

Peritoneal dialysis in Peru

Sir,

Due to the improved quality-of-life and the increased survival, it is important to consider the implementation of peritoneal dialysis (PD) in the developing countries. To do this, government policy needs to support the use of PD over hemodialysis (HD). The governments of Hong Kong and Thailand promoted the PD economically as a result the PD prevalence there exceeds 80%.^[1] In Latin America, the case of Mexico is worth noting, where 25% of the end-stage chronic kidney disease patients use PD.^[2]

An important reason to choose PD is the favorable cost-efficiency over HD.^[1,3] Although, it is important to highlight the importance of dialysis programs, they should have a multidisciplinary team of health professionals with adequate budgetary resources and advanced technology.^[4]

Peru is a South American country with a total population of about was 30 million. The social health insurance (Essalud), which covers a quarter of the total Peruvian population, had approximately 8607 on dialysis treatment, of which 86% used HD and 14% PD in 2011.^[6]

Nearly, 60% of the Peruvian on dialysis treatment are treated in high complexity national hospitals. In relation to regarding the performance versus treatment executed in HD, the major healthcare networks in the country exceeded their operational capacity by 40%. This excess is due to increasing demand for dialysis and the low percentage of PD that is offered in high complexity national hospitals, where only 4-6% of patients on renal replacement therapy use PD. It should also be noted that the highest percentages of PD are outside of the capital (Lima), the majority of them are in rural places, where the lack of HD units has forced promotion of PD, obtaining favorable results.^[5]

The main limitations of PD in Peru are the lack of human resources, insufficient amount of hospitals rooms and lack of training. First, it is necessary to have a sufficient number of health-care personnel, especially to attend the diverse tasks that PD service involve as training programs, home visits, emergency care, etc., Second, the rooms allocated to the PD are often not well maintained, increasing risks to the patient's health. It is necessary that those rooms have good lighting, ventilation, comfort,

etc.^[6] PD is not developed because the health personnel do not have enough training. It is demonstrated that having suitably trained personnel has a major impact on PD care. Moreover, it has been described that there is a decrease on peritonitis incidence secondary to PD when there is an advanced nursing experience.^[7] All these limitations could be resolved if we focus the health system resources.

Finally, apart from all the benefits that a PD gives to the patients, it is described as a measure for health spending control.^[8] PD is widely beneficial to any country and it should be used as the first option in renal replacement therapy. Therefore, it is necessary to implement a new health policy, with health promotion and prevention at each stage of the kidney disease. With this strategy, we shall be able to make a more efficient use of all our economic resources.

**E. Vélez-Segovia^{1,2},
L. Salazar-Huayna^{1,2}, E. Alva-Bravo^{1,3}**

¹School of Medicine, Universidad Peruana de Ciencias Aplicadas,

²Sociedad Científica de Estudiantes de Medicina UPC,

³Department of Nephrology, Hospital Nacional Guillermo Almenara Irigoyen, Lima, Peru

Address for correspondence:

Dr. E. A. Vélez-Segovia,

Los Corales 574, Balconcillo, La Victoria, Lima, Peru

E-mail: eduvelez4@hotmail.com

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