**Assisted Automated Peritoneal Dialysis (AAPD)-A Unit Experience**

**Background:** AAPD is now a well-recognised adjunct to Peritoneal Dialysis (PD) Therapy and has been widely adopted nationally within the majority of Renal Units. The use of AAPD within our own unit was established in mid-2012 initially with the support of the external providers and subsequently with internal arrangements. The aim was to establish and understand basic metrics and outcomes for this population group.

**Method:** A retrospective clinical audit of practices and outcomes for AAPD patients was carried out over a 45 month (mnth) period extending from July 2012 to Dec 2016. The Data was primarily collected from our own internal documentation and databases and was further analysed to establish basic metrics around our own clinical experience.

**Results:** 59 Patients were treated with AAPD over this 45mnth period. The mean age of these patients were 69.8 years (yrs) (± 12). More men (N=39, (61%)) required AAPD as opposed to women (N=23 (39%)), with no age difference between the gender groups. The majority of patients needing AAPD were Caucasian (95%) which may simply be reflective of the PD population as a whole. The mean duration of AAPD was 31.4 weeks (±28.4). The majority of patients required a single episode of AAPD, accounting for 89.8% of cases, whilst a small minority required repeated support from the AAPD team (10.1%). AAPD was predominantly required at the initiation of PD (62%) or alternatively towards the ‘end of life’ of this technique (18.6%), in total accounting for 80% of cases. The mean haemoglobins (103.7 (±15.1) g/L) and serum albumins (34.1 (±6.5)g/L) were relatively preserved. The majority of patients had a high average-high solute transport status hence APD was an appropriate therapy. For practical reasons, dialysis clearance data was available in 80% (47/59) of these patients and the majority were well dialysed (Creatinine Clearance < 50L/week in 15% (7/47) and Kt/V <1.7L/week in 2% (1/47)). Peritonitis occurred in 14 patients, 8 had reoccurring episodes. The mean comorbidity score within this population group as predicted by the modified Charlson Comorbidity Score was 6.9 (± 1.8), with men having a higher comorbid score ((7.3 (±1.9) versus (6.2 ±1.5)). The mean functionality score as predicted retrospectively by the Karnofsky Performance Status Scale was 57.9 % (±16) reflective of the significant assistance required by this patient population group.The outcomes for these patients are detailed in table 1.

**Table 1: Outcomes for AAPD patients**

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| --- | --- | --- |
| **OUTCOME** | **Number** | **Percentage (%)** |
| Death | 28 | 47.5 |
| Haemodialysis (HD) | 16 | 27.1 |
| Peritoneal Dialysis (PD) | 5 | 8.5 |
| Assisted APD (AAPD) | 5 | 8.5 |
| Transplantation | 4 | 6.8 |
| Transfer Centre | 1 | 1 |

**Conclusion:** AAPD is a useful adjunct to PD allowing additional support to be provided to patients on this Home Therapy. The need for this therapy is predominantly around the age of 70 and greater in men. Often it is a single episode of support that is required predominantly on initiation of PD and at the end of technique survival. These patients often had a significant underlying comorbid load and greater functional requirements as predicted by the Karnofsky Score although comparison with the overall PD population as a whole would be of value.