Hospital do Rim from Universidade Federal de São Paulo (dialysis center) where 208 patients make use of human recombinant erythropoietin (ESA) for anemia management. Structured interviews with personnel were arranged to identify workflow for anemia management. Time spent in each activity was registered using a stop watch by a trained professional. Time spent in less frequent activities or in activities were the direct relation with anemia management could not be done were not taken into consideration for this study. For valuing time and supplies the dialysis center’s costs data was considered. RESULTS: Total time spent for ESA administration by the dialysis center for the treatment of 208 patients was 75 days or R$19,758. Assuming the usage of C.E.R.A. in 100% patients of the center, the time spent by the staff would be 10 days or R$2683, representing an 86% reduction versus current practice. Costs of supplies needed for the administration were R$28,863 for those patients receiving conventional ESA and R$774 if patients would have received C.E.R.A. As a result, potential total savings generated with the adoption of once-monthly C.E.R.A. can bring substantial R$ 217/patient/year.

The use of C.E.R.A. was R$45,165 per year in this dialysis center or R 217/patient/year. As a result, potential total savings generated with the adoption of once-monthly C.E.R.A. can bring substantial R$44,847 per year or R$216 per patient/year. Once-monthly C.E.R.A. could also improve resource utilization and enable health care staff to focus more time on other aspects of patient care.

URINARY/KIDNEY DISORDERS—Patient-Reported Outcomes

COMPARISON OF THE HEALTH-RELATED QUALITY OF LIFE BETWEEN PATIENTS UNDERGOING PERITONEAL DIALYSIS AND HAEMODIALYSIS

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OBJECTIVE: To compare the health-related quality of life (HRQOL) between patients undergoing continuous ambulatory peritoneal dialysis (CAPD), automated peritoneal dialysis (APD) and haemodialysis (HD) in the “IMSS” (Mexican Institute of Social Security) in Guadalajara. METHODS: Transverse analytic study included 131 patients, in peritoneal dialysis, ≥18 years, any gender, or time under dialysis. Patients with acute technique-related complications, in terminal phase of illness, or with physical or mental disability were excluded. An interview, clinical history and detailed physical examination were carried out. Using the Kidney Disease Quality of Life Short Form (KDQOL-SF), we measured HRQOL. Analysis of variance was used to examine differences. RESULTS: Patients were studied (50 undergoing CAPD, 34 APD and 47 HD). The average age was 46.2 ± 18.3 years, 53% were females, and 49% were males. The time in CAPD was 23.4 ± 17.2, APD 23.9 ± 14.2 and HD 37 ± 34 months. Physical functioning (37 ± 28), pain (69 ± 25), emotional well-being (52 ± 26), social function (57 ± 30), and energy/fatigue (37 ± 27) were significantly lower scores in CAPD in comparison with APD (65 ± 31, 93 ± 12, 75 ± 28, 91 ± 15, 60 ± 28) and HD (57 ± 29, 82 ± 17, 69 ± 23, 80 ± 21, 33 ± 28). The Effects of Kidney Disease (86 ± 15) and Burden of Kidney Disease (58 ± 36) subscales were lower in APD in comparison with CAPD (76 ± 16 and 24 ± 29, respectively); no differences between CAPD and HD.

The physical component summary was significantly higher in APD (58 ± 22) in comparison with CAPD (46 ± 15) and HD (34 ± 15). Mental component summary was less in CAPD (36 ± 15) in comparison with APD (60 ± 22) and HD (46 ± 15). CONCLUSION: The HRQOL in patients undergoing CAPD was less in comparison with patients with APD and HD. The physical dimension was higher in patients with APD in comparison with CAPD and HD, whereas the mental dimension was less in the CAPD group. There was no significant difference between the APD and HD groups.

IMPROVEMENTS IN HEALTH-RELATED QUALITY OF LIFE WITH FESOTERODINE: KING’S HEALTH QUESTIONNAIRE ITEM ANALYSIS

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OBJECTIVE: Subjects with overactive bladder (OAB) have decreased health-related quality of life (HRQL). The positive effects of fesoterodine (FESO) and tolterodine extended release (TER) have been established in subjects with OAB using patient-reported outcomes. This analysis assessed the effects of FESO and TER on individual items of the King’s Health Questionnaire (KHQ). METHODS: This is a post hoc analysis of data from a multicenter, double-blind, placebo (PBO)-controlled trial. Eligible subjects with frequency and urgency or urgency urinary incontinence were randomized to PBO, FESO 4 mg, FESO 8 mg, or TER 4 mg for 12 weeks. Subjects completed the KHQ at baseline and end of treatment. The KHQ includes 9 domains with 21 items and a Symptom Severity scale; lower scores indicate better HRQL. Analysis of covariance was used to assess treatment-related effects on the 21 individual items of the 9 KHQ domains, with treatment and region as factors and baseline value as a covariate. RESULTS: By the end of the study, FESO 8 mg significantly improved responses to 13 items vs. PBO; in comparison, FESO 4 mg and TER improved responses to 9 and 8 items, respectively (all \( P < 0.01 \)). There were no significant differences between treatment groups. Seven items did not improve with any treatment; most of these items were part of the Personal Relationships and General Health Perception domains. In general, items that improved the most with treatment had higher baseline values (ie, worse HRQL) compared with those that did not improve. CONCLUSION: Both doses of FESO (4 and 8 mg) significantly improved HRQL in subjects with OAB as evidenced by significantly better scores for 9 and 13 items of the KHQ vs PBO, respectively. The domains showing improvement were those for which improvement with OAB treatment would be expected.