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# Home Hemodialysis is Recommended in case of End-Stage Kidney (Renal) Disease

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## Introduction

Despite its age, home hemodialysis (HHD) is the least used dialysis modality in the United States: Merrill and Scribner established HHD programmes in Boston and Seattle, respectively, in 1965 [1]; HHD was widely used in the 1970s, with a third of US patients undergoing the procedure [2] and a modern renaissance began in 2005, when the US Food and Drug Administration (FDA) approved equipment designed for easy installation and use in the home [3]. At the end of 2017, 2% of dialysis patients underwent HHD, according to the United States Renal Data System. Insofar as expectations for the growth of home dialysis typically focus around peritoneal dialysis (PD), whether this fraction might or should expand is an intriguing question. Both HHD and PD play critical roles. Nonetheless, taking into account the pathophysiology of today's dialysis patients and the goals of the initiative Advancing American Renal Health [4]. We believe that widespread access to critical care is essential. HHD is an essential component of any effective system. The role of HHD in the human body is discussed, a dialytic arsenal with a focus on customization. To control volume, treatment frequency and duration must be adjusted building of HHD-friendly transitional care units (TCUs), trial use of HHD technology in the hospital. Approaches to extending the set of HHDs at the facility candidates ranging from "healthy patients" to "diseased patients" with PD integration and perceived limits and during a patient's life plan, HHD is present.

The total clearance of urea has been used to determine the efficacy of dialysis for decades. In-facility hemodialysis (IHD) is particularly effective in the United States in this regard.

Contemporary IHD is roughly equal to the HEMO trial's high-dose, high-flux arm. Nonetheless, dialysis users in the United States have significantly higher age-adjusted risks of cardiovascular death and hospitalization than the general population. Furthermore, the rate of all-cause death among dialysis patients has not decreased in the recent five years. Uremia is not the major pathophysiologic process, according to logic. Of course, a dominant mechanism may not exist. Ischemic events, arrhythmias, and bleeding are all examples of ischemic events. However, we contend that focusing on fluid overload is highly likely to yield substantial improvement. In a European consensus statement, Sarafidis [5] wrote, “Sodium and volume excess appear to be the most important causes of hypertension in dialysis patients.”

In general, better blood pressure control, both primary and secondary prevention of left ventricular hypertrophy, and a considerable reduction in the risk of cardiovascular death and hospitalisation are all goals that should be pursued. As many patients have mentioned, we must also strive for symptom-free HD sessions. One treatment that can satisfy these needs is intensive HHD [6]. Left ventricular hypertrophy, heart failure, recurrent intradialytic hypotension, postdialysis tiredness, and refractory hyperphosphatemia are some of the indications for intense HHD. The majority of these reasons are currently accepted by Medicare as justifications for additional HD sessions coverage.

**Conclusions:** Despite better uremia treatment, dialysis patients' quality-adjusted survival is trailing. Poor volume control is most likely to blame. HHD is a useful technique for decreasing inter dialytic gaps and reducing ultrafiltration intensity due to its intrinsic customizability. To support the growth of home dialysis in general and HHD in particular, HHD should be offered to patients on a regular basis throughout their lives. TCU programmes can be used to introduce HHD concepts and equipment to incident ESKD patients undergoing HD, while TR programmes can be used to introduce HHD concepts and equipment to prevalent HD patients. To boost the chance of home-to-home transitions, PD and HHD can be combined. HHD could be a key to enhancing patient health for dialysis patients with this multipronged strategy.

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### References

1. Nose Y (2000) Home hemodialysis: a crazy idea in 1963: a memoir. ASAIO J 46(1):13-17.
2. Walker RC, Howard K, Morton RL (2017) Home hemodialysis: A comprehensive review of patient-centered and economic considerations. Clin Outcomes Res 9:149-161.
3. Schiller B (2011) The re-emergence of short daily haemodialysis. Nephrol Dial Transplant 4(3):29-31.
4. Mehrotra R (2019) Advancing American kidney health: an introduction. Clin J Am Soc Nephrol 4(12):1788.
5. Sarafidis PA, Persu A, Agarwal R, Burnier M, De Leeuw P, et al. (2017) Hypertension in dialysis patients: a consensus document by the European Renal and Cardiovascular Medicine (EURECA-m) working group of the European Renal Association–European Dialysis and Transplant Association (ERA-EDTA) and the Hypertension and the Kidney working group of the European Society of Hypertension (ESH). Nephrol Dial Transplant 32(4):620-640.
6. Weinhandl ED, Nieman KM, Gilbertson DT, Collins AJ (2015) Hospitalization in daily home hemodialysis and matched thrice-weekly in-center hemodialysis patients. Am J Kidney Dis 65:98-108.

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