

**Hospitalization rates and complications in children
undergoing peritoneal dialysis treatment –
a comparison between children from native and
immigrant families in Austria**

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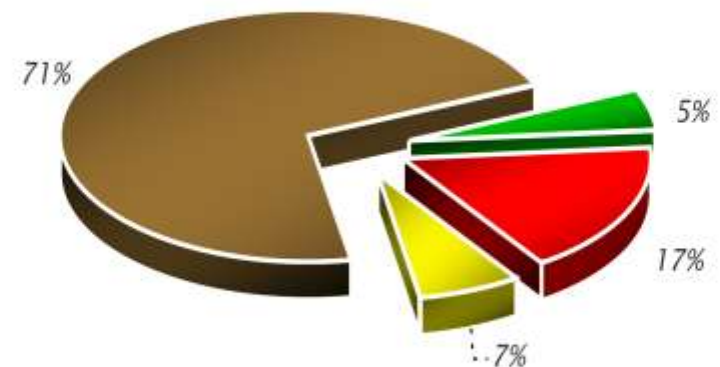


Background: Selected problems in our pediatric clinic

- Pediatric emergency room 50-60% immigrants
- Overweight children: twofold higher in immigrants
- Newborn Screening:
 - 30% of all metabolic defects in children from turkish families
 - Consanguinity
 - Worse longterm outcome

Immigrants in Austria

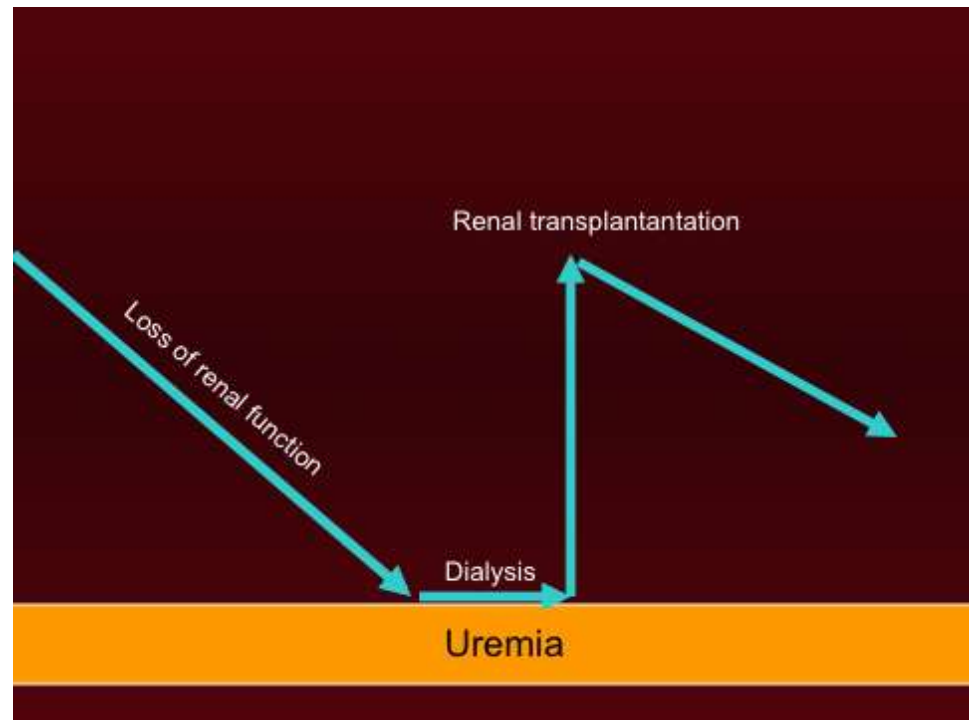
- Austria
8,8% Immigrants
 - 1,5% Turkey
 - 3,9% former Yugoslavia
- Greater area of Vienna:
17,8% Immigrants
- Chronic renal diseases
29% patient are immigrants



■ Österreich ■ Türkei ■ Ex-Jugoslawien ■ Rest

Chronic renal failure in children

- Congenital diseases of urogenital tract
- Genetic renal diseases
- Acquired renal diseases

