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The reasons for a survey on incremental haemodialysis

The majority of patients on dialysis are currently treated with a fixed dose thrice-weekly haemodialysis regimen irrespective of whether or not they are starting dialysis therapy (incident) or have been receiving dialysis for some time (prevalent) and without consideration for their residual kidney function (RKF). The thrice-weekly regimen has been assumed almost as a dogma in the dialysis community. Incredibly, this schedule has been widely accepted worldwide without ever undergoing any randomised controlled trial to examine whether less frequent haemodialysis treatments would be inadequate or harmful.

The optimal regimen for incident patients is not known. Incremental haemodialysis is based on the simple idea of adjusting its dose according to the metrics of RKF. The term “incremental haemodialysis” implies that the dose and/or frequency of treatment can be lower at dialysis inception, in the presence of a substantial RKF, but should be progressively and timely increased to compensate for any subsequent reduction in RKF. Indeed, most patients initiating dialysis have some degree of RKF, often a residual renal urea clearance > 3 ml/min and a urine output > 500 ml/day.

Therefore, a randomised controlled trial comparing incremental haemodialysis with the standard thrice-weekly schedule and focused on hard outcomes, such as survival and RKF loss, is needed. The present survey can be of help in designing this trial.

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Chair of the EuDial Working Group