

More Frequent Home Hemodialysis What Patients and Studies Report

Being at home provides greater flexibility for more frequent therapy



LESS STRESS ON THE HEART

12% Reduction in LVH 1,2 (thickening of the heart) 20% Fewer low blood pressure episodes 1



IMPROVED 5-YEAR SURVIVAL3

3x/wk. HD 40%	
PD 50%	
5-6x/wk HHD 58%	
Transplant	73%



MORE ENERGY AND VITALITY

More energy to do the things you love⁴



FEWER MEDICATIONS

36% Less blood pressure medication⁵



MORE LIKELY TO RECEIVE A KIDNEY TRANSPLANT



FEWER LOW BLOOD PRESSURE EPISODES

20% fewer hypotensive episodes⁷



ABILITY TO WORK AND GO TO SCHOOL

Keep working or go back to work8



IMPROVED APPETITE

Eat and drink more of what you like⁹



IMPROVED SLEEP QUALITY

26% Reduction in restless leg syndrome¹⁰ 15% Reduction in sleep problems¹⁰



IMPROVED POST-DIALYSIS RECOVERY TIME

87% Improvement in time to recover¹¹ 5% Reduction in mortality for each hour that recovery time is reduced¹²

Talk to your care team to learn about all your dialysis options.

Sometimes it can be helpful to speak with someone who has been through the dialysis journey. Talk to a NxStage Patient Consultant to learn more about home dialysis. Our consultants are former or current patients or care partners. Call **1-888-200-6456** to connect with our team.

Patients should review the following information carefully and discuss it with their doctors to decide whether home hemodialysis with NxStage systems is right for them.

Risk and Responsibility

Users should weigh the risks and benefits of performing home hemodialysis with NxStage systems.

- Medical staff will not be present to respond to health emergencies that might happen during home treatments.
- Users and their care partners will be responsible for all aspects of their hemodialysis treatments from start to finish.
- Users may not experience the reported benefits of home, more frequent, or nocturnal hemodialysis with the NxStage systems.
- The NxStage systems require a prescription for use.

Certain forms of home hemodialysis have additional risks.

- If a doctor prescribes more frequent home hemodialysis, vascular access is exposed to more frequent use, which may lead to access-related complications, including infection of the site. Doctors should evaluate the medical necessity of more frequent treatments and discuss the risks and benefits of more frequent therapy with users.
- If a doctor prescribes "solo/independent" home hemodialysis without a care partner during the day, risks of significant injury or death increase because no one is present to help users respond to health emergencies. If users experience needles coming out, blood loss, or very low blood pressure during solo home hemodialysis, they may lose consciousness or become physically unable to correct the health emergency. Users will need additional ancillary devices and training to perform solo home hemodialysis.
- If a doctor prescribes "nocturnal" home hemodialysis at night while the user and a care partner are sleeping, risks increase due to the length of treatment time and because therapy is performed while users and their care partners are sleeping. These risks include, among other things, blood access disconnects and blood loss during sleep, blood clotting due to slower blood flow or increased treatment time, or both, and delayed response to alarms when waking from sleep.

References

- 1. The FHN Trial Group. In-center hemodialysis six times per week versus three times per week. N Engl J Med. 2010;363(24):2287-2300.
- 2. Rocco MV, Lockridge RS, Beck GJ, et al. The effects of frequent nocturnal home hemodialysis: the Frequent Hemodialysis Network Nocturnal Trial. Kidney Int. 2011;80(10):1080-1091.
- 3. U.S. Renal Data System, USRDS 2015 Annual Data Report: Table 6.3. & NxStage patient data on file.
- 4. Finkelstein FO, Schiller B, Daoui R, et al. At-home short daily hemodialysis improves the long-term health-related quality of life. Kidney Int. 2012;82(5): 561-569.
- 5. Kotanko P, Garg AX, Depner T, et al. Effects of frequent hemodialysis on blood pressure: Results from the randomized frequent hemodialysis network trials. Hemodial Int. 2015;19(3):386-401.
- 6. Choi SJ, Obi Y, Ko GJ, et al. Comparing Patient Survival of Home Hemodialysis and Peritoneal Dialysis Patients. Am J Nephrol. 2020;51(3):192-200. doi:10.1159/000504691.
- FHN Trial Group, Chertow GM, Levin NW, et al. In-center hemodialysis six times per week versus three times per week. N Engl J Med. 2010;363(24):2287-2300. doi:10.1056/NEJMoa1001593.
- 8. Kraus MA, Cox CG, Summitt CL, et al. Work and travel in a large Short Daily Hemodialysis (SDHD) program. Abstract presented at American Society of Nephrology Annual Conference, 2007.
- 9. Spanner E, Suri R, Heidenheim AP, Lindsay RM. The impact of quotidian hemodialysis on nutrition. Am J Kidney Dis. 2003;42(1 suppl):30-35.
- 10. Jaber, B.L., Schiller, B., Burkart, J.M. et al, Impact of short daily hemodialysis on restless legs symptoms and sleep disturbances. Clin J Am Soc Nephrol. 2011;(6):1049-1056.
- 11. Jaber BL, Lee Y, Collins AJ, et al. Effect of daily hemodialysis on depressive symptoms and post-dialysis recovery time: interim report from the FREEDOM (Following Rehabilitation, Economics and Everyday-Dialysis Outcome Measurements) Study. Am J Kidney Dis. 2010;56(3):531-539.
- 12. Rayner HC, Zepel L, Fuller DS, et al. Recovery time, quality of life, and mortality in hemodialysis patients: the Dialysis Outcomes and Practice Patterns Study (DOPPS). Am J Kidney Dis. 2014;64(1):86-94.