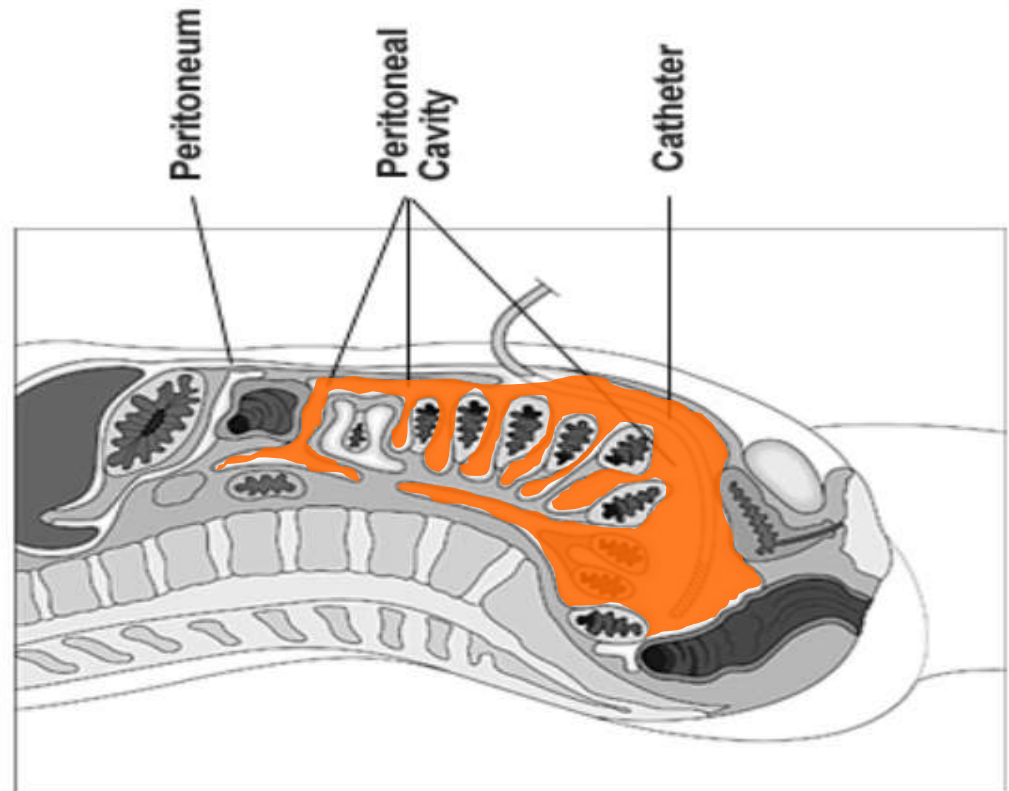


Renal replacement therapy

- Renal transplantation
- Hemodialysis
- Peritoneal dialysis



Peritoneal Dialysis



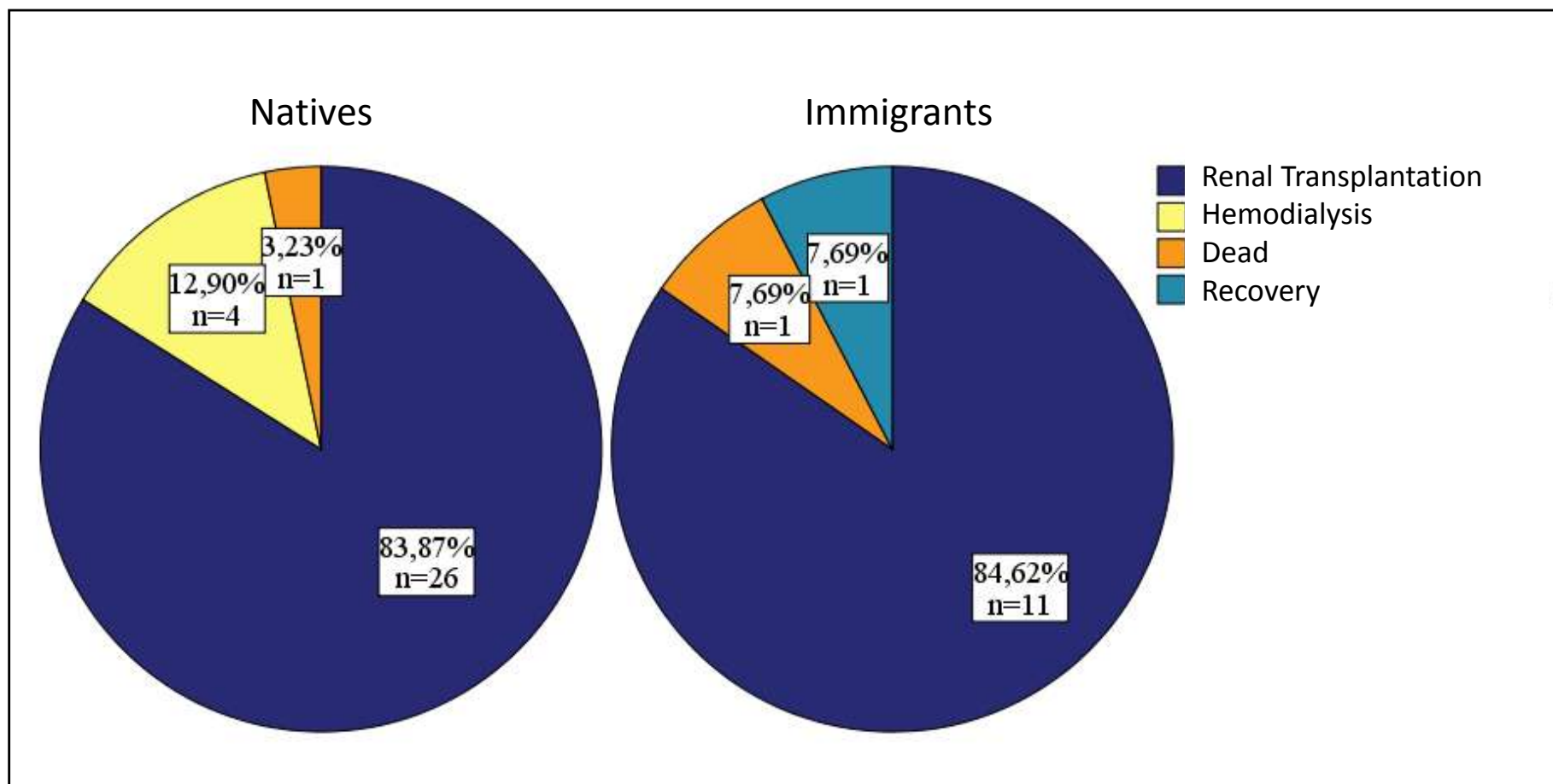
Retrospective study at the Pediatric Nephrology Unit, Med. Univ. Vienna

- Do children with immigration background have
 - higher rates of hospitalization?
 - more complications?
- Can we identify special risk factors
- Data were obtained from patient charts and a structured questionnaire

