



Upcoming Events:

RSA 15-17 June 2015 in Perth
www.rsaannualconference.org.au
Early bird closes April 10

EDTNA Sep 27-29 2015 Dresden
www.edtna.org.au. Registrations open.

ISPD—Melbourne March 2016

Advertise your renal event here.

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Electrical standards update

Following two years of review the electrical standard AS/NZS 3003 has now been amended with regard to home dialysis (both peritoneal and haemodialysis) regulations. The standard now requires/recommends:

- Dialysis Units to have a policy for home electricity safety.
- A home assessment to determine if present electrical circuits are safe for home dialysis (or not) plus regular inspections for safety.
- Installation of a separate circuit where current circuits are inadequate to support the relevant dialysis type safely.
- Use of a 10mA leakage protection device to 'cut-out' the dialysis machine in the case of any electrical machine safety issues. This can be locally in the room or at the switchboard. A system must be in place for safe re-set of this switch.
- The option for a portable protection device for holidays or temporary installations.



The standard amendment is available on the home dialysis website on the health professionals technology page. It is also available for free from the standards website. The entire standard can also be purchased and it is recommended that all electrical installers/technical teams have access to the entire standard. Please email homedialysis@kidney.org.au if you require a copy of the changes or a copy of documents being used by NSW to implement the changes.

Thanks to everyone who contributed to the success of this review.

Mortality risk in PD and HD. Can it be predicted?

Parathyroid Hormone (PTH) and Alkaline Phosphatase (ALP) are both markers of bone disease and are associated with higher mortality rates. Causes of death are linked with vascular calcification. An in-depth study and analysis of over 9000 PD patients and 99 000 HD patients (in-centre) has found increased mortality in:

- PD patients with ALP > 150 u/l. The effect was higher as the ALP range went up.
- HD patients with low or high ALP levels and increasing PTH levels.
- PD patients with either very high or very low PTH levels. Of note PD patients were more likely to have a higher level of PTH.
- Those on HD (USA data so dialysis regimes different) compared to PD. Higher ALP and PTH were associated with being younger, female, black and of longer dialysis vintage. Further studies are recommended to determine whether normalizing PTH and ALP are effective at reducing mortality. This research was observational and did not prove cause and effect. It did not favour one dialysis treatment over the other. However it does suggest that normal PTH and ALP levels predict better outcomes than abnormal and could drive patient treatment goals.

Rhee, Molnar, Lau et al. Comparative mortality-predictability using ALP & PTH in patients on PD & HD. PDI 34(7) 733-747



The
HOME
Network™
Educate, Enable, Empower
Established 2009

The HOME Network

<http://thehomenetwork.weebly.com/>

Educate, Enable, Empower

Through education and advocacy the HOME network aims to enable patients and healthcare professionals to use their knowledge and the practical resources developed by the group to empower more patients to embrace the freedom of home therapies.

HOME Network nominations

The HOME Network Steering Committee invite nomination for membership (**Allied Health, Renal Nurse, Consumer**) of the HOME Network committee.

The HOME Network provides advocacy and education regarding home dialysis to health professionals to enable them to gain the knowledge and motivation needed to promote home dialysis within their unit. They also address issues involving equity and availability of services to empower patients to undertake dialysis at home.

HOME Network members are committed to attending two workshops per year with travel costs covered. Members participate in projects between workshops. The membership term is three years with a three year extension option. Please access more information on the HOME Network Website: <http://thehomenetwork.weebly.com/>

Application form and enquiries to Josephine Chow, (Chair) at Josephine.chow@sswahs.nsw.gov.au.

Closing date: 31 March 2015.

Ultrafiltration failure in PD. Can resting help?

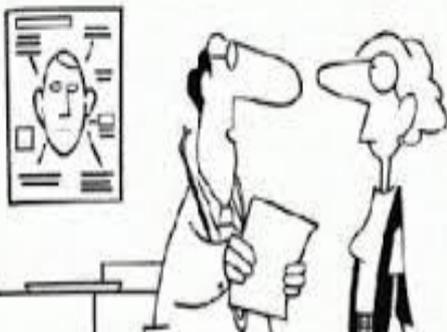
Editors Word!

The most recent Peritoneal International journal has some interesting articles on peritoneal rest in ultrafiltration failure. A Spanish group analysed data of 35 patients over 25 years. Ultrafiltration failure was defined as a UF of <400ml of a high glucose solution after 4 hours (excluding those with recent peritonitis). Peritoneal rests were for a month and necessitated HD via a central venous catheter. Resting was for 1 month and included weekly heparin lavage.

100% of patients had over-exposure to glucose. 24 out of the 35 patients showed some degree of recovery, requiring less glucose intense fluids. The best results were seen in those with UF failure of less than 6 months duration. The changes are explained by a reversal of the processes that damage peritoneal membranes when PD fluid is used. Research is needed to confirm how change occurs.

Welcome to edition 38 of Home Updates. The ISPD journal, PDI has produced some great articles which are referenced in this newsletter.

To subscribe, comment or contribute email Debbie Fortnum: homedialysis@kidney.org.au



You've got a rare condition called good health. Frankly we're not sure how to treat it.

The editorial on this article is supportive of the research but also concludes that more research is needed. It notes that early fast transport status in new PD patients may be due to inflammation and will usually improve spontaneously. Caution is urged about 'rest' because transfer to dialysis for 1 month carries it's own risks but for those patients who do not want or cannot tolerate longterm haemodialysis these risks may be outweighed. Sousa, Peso, Alvarez et al (2014). Peritoneal resting with heparinized lavage reverses Peritoneal type 1 failure 34 (7) 698-705.


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