



DECLARATION OF VALLEDUPAR

"Peritoneal dialysis, more than an opportunity for the patient with renal disease"

The Peritoneal Dialysis Committee and the Board of Directors of the Colombian Association of Nephrology and Arterial Hypertension (Asocolnef), within the framework of the Colombian Symposium Dialysis and Transplantation, carried out in the city of Valledupar- Colombia in March 2019, expressed its concern about the decrease in the opportunity to offer peritoneal dialysis therapy to our patients with chronic kidney disease requiring renal replacement therapy.

CONSIDERATIONS

Peritoneal dialysis is one of the options for renal replacement therapy for the management of chronic kidney disease stage 5. Technique that is comparable at any time to hemodialysis, with equivalent survival.

Like the others renal replacement therapies, including Kidney transplantation, the peritoneal dialysis option should be viewed as "Transition", which implies that in any moment in the history of chronic kidney disease of a patient, one of these therapies accommodate the patient, offering the best quality of life and better clinical results. We believe, it is very important that every patient who initiate in any of the renal replacement therapies, including kidney transplantation, must know all the options and understand the concept of "Transition".

In Colombia, the prevalence of chronic kidney disease in renal replacement therapies (Hemodialysis, peritoneal dialysis) has increased significantly since the implementation of the Law 100 of December 23 of 1993, in which, the therapies for renal replacement were available for 100% of the Colombian population, going from a prevalence of 39.96 patients per million (ppm) in the year 1992 (prior to the implementation of Law 100) to 547 ppm for the year 2017, data that could be higher since the census of 2018 showed a smaller population to that estimated by the DANE, for which it would approach 600 ppm.

Colombia has been characterized by having a significant prevalence of patients in peritoneal dialysis, however, but, when we look the data from the Colombian Registry of Dialysis and Transplant and Cuenta de Alto Costo (CAC) registry, we observed with concern, that the percentage of patients on peritoneal dialysis therapy has decreased in a worrying way. In 2005, the proportion of patients in peritoneal dialysis therapy was 37.58% which has decreased to a 26.97% in 2017, and continues to decrease.

It is important to keep in mind, that dialysis therapies (hemodialysis, dialysis peritoneal in all its categories) are covered 100% for the Colombian population, and the reimbursement for both therapies are similar.

The reasons to explain the decrease in the proportion of patients in peritoneal dialysis are the following

1- Patient education:

- a- Lack of patient's knowledge about peritoneal dialysis therapy at the time of admission, this may explain why a patient does not request this option.
- b- Low acceptance of the therapy by the patient associated with misinformation given either by other patients or medical personnel.

2- Medical education-training

- a- The Nephrology training programs are not offering to the new fellows training in peritoneal dialysis therapy, situation that will not generate confidence in therapy due to lack of knowledge.
- b- Low credibility of the therapy by some specialists in Nephrology
- c- Lack of knowledge of the therapy by some specialists in Nephrology
- d- Lack of training in the placement of peritoneal catheters

3- There is no offer of the peritoneal dialysis therapy to patients by some dialysis providers due to the low profit margin compared to hemodialysis.

4- The peritoneal dialysis therapy is not within the portfolio of renal replacement therapy in some providers, which offers only one dialysis option (hemodialysis).

5- There is no policy from the Ministry of Social Protection for the development of peritoneal dialysis therapy.

6- The concept of "Transition" is not clear, we must take in mind that a therapy is not better than others, they are simply stages that each patient has according to their conditions and that must be clearly known by patients and nephrologists from the admission to therapy and avoid traumatisms.

Based on these postulates, We, the Board of Directors of the Association Colombian Nephrology and Arterial Hypertension in conjunction with the Committee of Peritoneal Dialysis of the Association declare the actions to be sought in Colombia to strengthen the use of peritoneal dialysis in its different modalities:

1- The Peritoneal Dialysis Committee of Asocolnef will provide advice to the different entities of the Government (Ministry of Social Protection, INS, CAC) to promote the development of peritoneal dialysis in Colombia.

2- All patients with advanced stages of Chronic Kidney Disease (CKD stages 4-5) must know the different therapy options for renal replacement, including hemodialysis, peritoneal dialysis (Continuous Ambulatory Peritoneal Dialysis, Automated Peritoneal Dialysis), and kidney transplant.

3- Patients must define which therapy is best suited to their medical and social conditions which can offer the best quality of life and not leave the decision only in the hands of Physicians or institutions providing dialysis services. In this point it also applies for palliative management (not dialysis) of your CKD.

4- The nephrologist will explain clearly and without biases the indications and contraindications of each type of renal replacement therapy, so the patient decides without pressure the type of renal replacement therapy that he/she wants.

5- In some circumstances, peritoneal dialysis can be offered as the best option, especially for the management of renal replacement that involves traveling from rural areas to large urban centers for hemodialysis, thus altering their quality of life and of his/her family.

6- Require Nephrology training programs in the country that comply with the academic curriculum regarding the training of our new nephrologists in the technique of peritoneal dialysis and placement of peritoneal catheters.

7- The Colombian Association of Nephrology and Arterial Hypertension with the Peritoneal Dialysis Committee will provide all the necessary support to Educational, Medical and patient institutions to promote the development of peritoneal dialysis in Colombia.

8- The peritoneal dialysis committee will offer continuously education in the management of peritoneal dialysis therapy.

9- Require that providers of dialysis services will offer all the modalities of renal replacement therapy (hemodialysis, dialysis peritoneal in all its modalities) as well as send their patients for evaluation for kidney transplantation.

10- Require to the Ministry of Social Protection that Renal Health Providers must offer all options for renal replacement therapies

11- Work in conjunction with the Peritoneal Dialysis Committee of the Latin American Society of Nephrology and Hypertension (SLANH) for the development of peritoneal dialysis in Colombia and Latin America

12- Promote in conjunction with the International Liaison Committee of the International Society of Peritoneal Dialysis (ISPD) the development of peritoneal dialysis in Colombia and Latin America

13- Generate or adopt Colombian guidelines for the management of dialysis peritoneal assuming the best clinical practices.

Signed in Valledupar, Colombia, on the 29th day of the month of March 2019.



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