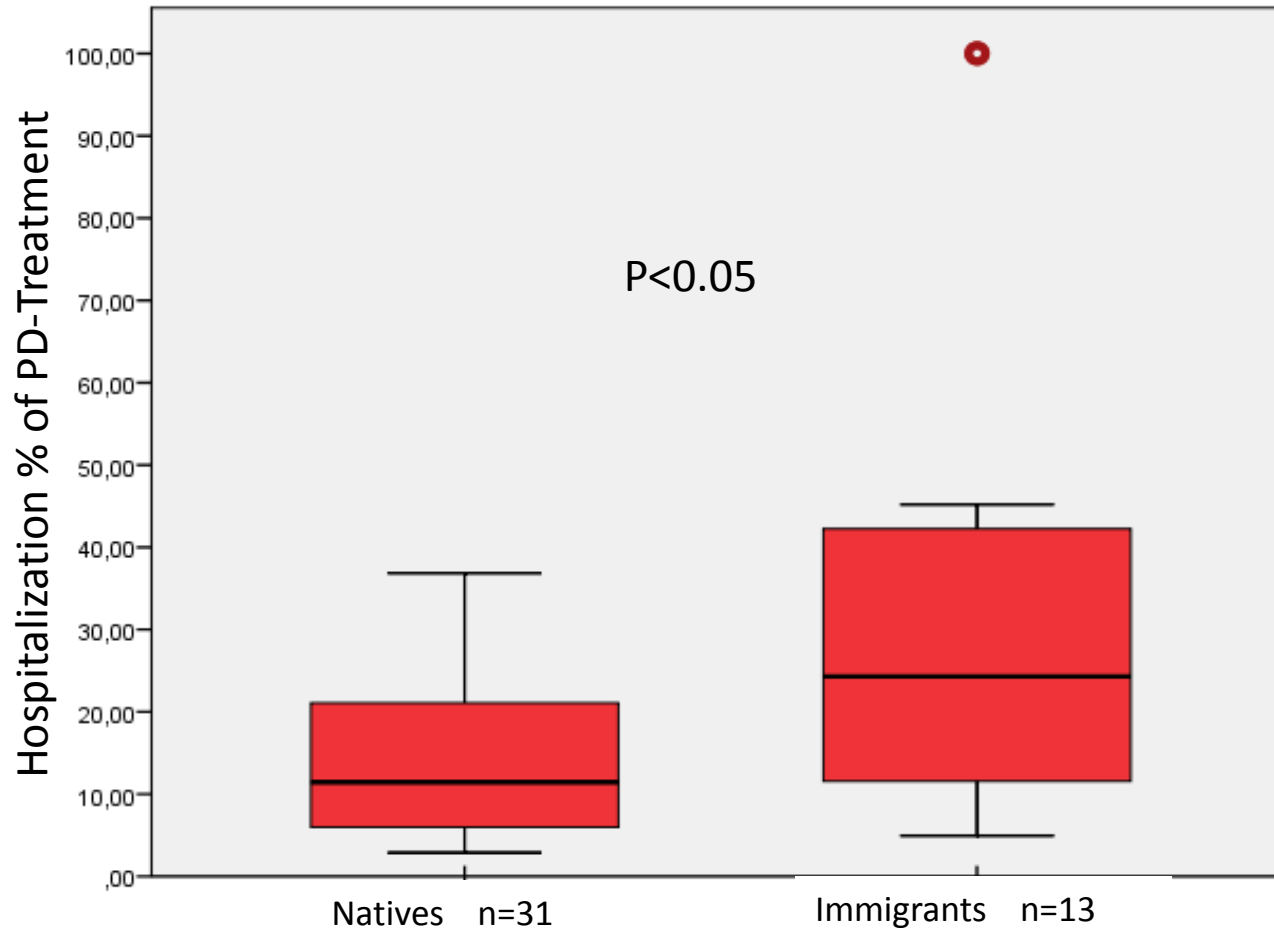
Age, Time on PD, Quality of dialysis

	Natives	Immigrants	
	n=31	n=13	
Age at start of PD (years)	5,58 (\pm 4,56)	2,61 (\pm 2,47)	P<0.05
Age under 2 years	10 (32%)	8 (62,5%)	
PD-treatment (days)	482 (\pm 356)	564 (\pm 317)	n.s.
Anuric	10 (33%)	5 (38%)	n.s.
Kt/V	2,27	2,41	n.s.

