

# Patients starting dialysis have increased risk of death

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Compared to the general population, patients starting dialysis have an increased risk of death that is not attributable to a higher rate of death from cardiovascular causes, as previously thought, according to a study in the October 28 issue of *JAMA*.

Several studies have shown that cardiovascular disease accounts for 40 percent to 50 percent of deaths in patients with end-stage [kidney disease](#), according to background information in the article. "It is believed that the life span of patients receiving dialysis is reduced mainly as a consequence of premature [cardiovascular death](#)," the authors write.

Dinanda J. de Jager, M.Sc., of the Leiden University Medical Center, Leiden, the Netherlands, and colleagues estimated cardiovascular and noncardiovascular rates of death in a large group of European patients receiving dialysis (n = 123,407) and compared these estimates with mortality data from the general European population, using data from between January 1994 and January 2007.

The researchers found that among the patients receiving dialysis, noncardiovascular death was the most prevalent cause of death (50.8 percent), and 39.1 percent died because of [cardiovascular disease](#). The most common causes of noncardiovascular death were infections and malignancies. In the general population, 10,183,322 persons (58.4 percent) died from noncardiovascular causes, 7,041,747 (40.4 percent) from cardiovascular causes, and 201,050 (1.2 percent) from unknown causes.

Analysis indicated that the overall all-cause mortality rate was higher in patients starting dialysis than in the general population. "In particular, noncardiovascular mortality rates were higher than cardiovascular [mortality rates](#) in patients starting dialysis," the authors write. "These results suggest that excess mortality in patients receiving dialysis is not specifically the result of increased cardiovascular deaths."

"In summary, the present study shows that cardiovascular and noncardiovascular mortality are equally increased during the first 3 years of dialysis, compared with the general population. This implies that the importance of noncardiovascular mortality in patients receiving [dialysis](#) has generally been underestimated. Therefore, research should focus more on methods to prevent noncardiovascular mortality," the researchers conclude.

More information: *JAMA*. 2009;302[16]:1782-1789.

Source: JAMA and Archives Journals ([news](#) : [web](#))

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