



ACCESS HD: A randomised trial Comparing Catheters to fistulas in Elderly patients Starting HaemoDialysis – June 2022



The George Institute
for Global Health

Facts:

- In Australia, people over the age of 65 years are the fastest growing kidney disease patient population.
- 83% of this older kidney disease patient population are treated with haemodialysis.
- Patients receiving haemodialysis spend at least 3 days a week in hospital for treatment, which equates to approximately 156 days a year.

Initiative Cycle:

2022 – 2025

Partners:

*The University of Calgary, Canada
Applied Health Research Centre,
Canada*

Supporters:

Australian kidney services

Consumer groups

*National Health and Medical Research
Council (NHMRC)*

Principal Investigators

*Dr Sradha Kotwal and Professor
Martin Gallagher*

Background:

- Patients with kidney disease can be treated with haemodialysis (a machine to filter the patients' blood). Haemodialysis requires access to the bloodstream, using either a catheter or fistula. The risks of using a catheter compared to a fistula are different.
- Patients receiving haemodialysis spend a lot of time in hospital for multiple reasons and it is unknown if the use of a catheter versus fistula affects this.
- For older patients with kidney disease, time out of hospital and quality of life can be just as important as survival.

Aims:

- Assess the effectiveness of a catheter compared to a fistula in relation to the rate (number over time) of access-related procedures/interventions and extra hospital days.
- To determine whether patients who have a fistula have a lower rate of hospital days and access-related procedures than those receiving a catheter within the first 24 months of dialysis initiation.

Methods:

- This study will use a randomised, single-blinded, parallel-arm, controlled, multi-centre trial design, initially involving four kidney services across Australia, with expansion plans to include more kidney services in Australia, New Zealand and across Asia.
- Randomisation will be allocated equally to either a catheter or fistula and will be applied at the service level.
- The major outcomes will be the rate of access-related procedures/interventions and extra hospital days, as well as gaining an understanding of the quality-of-life implications of each access type.

Impact:

- Evidence for which access type, catheter or fistula, is the best to use has not been previously studied in an older kidney disease patient population.
- This trial will provide information about the best approaches for dialysis management in older patient populations.

Contact:

To find out more about this project and its principal investigator Dr Sradha Kotwal and Professor Martin Gallagher or The George Institute please contact contact Tina Wall +61 410 411 983 or twall@georgeinstitute.org.au

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