



Upcoming Conferences:

RSA/ANZSN
Melbourne,
Aug 25-27 2014

ERA-EDTA 50th
www.eda-
edta2013.org

Aust/NZ Home
Dialysis
5-7 Mar 2014
www.dinamics.co.
nz/home-therapies

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event here.*

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Home Dialysis conference

Melbourne will host the 2014 Australian and New Zealand Home Dialysis conference between 5-7th March. The official program will be released soon and we are privileged to host international speakers: Richard Fluck, Ana Figueiredo and Andrew Davenport.

Richard Fluck has been instrumental in establishing a large home HD programme in the UK and is the president of the British UK renal society. Ana Figueiredo has a renal nursing background and has vast experience in PD in Brazil. She is on many of the ISPD committees including the standards and guideline committee and is widely published. Andrew Davenport is from the UK and has been involved in the wearable artificial Kidney, an exciting development we are keen to hear about!

The organising committee has also worked to put together a stimulating program inviting expert speakers from around Australia and New Zealand, and a special guest speaker from Thailand. The conference will be held at the Pullman hotel (formally the Sebel) in Albert Park. Registration opens 20th September as does the call for abstracts. The all-inclusive nursing registration fee is only \$350. Please note that early bird registration closes November 30th. The programme also includes topics for consumers and by consumers of home dialysis services. Daily registration for consumers is heavily subsidised.

Kids on Dialysis—predicting and improving survival

An article in the JASN suggests that ESA dose can predict survival for kids. In the absence of clear guidelines, 1394 children, in 30 countries were followed prospectively.

25% of the children had haemoglobin levels below target and 92% were on an ESA. For those with ensuing anaemia they were more likely to have hypertension, hyperparathyroidism and left ventricular hypertrophy. Positive predictors of survival were good haemoglobin and serum albumin levels. High ESA dose was a negative predictor. The study concluded that the high ESA dose may be a surrogate marker for any underlying conditions that themselves decrease survival.

Survival in children was also addressed in another article in the UK, suggesting that children on enhanced hours of home haemodialysis have better survival and outcomes. The UK are now strongly pursuing this treatment option. Maybe the strategies for dialysis in children are changing?





The
HOME
Network™
Educate, Enable, Empower
Established 2009

The HOME Network

Educate, Enable, Empower

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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.

Dialysis Reimbursements

Victoria continue to lead the way with patient reimbursements for both haemodialysis and peritoneal dialysis. Victoria operates a system whereby each dialysis unit provides the patients with the government pre-determined sum per annum. This money can be put towards water, electricity, installation, medications for dialysis and any other out of pocket expenses.

The new home patient payments per annum is:

- home peritoneal dialysis - \$755 per patient per annum (up from \$503)
- home haemodialysis - \$1,990 per patient per annum (up from \$1,327)

The newly updated fact sheet is now available from www.homedialysis.org.au/support/finances

The booklet that features general information and all of the fact sheets has also been updated to reflect recent changes to some of the other fact sheets.

Water Quality in home haemodialysis

Damasiewicz,, Polkinghorne & Kerr. Nephrol 2012, 8, 725-734

Patients undergoing haemodialysis are exposed to 400-800L of water per week. A semi-permeable membrane is the barrier between contaminants and the blood. The potential contaminants include microbiological or bacterial matter, sand and particles as well as chemicals, metals and endotoxins. Additives that are used in mains water such as chlorine and fluoride must also be removed.

A series of filters including a carbon filter and a final treatment by a portable reverse osmosis filter are the usual components of a home dialysis water purification system. In some areas water softeners are also required. Multiple organisations such as AAMI <http://www.aami.org/publications/standards/dialysis.html> have detailed guidelines regarding the quality of water for dialysis. These guidelines are not evidence based, but have been developed based on experience of practice. The standards do not all correlate exactly but have similar principles.



At home both mains and bore water might be used. General agreement is that at minimum water for home should be tested prior to installation for heavy metals and other contaminants. Results may indicate the need for additional filters. Water recycling may also be necessary if supply is an issue. It is strongly recommended to perform annual tests for microbiology. For those using HDF, endotoxin testing is required regularly. Difficulties with sample collection, particularly in the rural areas mean that testing is not always done. Each state has it's own water standards which should be followed as closely as practical. For more information and links visit www.homedialysis.org.au and search for 'water treatment' in the health professionals section.

Editors Word!

Welcome to edition 21 of Home Updates. Membership is now about 360.

It is very exciting that the home dialysis conference is now only 6 months away. And we hope to see many of you there as attendees and presenters.

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

