Abstract
This study compares patient and technique survival on continuous ambulatory peritoneal dialysis (CAPD) and other peritoneal dialysis (PD) modalities in relation to body size indicators, race, sex, and peritoneal transport characteristics. Data were abstracted from a PD adequacy database, with 354 patients subjected to analysis. Transfers between PD modalities were almost exclusively from CAPD to various offshoots of PD, mostly due to inadequate dialysis or inadequate ultrafiltration. Survival analysis showed better technique survival for other PD modalities compared to CAPD when body mass index was less than 25 kg/m2, body surface area (BSA) was less than 1.9 m2, total body water was less than 39 L, and the dialysateto-plasma ratio of creatinine at four hours was less than 0.65 by the peritoneal equilibration test (PET). There were no differences found in relation to gender, race, or PET ratio of dialysate glucose at four hours to dialysate glucose at time zero. In other PD modalities, no differences in technique and patient survival were found in regard to the same parameters, with the exception of better technique survival in males with a BSA over 1.9 m2. In conclusion, CAPD technique survival is better in the small patient with below average peritoneal transport characteristics. In other PD modalities, survival is not related to anthropometric indices or peritoneal transport characteristics.