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Peritoneal Dialysis is associated with decreased risk factors for foot ulceration in subjects with Diabetic End Stage Renal Disease <u>R. Hoefield[1]</u>, M Oliver[1], SM Rajbhandari[2]. [1] Renal Unit [2] Diabetes Unit, Lancashire Teaching Hospital, Chorley PR7 1PP, UK.

Background: Diabetic end stage renal disease (ESRD) is associated with increased foot ulcers (DFU) and amputations. Peritoneal dialysis (PD) and haemodialysis (HD) are two common modalities of renal replacement therapy in ESRD, however it is not known whether there is any difference in DFU risk between them. Aim: The aim of this study was to compare the difference in risk factors for DFU between PD & HD. Subjects and Methods: All diabetic subjects with ESRD attending tertiary renal unit were studied over 3-month period. They had detailed history taken and examination performed for risk factors for DFU, which included foot deformity score, peripheral pulses score and neuropathy score. Sum of these were DFU Risk Score. Their biochemical parameters were also compared. Results: 33 subjects (8 Type 1) were studied during this period of which 16 were on PD and 17 on HD. There was no difference (p > 0.05) in duration and type of diabetes, age or duration of dialysis between these two groups. Similarly there was no difference (P>0.05) in HbA1c, total cholesterol and blood pressure between PD and HD groups. There were less active ulcers or previous DFU in PD group which was not significant [Active DFU (6.3% vs 29.4%; p=0.17) & previous history of DFU (25.0% vs 47.1%; p=0.3)]. There was a trend for reduced amputation in PD (6.3% vs 35.3%; p=0.08). We found significantly lower DFU Risk Score in PD [2.3 (\pm 2.6) vs 4.2 (\pm 2.2); p=0.023] in comparison to HD. Conclusion: There is difference in clearance of various substances between PD & HD and the beneficial effect seen in this study may be due to improved clearance of advanced glycation products by PD and further studies are needed to look into it. Similarly long-term data is needed to see if PD provides protection from foot problem in diabetic patient with ESRD.