INTRODUCTION AND AIMS: Symptom burden is high in in-centre HD patients, suggesting that the relationship between HD day and symptom burden has not been formally quantified. Patients participating in quality improvement programme to teach patients visiting the outpatient department.

RESULTS:

Pain and nausea significantly improved with increasing time from the 2 day break. Prevalence of pain was 66.9%, 64.5% and 55.3% for the 1st, 2nd and 3rd HD day respectively (LR: 23% improvement per HD day, 95% CI 7.6-36.6%, p = 0.005). Prevalence of nausea was 39.9%, 36.7% and 30.3% respectively (20% decrease per HD day, 95% CI 12.2-26.8%, p = 0.02). Weakness, anxiety and constipation were borderline (LR p = 0.004), sleeping (72.2% vs 68.4%, p = 0.15) and depression (46.7%). EQ5D quality of life (QOL) was 0.70 (95% CI 0.68-0.71), significantly lower than 0.78 (95% CI 0.77-0.79) in the general population.

CONCLUSIONS:

The use of different membrane types may affect mortality. However, after propensity score matching, the HRs for the PES group (0.90 [0.85-0.96]) and PMMA group (0.87 [0.78-0.96]) were comparable to other HD cohorts. Pain and nausea significantly improved with increasing time from the 2 day break. Prevalence of pain was 66.9%, 64.5% and 55.3% for the 1st, 2nd and 3rd HD day respectively (LR: 23% improvement per HD day, 95% CI 7.6-36.6%, p = 0.005). Prevalence of nausea was 39.9%, 36.7% and 30.3% respectively (20% decrease per HD day, 95% CI 12.2-26.8%, p = 0.02). Weakness, anxiety and constipation were borderline (LR p = 0.004), sleeping (72.2% vs 68.4%, p = 0.15) and depression (46.7%). EQ5D quality of life (QOL) was 0.70 (95% CI 0.68-0.71), significantly lower than 0.78 (95% CI 0.77-0.79) in the general population.
METHODS: This single centre cross sectional study involved consecutive maintenance HD patients who visited the outpatient clinic or emergency room of Okinawa Chubu Hospital which is tertiary educational hospital with nephrology care services and drawn any set of blood culture with suspicious of bacteremia between January 2013 and December 2015 in Okinawa, Japan. The main outcome measure was bacteremia diagnosed by an external consensus panel of 2 physicians with clinical experience in infectious disease based on the results of blood cultures generated within 48 h of a participant’s hospital visit. For both CPRs established for HD patients and general population, discrimination using the area under the receiver operating characteristic curve (AUC) estimated from logistic regression model and calibration using the Hosmer-Lemeshow test and a calibration plot were performed. The sensitivity, specificity, likelihood ratios were then computed for each of the CPRs. Missing values were multiply imputed using MICE.

RESULTS: Of 360 patients eligible for the study, 210 (55.8%) were male, median age (quartile) was 72 yo (61-79), median systolic blood pressure was 138 mmHg (110-150), median heart rate was 90 /min (79-102), median body temperature was 37.1 °C (36.5-37.8), median respiratory rate was 20 /min (18-24) and 37 (10.3%) were diagnosed with bacteremia. The AUC of the CPR established in HD patients and general population were 0.63 and 0.69, respectively (Figure). Both of the CPRs had a good fit for the model on calibration.

CONCLUSIONS: We verified external validity of two CPRs for bacteremia in maintenance HD patients in an outpatient setting. Although, both of the two CPRs showed a moderate accuracy of discrimination and goodness of fit, CPR established in general population had better discrimination for bacteremia in maintenance HD patients.

![ROC curve for bacteremia. CPR established in general population vs CPR established in HD patients.](image-url)