

## Letter to the Editor

# “Stay at home”. Home dialysis, an added benefit in times of pandemic\*

## «Quédate en casa». Diálisis domiciliaria, un beneficio añadido en época de pandemia

Dear Editor,

The emergence and spread of COVID-19 disease caused by the SARS-CoV-2 coronavirus is a global health problem.<sup>1</sup> Despite extensive containment measures since its detection in Wuhan (China) late in December 2019, this disease has advanced worldwide until it was declared a pandemic by the WHO on March 11, 2020.<sup>2</sup> The first patient registered in Spain with COVID-19 was reported on January 31, 2020, and thereafter the numbers of infections have increased exponentially throughout Spain.

Patients undergoing renal replacement therapy (RRT) have not been immune to this situation, being a particularly vulnerable risk group.<sup>3</sup> According to data from the SEN COVID-19 registry, it has been observed that the number of cases and the evolution of infected patients has varied according to the RRT technique applied. Based on the information obtained from the Nephrology departments and data from the National registry, we have observed that patients on in-center hemodialysis are the most affected group, with a higher incidence of infection and mortality, followed by transplant recipients; while it was significantly lower in patients on home dialysis.<sup>3,4</sup> According to data from the SEN COVID-19 registry, COVID-19 cases have been reported in 5.7% of the total hemodialysis population in Spain, 2.6% of kidney transplant recipients and 2.0% of peritoneal dialysis patients.<sup>4</sup> The US registry does not provide similar data, stating that their hospitalization rate for subjects with COVID-19 was 3–4 times higher in hemodialysis patients compared to peritoneal dialysis patients.<sup>5</sup>

Recommended countermeasures to prevent the spread of the virus, while awaiting effective treatment or large-scale vaccination, are based on hand hygiene, facemask use and social distancing (including quarantine); however, in-center

hemodialysis patients represent the group of RRT patients who cannot be confined, as they regularly attend the hospital or hemodialysis centers for treatment,<sup>3</sup> being inevitably exposed to potential sources of infection. Besides being immunocompromised, most of these patients are elderly and have associated comorbidities. In addition, they share common spaces (waiting and dressing rooms) and must remain for long periods of time in enclosed areas, not only during hemodialysis sessions, but also while being transferred, in which avoiding close contact with colleagues and staff is a major logistical challenge.<sup>6–9</sup> Clearly, despite the utmost prevention measures and protocols, they represent a high-risk group for the transmission and infection of COVID-19.<sup>7–9</sup> In contrast, patients who have managed to “take refuge” in their homes and comply with the confinement measures of the population, continuing their dialysis treatment without the need to travel or share common spaces, have been able to have similar protection and exposure to the virus to that of the general population, significantly reducing the risk of exposure and contagion.

Home dialysis offers a wide range of clinical and quality-of-life benefits to our patients; moreover, in these times of pandemic, it has been shown to provide an additional benefit of safety and protection against the risks of contagion. Being able to undergo dialysis at home prevents these patients from being exposed to high-risk situations, without reducing the efficacy of dialysis and staying close to their healthcare team. In addition, there are technological tools such as telemedicine or telemonitoring, which have contributed to facilitate the tracking of patients at home. These facilities have been very useful during this time of confinement so that our patients have been able to receive continuous care in close communication with healthcare staff. Patients have been able to maintain and adjust their dialysis prescription with safety and quality at all times, despite not being physically present at the referral center for a long period of time.

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In conclusion, we would like to suggest that, besides scientific evidence supporting that home dialysis offers advantages as an effective treatment strategy to improve the survival and quality of life of our dialysis patients,<sup>9</sup> in this time of pandemic, home dialysis also provides an added benefit: the possibility of “staying at home” while undergoing dialysis therapy at the same time as complying with preventive measures, thereby avoiding the risks of exposure and transmission of diseases such as COVID-19 and enabling our dialysis patients to continue their RRT in a safe and effective manner.

### Conflicts of interest

The authors have no conflicts of interest to declare.

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## On the need to harmonize nephrological terminology in Ibero-American countries<sup>☆</sup>

### Sobre la necesidad de armonizar la terminología nefrológica en los países latinoamericanos

Mr. Director:

After the publication of the article: Nomenclature for kidney function and disease, report of a Kidney Disease: Improving

Global Outcomes (KDIGO) Consensus Conference<sup>1</sup> in the summer of 2020, and its subsequent dissemination through the Webinar of the International Society of Nephrology (ISN): ISN-KDIGO Webinar: Nomenclature for Kidney Function & Disease: Implications for Researchers, Clinical Educators and Practitioner, from the Latin American Registry of Kidney Dialysis and Transplantation and the Acute Renal Injury Committee

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