home HD within 6 months of ESKD, to allow for training period). The predictors of PKT and home RRT were determined by multiple logistic regression, and competing risks survival analysis was used to determine predictors of progression to ESKD and death. Socioeconomic status was graded by decile of Scottish Index of Multiple Deprivation (SIMD), a postcode derived method of evaluating deprivation with higher number equating to lower deprivation.

RESULTS: Of 7765 patients, 1298 required RRT over 6.6±7.0 years of follow up. 113 received PKT (64 live donor transplants), 166 peritoneal dialysis, 13 home HD, and 1006 hospital HD. There was a greater risk of mortality but not RRT in patients from SIMD≥5. Live donation was less likely with SIMD≤3 (64 vs 45%; p=0.004). PKT patients had higher SIMD (5±7 vs 4±5; p=0.003), were referred to clinic younger (36.5±19.5 vs 58.2±24.6years; p<0.001) with higher eGFR (39.7±39.8 vs 30.5±26.3ml/min; p=0.001), lower proteinuria (76±150 vs 164±330mg/mmol; p=0.001) and lower BP (138/82±32/17 vs 150/82±34/18mmHg; p<0.001); there was lower prevalence of cardiovascular disease (6 vs 22%; p<0.001), malignancy (3 vs 12%; p=0.004) and diabetes (15 vs 37%; p<0.001). SIMD decile, diabetes, cardiovascular disease, referral age and proteinuria were independent predictors of PKT (R²=0.22, p<0.001). Home RRT patients had higher SIMD (5±6 vs 3±5; p<0.001), lower BMI (26.5±7.8 vs 27.9±9.0kg/m²; p=0.004), were referred to clinic at younger age (46.6±26.0 vs 59.3±24.2years; p<0.001) with lower proteinuria (87±221 vs 181±342mg/mmol; p<0.001); there was lower prevalence of cardiovascular disease (9 vs 25%; p<0.001), diabetes (25 vs 38%; p<0.001) and malignancy (7 vs 13%; p=0.02), SIMD decile, diabetes, cardiovascular disease, referral age, eGFR and proteinuria, and marital status were independent predictors of home RRT (R²=0.17; p<0.001).

CONCLUSIONS: With each increment in SIMD decile, there was a 14% and 16% greater likelihood of PKT and home RRT, respectively. The low uptake of home RRT in lower socioeconomic classes was not explained by a difference in progression to ESKD. Further research is required into the demographic barriers to PKT and home RRT.