

WHICH OF THE FOLLOWING MAY BE RESPONSIBLE FOR THIS FINDING?

- A. Increased transport kinetics of peritoneum
- B. Increased salt intake
- C. Loss of residual kidney function
- D. All of the above

Correct answer is D.

In cases like it is easy to knee-jerk into adjusting the PD prescription. However, by troubleshooting the causes of volume overload, you can potentially find a very specific and effective way to manage the issue.

Peritoneal transport kinetics often increase with PD vintage. This can result in a fasting time to glucose concentration equilibration and reabsorption. This process usually will take longer than 6 months to see a significant clinical difference, but nonetheless faster peritoneal kinetics may be responsible for suboptimal ultrafiltration.

It is important to note that as one starts dialysis their initial nutrition parameters will improve due to clearance of uremic toxins. Although this is very beneficial, it is worth noting an increased volume of food can sometimes result increased salt intake.

Loss of residual kidney function is inevitable as patients live on dialysis. One of the easiest ways to assess for this is tracking urine output.

Further reading:

<https://journals.sagepub.com/doi/epub/10.1177/0896860819898307>

<https://journals.sagepub.com/doi/epub/10.1177/0896860820982218>