Exploring Patient Perspectives on Reasons for Missing Dialysis Treatments

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Introduction and Objective

- Missed dialysis treatments are associated with increased risk of hospitalization and mortality for patients with end-stage kidney disease (ESKD).[1,2]
- While approximately half of the missed treatments occur because a patient is admitted to the hospital, the rest represent a form of nonadherence to treatment.[2]
- The reasoning behind any given missed treatment is often not well understood in clinical practice and requires a comprehensive understanding of patient circumstances.
- This study sought to investigate in detail the reasons for specific missed dialysis treatments from the patients' perspectives.

Methods

Participant Cohort

- Using internal electronic health records, we identified adults (18-75 years) with ESKD receiving in-center hemodialysis at a large kidney care organization who missed ≥1 dialysis treatment for reasons other than hospitalization between 15Dec2025 and 06Jan2026 (N=3,998).

Data collection and analysis

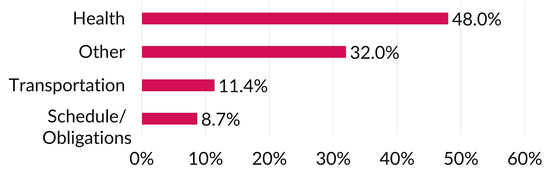
- Identified patients were mailed a 10-question survey related to missed treatments and potential rescheduling of the missed treatment (N=3,998). Additional questions pertained to treatment adherence barriers and the patient's perception of the clinical risk associated with missing treatments.
- Responses (N=244) were collected between 26Jan2026 and 10Apr2026.
- Descriptive frequencies and percentages were calculated for all survey items, with results stratified by key demographic and clinical subgroups of interest. Between-group differences were evaluated using Qualtrics' built-in statistical testing functionality, which applies uncorrected z-tests of column proportions at the .05 and .01 alpha levels.

Results

Table 1: Missed treatment frequency over the 30 days prior to index missed treatment

# missed treatments in 30 days prior to index	N (%)
1 treatment	186 (76.2%)
2 treatments	33 (13.5%)
3 treatments	8 (3.3%)
4+ treatments	8 (3.3%)

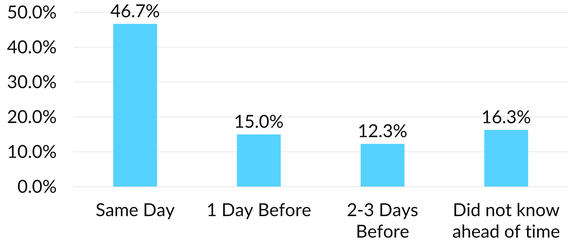
Figure 1: Patient-reported reasons for missed treatments



Health is the primary barrier to treatment adherence, but non-health reasons represent a meaningful barrier when combined (Figure 1).

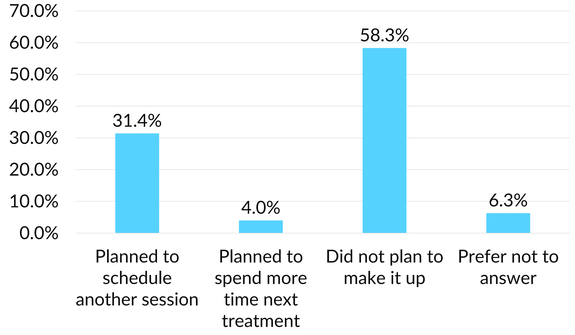
"I did not feel well enough to come." (Male, 50)

Figure 2: Timeframe when patients knew they would miss a treatment



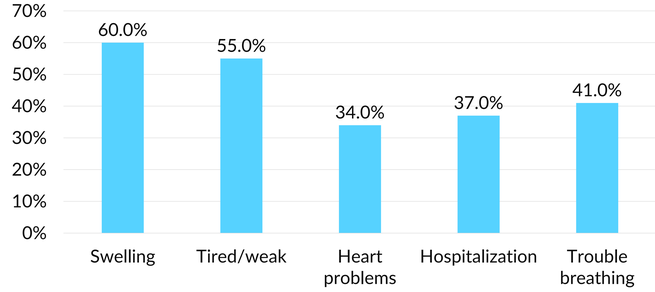
Taken together, the 'same-day' and 'did-not-know' responses indicate that nearly 2/3 of missed treatments become actionable near or at the point of missing the dialysis treatment (Figure 2).

Figure 3: Planned make-up behavior



Only 1/3 of patients indicated intention to make up the missed dialysis session (Figure 3), but rescheduling was notably higher when the center reached out proactively to the patient (54%) vs. when no such contact took place (38%).

Figure 5: Likelihood of problems happening if a treatment is missed



Somatic concerns such as swelling (60%) and feeling tired/weak (55%) were more commonly feared than problems related to underlying health status: heart (34%), hospitalization (37%), or trouble breathing (41%) (Figure 5).

Figure 4: Patient attitudes regarding missing and health problems

Nearly half of patients worried that missing a treatment would cause health problems (Figure 4).

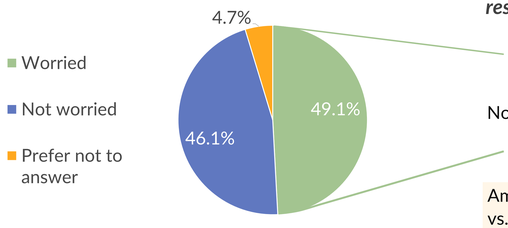
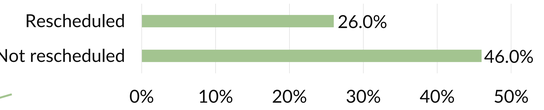


Figure 6: Worry about health consequences did not translate to rescheduled treatments



Among patients worried about health problems only 26% would reschedule vs. 46% would not reschedule (Figure 6).

Conclusions

- Understanding the reasoning behind the missed treatment will help to individualize the strategy for rescheduling.
- Personalizing the messaging about the impact of a missed treatment may help to engage the patient to make informed decisions about their own health.
- Additionally, proactive rescheduling efforts appear to increase make-up sessions.

References & Acknowledgments

1. Gray K.S., Cohen D.E., Brunelli S.M. In-center hemodialysis absenteeism: prevalence and association with outcomes. Clinicoecon Outcomes Res. 2017;9:307–315.
2. Al Salmi I., Larkina M., Wang M. Missed hemodialysis treatments: international variation, predictors, and outcomes in the Dialysis Outcomes and Practice Patterns Study (DOPPS) Am J Kidney Dis. 2018;72(5):634–643.

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