End of PD



Hospitalization



Days/year

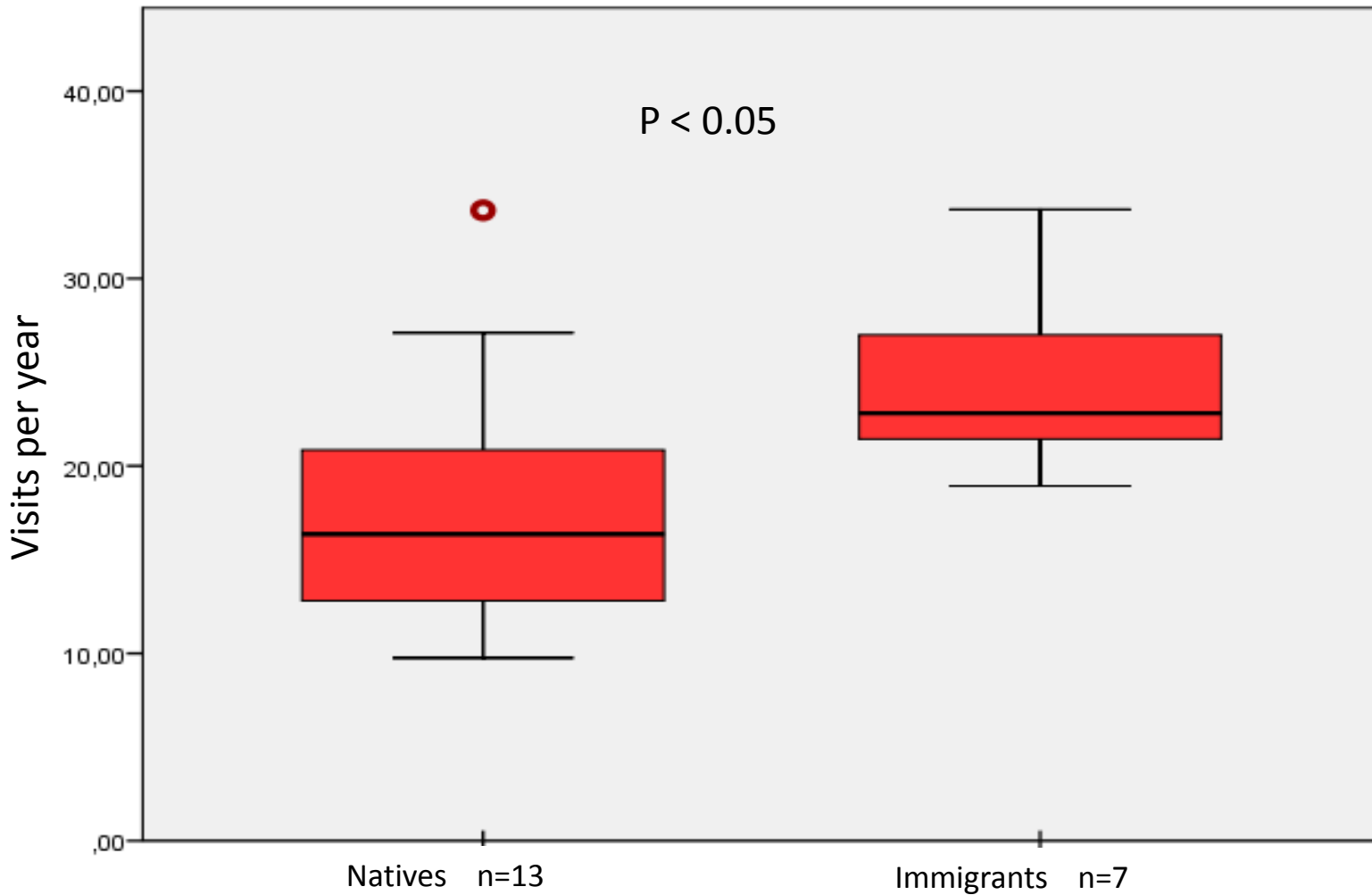
Natives

52 (13-134)

