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**KNOWLEDGE UNLOCKS KEY TO HEALTHIER OPTIONS
FOR DIALYSIS PATIENTS**

Those In-the-Know About Dialysis Are More Likely to Opt for Permanent Vascular Access

Washington, DC (April 20, 2009) — Kidney disease patients who are educated about dialysis are more likely to undergo a standard but under-utilized dialysis-related procedure than less knowledgeable patients, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (CJASN). The findings suggest that patients' knowledge about dialysis affects whether they receive optimal care and that physicians should work to educate their patients.

Individuals on dialysis have their blood removed, filtered, and then returned several times a week—a process that can be performed through a removable tube or catheter or through a permanent vascular access. One common type of permanent vascular access involves fusing an artery with a vein to create a large blood vessel that can be easily accessed to collect blood. Research has shown that patients are less likely to die from kidney disease complications if they use permanent vascular access rather than catheters. Catheters can clog, become infected, and cause narrowing of the veins in which they are placed. Despite these complications, a large percentage of kidney disease patients use catheters.

Informing patients about permanent vascular access, and dialysis in general, may be one way to increase its use and to improve patients' health. To test this hypothesis, Kerri Cavanaugh, MD (Vanderbilt University Medical Center), and colleagues studied 490 patients initiating chronic dialysis. They tested the patients' knowledge about dialysis and looked to see if this was associated with whether patients used catheters or permanent vascular access at the start of dialysis and several months later.

The researchers found that patients who were older, had fewer years of education, or were of a non-white race were more likely to have less knowledge about dialysis. Patients with more knowledge about dialysis were about a third more likely than less knowledgeable patients to use permanent vascular access rather than a catheter at the start of dialysis as well as six months later.

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“Evaluation of patient dialysis knowledge is a rapid and easy method to identify patients who may be at higher risk of not using [permanent vascular] access both at dialysis initiation and after starting dialysis, and therefore may be candidates for targeted educational interventions,” the authors concluded. “Additional studies are needed to explore the impact of patient dialysis knowledge and its improvement after educational interventions, on vascular access in hemodialysis,” they added.

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The article, entitled “Patient Dialysis Knowledge is Associated with Permanent Arteriovenous Access Use in Chronic Hemodialysis,” will appear online at <http://cjasn.asnjournals.org/> on April 23, 2009, doi 10.2215/CJN.04580908.

ASN is a not-for-profit organization of 11,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney diseases. ASN publishes the *Journal of the American Society of Nephrology* (JASN), the *CJASN*, and the *Nephrology Self-Assessment Program* (NephSAP). In January 2009, the Society will launch *ASN Kidney News*, a newsmagazine for nephrologists, scientists, allied health professionals, and staff.

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