β-adrenergic antagonists) in patients receiving dialysis based on the patients' cardiovascular risk profile, which appears to be increased by more than an order of magnitude relative to persons unaffected by kidney disease. Other complications of ESKD include a high incidence of infection, progressive debility and frailty, protein-energy malnutrition, and impaired cognitive function.

GLOBAL PERSPECTIVE

The incidence of ESKD is increasing worldwide with longer life expectancies and improved care of infectious and cardiovascular diseases. The management of ESKD varies widely by country and within country by region, and it is influenced by economic and other major factors. In general, peritoneal dialysis is more commonly performed in poorer countries owing to its lower expense and the high cost of establishing in-center hemodialysis units.

■ FURTHER READING

COOPER BA et al: A randomized, controlled trial of early versus late initiation of dialysis. N Engl J Med 363:609, 2010.

CORREA-ROTTER R et al: Peritoneal dialysis, in *Brenner and Rector's The Kidney*, 9th ed, MW Taal et al (eds). Philadelphia, Elsevier, 2011.

FELLSTROM BC et al: Rosuvastatin and cardiovascular events in patients undergoing hemodialysis. N Engl J Med 360:1395, 2009.

FLYTHE JE et al: Rapid fluid removal during dialysis is associated with cardiovascular morbidity and mortality. Kidney Int 79:250, 2011.

FOLEY RN et al: Long interdialytic interval and mortality among patients receiving hemodialysis. N Engl J Med 365:1099, 2011.

FREQUENT HEMODIALYSIS NETWORK TRIAL GROUP: In-center hemodialysis six times per week versus three times per week. N Engl J Med 363:2287, 2010.

NATIONAL KIDNEY FOUNDATION: Kidney disease quality initiative clinical practice guidelines: Hemodialysis and peritoneal dialysis adequacy, 2006. Available online: *http://www.kidney.org/professionals/kdoqi/guidelines.cfm*.