK Renal Registry Report which shows that cardiac disease was the leading cause of death of patients on haemodialysis (24%).

We found it difficult to capture cause of death in 19.7% of patients as two-third of the cohort were dialysing in satellite units. Cardiovascular disease accounted for 15.6% of deaths in our cohort during this period.

In conclusion, this review shows that infection is the leading cause of death in patients undergoing haemodialysis at our tertiary Kidney Centre and majority of patients who died were dialysing with a dialysis line. We will need to look at this in more detail to see whether there is a causal link between the two factors and also more closely examine the demographic of the local population. Our unit will need to consider a reporting mechanism for patients who have died whilst on haemodialysis to make capturing data easier for future work.