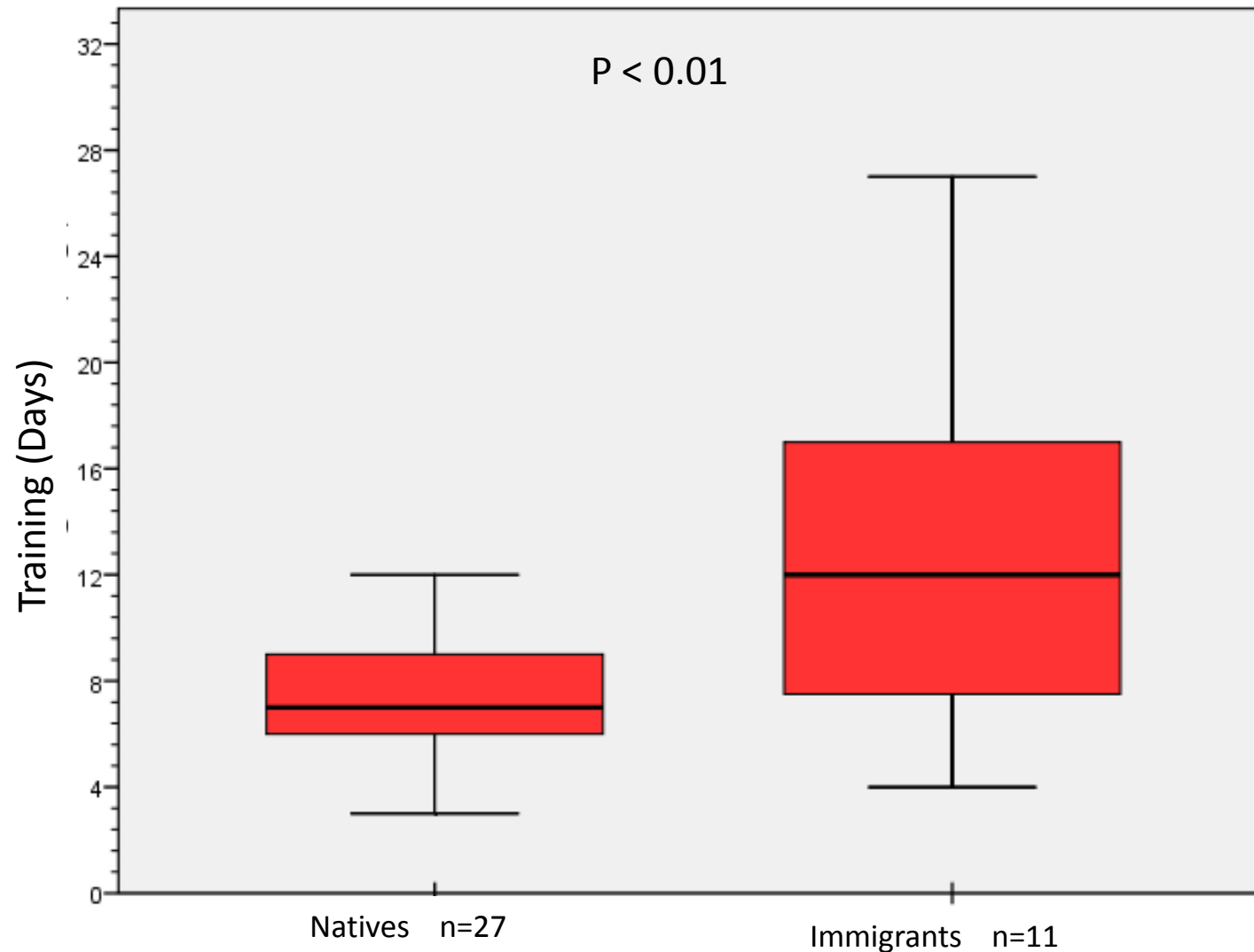
Immigrants

100 (18-365)

Outpatient visits



PD-Training before Discharge (Mothers)



Employment

	Natives (n=30)	Immigrants (n=10)
Before PD		
Fathers	96 %	100 %
Mothers	63 %	60 %
Remaining in Employment during PD		
Fathers	90 %	100 %
Mothers	13 %	20 %
Reduced Employment during PD		
Fathers	3 %	0 %
Mothers	10 %	0 %

Accomodation

	Natives	Immigrants	
Rooms/Person	1,2	0,6	<0,001
Number of Persons/Household	4,2	4,8	n.s.
Change of accomodation before start of PD	6 (20%)	3 (27%)	n.s.

Conclusions

- Children with immigrant background are more often hospitalized and need more outpatient contacts
- Time and quality of dialysis is not different
- Children in the immigrant group are younger at start
- Longer PD-training time of the immigrant group
- Smaller accommodations of immigrant families

- PD-Training should be intensified at start and during treatment
- Knowledge about the disease and problems of treatment has to be improved
- Language training (before starting of PD if possible)