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Morbidity and Mortality of Dialysis

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MORBIDITY AND MORTALITY OF DIALYSIS

Each year, increasing numbers of people with irreversible end stage renal failure are treated under the United States Medicare ESRD (End-Stage Renal Disease) programs. Contributing to an increase in the overall size of the national ESRD program is the increased acceptance of patients, a greater incidence among older Americans, and an improvement in the survival of patients with ESRD. For example, during 1990 more than 195,000 Americans were treated for end-stage renal disease under the Medicare program.

There has been a small but significant improvement in survival in the dialytic population, first seen over the period of 1988-89 and which has continued over 1989-90. Because of the continuing interest in the adequacy of dialysis therapy and its impact on mortality, this trend is of particular importance to the renal community. The question of what constitutes an adequate dialysis dose, however, remains a very controversial issue among renal care professionals.

This bibliography was prepared in support of the National Institutes of Health Consensus Development Conference titled Morbidity and Mortality of Dialysis convened in Bethesda, Maryland on November 1-3, 1993. The purpose of the Conference was to examine all of the relevant data concerning the delivery of maintenance dialysis and the management of associated life-threatening complications. The citations were selected to cover various aspects of dialysis, including dialysis complications, co-morbidity, adequacy, and causes and prevention.

The bibliography consists primarily of English language journal articles from January 1991 through August 1993. The 2115 citations included were individually selected from a total of 5419 generated by a search of the literature. In general, books, case reports, letters and editorials have been excluded.

Arrangement of the bibliography is by subject. The four main categories are: Causes and Prevention of Morbidity and Mortality, including data on risk factors, role of nutrition, data on outcomes; Adequacy of Dialysis: Access and Dose, including catheter and membrane studies, hemodynamics and factors affecting blood flow and volume; Co-Morbidity; and Complications of Dialysis, including pre-existing, and other non-dialytic morbidity, especially cardiovascular, diabetic and parathyroid conditions. Within each category, references to controlled clinical trials have been separated out and are listed first. A citation may appear in more than one category.

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SS 2 = SUBS CANCEL
SS 2 = EXPLODE HEMODIALYSIS
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    2 AND COMPLICATIONS (SH) OR 2 AND CONTRAINDICATIONS (SH) OR
    2 AND IATROGENIC (TW) OR 2 AND QUALITY OF LIFE
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SS 5 = 2 AND 4
SS 6 = HEMODIALYSIS (TF) OR PERITONEAL (TF) AND DIALYSIS (TF)
SS 7 = 2 AND 6
SS 8 = 7 AND KIDNEY FAILURE OR 7 AND KIDNEY FAILURE, CHRONIC OR
    7 AND PREDIALYSIS (TW) OR 7 AND CATHETERS, INDWELLING OR
    7 AND EXPLODE CATHETERIZATION
    OR 7 AND EXPLODE OUTCOME ASSESSMENT
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SAMPLE CITATION

Citations in this bibliographic series are formatted according to the rules established for *Index Medicus*®*. A sample journal citation appears below.

Journal Article:

Authors *Article Title*

Rubin J, Hsu H. Continuous ambulatory peritoneal dialysis: ten years at one facility.
Am J Kidney Dis 1991 Feb;17(2):165-9.

Abbreviated Journal Title *Date* *Volume* *Issue* *Pages*

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*For details of the formats used for references, *see* the following publication:

Patrias, Karen. *National Library of Medicine recommended formats for bibliographic citation.* Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

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CAUSES AND PREVENTION OF MORBIDITY AND MORTALITY

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COMPLICATIONS OF DIALYSIS

Anemia and Erythropoietin

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