**Introduction**

Our unit’s policy is to enable patients to have at least 1-2 days off per week from peritoneal dialysis (PD) (depending on residual renal function) to enhance quality of life. We also adopt the use of twice-daily icodextrin to counter loss of ultrafiltration. Last year, we demonstrated that we meet the Renal Association adequacy targets with this personalised prescriptive strategy, but our data was limited by focussing only on current PD patients (n=95), introducing possible survival bias. Here, we present findings of our expanded analysis including transfers to HD, transplantation and deaths.

**Methods:**

All patients who started PD from January 1st 2012 to December 31st 2016 in our centre were included. Data on dialysis prescription and adequacy (using PD Adequest) were collected 6 monthly for each patient.

**Results:**

186 patients were included in the study. Median age at start of dialysis was 61 years; 54% patients were male. Only 49% patients started on PD 7 days a week and this dropped to 27% at 3 months following the first clearance test. Over 90% of patients achieved creatinine clearance (CrCl) >50L/week/1.73m2 up to 2 years of follow-up, with 87% achieving this standard at 3 years.

94 (50.5%) patients remain on PD. 29 (15.6%) patients died, 29 patients (15.6%) transferred to HD, 26 (13.9%) were transplanted. Overall patient and technique survival at 1, 2 and 3 years were 91, 81, and 72% and 89, 87 and 78% respectively. This compares to a median technique survival of 84% and 48% at 1 and 3 years in the ANZDATA registry for 2013-2015.

The principal reasons for transferring to HD relate to PD-associated infection (48%), catheter malfunction (34%), decline in dialysis clearance and ultrafiltration (10%) and in some cases, acquired patient-specific factors (14%). Using Cox regression, on univariate analysis, factors negatively affecting technique survival included having an exit-site infection (HR 2.18, p=0.05), 2 or more episodes of PD-associated peritonitis (HR 4.52, p=0.00) and being hospitalised for PD peritonitis (HR 2.21, p=0.04). Increasing age was associated with superior technique survival (HR 0.98, p=0.04). There was a tendency to superior technique survival with less than daily peritoneal dialysis (HR 0.479, p=0.09) and tendency to inferior technique survival with accelerated loss of residual GFR at one year (HR 1.18, p=0.06), though not quite reaching statistical significance.

**Conclusion**:

We demonstrate that patients can safely have 1-2 days off dialysis, and still meet the adequacy targets set by the Renal Association. Larger and longer studies are needed to determine impact of this approach to PD prescription on technique survival.