

DIALYSIS

Optimal timing of arteriovenous fistula placement in elderly patients

Early arteriovenous fistula (AVF) creation is generally considered to be the best strategy when planning a vascular access for haemodialysis (HD). However, new data suggest that very early AVF placement is not beneficial in elderly patients.

Using data from the US Renal Data System linked with Medicare claims data, Tammy Hod and colleagues identified 17,511 patients aged ≥ 67 years who had an AVF placed prior to HD initiation. Only 54.9% of these patients initiated HD using an AVF; 45.1% used a central venous catheter or arteriovenous graft.

The researchers report that the odds ratio (OR) for initiation of HD using an AVF increased as time from AVF creation to HD initiation increased from 1–3 months (OR 0.49) to 3–6 months (OR 0.93) and 6–9 months (OR 0.99), but then levelled off. Moreover, the mean number of interventional access procedures per patient increased from 0.64 in those

whose AVFs were created 1–3 months before HD initiation to 0.72 in those whose AVFs were created >12 months predialysis. The researchers conclude that in elderly patients placing AVFs >6 –9 months before initiation of HD is not advantageous.

“This study challenges the perception that placing an AVF earlier rather than later is always the right thing to do,” says Hod. “Increased awareness of the unfavourable consequences of placing an AVF too early—such as the need for interventions to maintain patency—may reduce the number of patients who have unusable accesses a year or more before HD initiation or who have AVFs placed but never start HD.”

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Original article Hod, T. *et al.* Arteriovenous fistula placement in the elderly: when is the optimal time. *J. Am. Soc. Nephrol.* doi:10.1681/ASN.2013070740