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The status of peritoneal dialysis in mainland France and Belgium: RDPLF Annual Report 2026

(Statut de la dialyse péritonéale en France métropolitaine et Belgique dans le RDPLF: rapport annuel 2026)

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Abstract

In this report, the RDPLF (the French-Language Registry of Peritoneal Dialysis and Home Hemodialysis) presents the profiles and trends relating to patients undergoing peritoneal dialysis in Belgium and mainland France in 2025. In France, the data is over 90 per cent complete, whereas in Belgium, it is primarily representative of Wallonia and Brussels, with Flanders being less well represented. This descriptive analysis is based on the main database module and focuses on prevalent patients in 2025 as well as incident patients from 2023–2024 for the actuarial analyses.

As of December 31, 2025, the RDPLF was monitoring 2,346 French patients and 346 Belgian patients. The average age at the start of peritoneal dialysis (PD) was 66.5 years in France and 63.4 years in Belgium. The majority of patients had started PD as a primary treatment: 80.8 per cent in France and 75.9 per cent in Belgium.

The practices differed slightly. In France, continuous ambulatory peritoneal dialysis (CAPD) predominated (56.2 per cent), accounting for 82.8 per cent of patients receiving assistance from a nurse. In Belgium, automated peritoneal dialysis (APD) was the most common modality (70.3 per cent), with the patients including those receiving assistance. Receiving assistance from a care worker was also more common in Belgium (12 per cent compared with 5 per cent in France). Changes in treatment modality remained frequent in both countries even after the 90th day.

The number of patients decreased in both countries in 2025: by 4.6 per cent in France and by 1.2 per cent in Belgium. Transfers to hemodialysis accounted for 28.37 per 100 patient-years in France and 21.68 per 100 patient-years in Belgium. The median peritonitis-free survival period was 32 months in both countries.

Icodextrin was used more frequently in France. These differences in profiles and practices could form the basis for further comparative analyses.

Keywords: registry, peritoneal dialysis, transfer, hemodialysis, peritonitis, annual report

Résumé

Le RDPLF, Registre de Dialyse Péritonéale et d'Hémodialyse à Domicile de Langue Française, présente dans ce rapport le profil et l'évolution des patients traités par dialyse péritonéale en Belgique et en France métropolitaine en 2025. En France, l'exhaustivité des données dépasse 90 %, tandis qu'en Belgique, la représentativité concerne principalement la Wallonie et Bruxelles, la Flandre étant moins représentée. Cette analyse descriptive s'appuie sur le module principal de la base de données et porte sur les patients prévalents en 2025 ainsi que sur les patients incidents de 2023-2024 pour les analyses actuarielles.

Au 31 décembre 2025, 2 346 patients français et 346 patients belges étaient suivis par le RDPLF. L'âge moyen à l'initiation de la DP était de 66,5 ans en France et de 63,4 ans en Belgique. La majorité des patients avaient commencé la DP en première intention : 80,8 % en France et 75,9 % en Belgique.

Les pratiques différaient légèrement. En France, la DPCA prédominait (56,2 %) et concernait 82,8 % des patients assistés par une infirmière. En Belgique, la DPA était majoritaire (70,3 %), y compris chez les patients assistés. L'aide familiale y était également plus fréquente (12 % contre 5 %). Les changements de modalité restaient fréquents, même après le 90e jour dans les deux pays.

Le nombre de patients a diminué en 2025 dans les deux pays : de 4,6 % en France et de 1,2 % en Belgique. Les transferts vers l'hémodialyse représentaient 28,37 pour 100 années-patients en France et 21,68 en Belgique.

La survie médiane sans péritonite était de 32 mois dans les deux pays.

L'icodextrine était davantage utilisée en France. Ces différences de profils et de pratiques pourraient alimenter des analyses comparatives ultérieures.

Mots-clés : registre, RDPLF, dialyse péritonéale, transfert, hémodialyse, péritonite, bilan annuel

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Introduction

The French-Language Registry of Peritoneal Dialysis and Home Hemodialysis (RDPLF) compiles key information regarding the profiles and clinical courses of patients treated with home dialysis in French-speaking countries. The participation rate varies from country to country; in metropolitan France, more than 90% of patients are included [1]. It is more difficult to assess the extent of coverage in Belgium: nearly all centers in the Wallonia and Brussels regions participate, but only a fraction of those in the Flanders region do.

Only two centers in French-speaking Switzerland participate in the RDPLF. A limited number of centers, which are geographically distant from one another and have very different climatic and organization conditions, represent the French overseas regions (New Caledonia, Réunion, Tahiti) that participate in the RDPLF. Centers in North Africa (Algeria, Morocco, Tunisia) also participate, with very different climates and operating conditions; furthermore, when there are few centers, as in Switzerland, presenting their results without their authorization could raise confidentiality issues. For these reasons, and in the interest of consistency, this report covers only centers in Belgium and metropolitan France, which are two close countries. The RDPLF remains available to the centers we have not included to provide them with all the information necessary to publish their results, should they so desire.

Only peritoneal dialysis data will be reported on here; data on home hemodialysis will be the subject of a separate report to be published shortly.

Since the purpose of this report is purely descriptive, no interpretation of the results is provided beyond what is necessary for understanding the text and figures. Readers may, by citing this report, draw on these data for future work and more in-depth analyses.

Methods

Note: The RDPLF database is divided into different modules. Only the main module is mandatory for all participating centers; it includes general information on kidney disease, age, sex, anthropometric data, comorbidities, treatments, causes and circumstances of treatment discontinuation, and peritoneal infections. The other modules are optional and cover specific aspects related to nurse training, catheters, nutrition and dialysis dose, anemia, and heart failure; in addition, a separate module specializes in following up on patients undergoing home hemodialysis. A common patient and center identifier links all these modules [1].

Data Extraction: Only the results from the main module are reported here; those from the optional modules will be reported at a later date. The data were exported after the anonymization of the patients and centers.

Data from the RDPLF registry are managed in a database developed using 4D (4th Dimension version 20.4; 4D SAS, France).
Statistical analyses were performed using R 4.6.0 (R Foundation for Statistical Computing, Vienna, Austria). ChatGPT (GPT-5.6 Sol, OpenAI; accessed in August 2026) was used as a programming assistant to generate the R code that implemented the statistical methods the lead author chose. The lead author then reviewed and manually corrected the generated scripts before

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execution. Some results, when necessary, were independently verified using alternative analytical.

Results

Take home: :
At the national level, in both France and Belgium,
- The peritonitis rate is 1 episode every 32 months.
- The percentage of patients free from peritonitis in 2025 is equivalent to that which the ISPD recommended [2]: 81.2% in France and 79.2% in Belgium.
- The RDPLF reports the rate of transfers to hemodialysis in accordance with the ISPD's recent position statement [3,4] by calculating the total number of instances of hemodialysis: in 2025, this stands at 0.23 transfers per patient-year (the ISPD has not yet set a target recommendation for this figure).
- All RDPLF centers receive an individual annual assessment provided they keep their records up to date.

As of December 31, 2025, 2,346 patients from metropolitan France and 346 patients from Belgium were receiving peritoneal dialysis and were enrolled in the RDPLF.

The mean age of the French patients at the start of peritoneal dialysis was 66.5 years ± 14.3 in metropolitan France and 63.4 years ± 15.9 in Belgium. The median ages were 68.8 years [IQR 57.98–77.12] and 66.17 years [IQR 57.98–77.12], respectively. There was no significant difference in gender proportions (Chi-square test, p = 2.59) although there was a trend toward a higher proportion of women in Belgium (43.3% versus 36.1% in France).

The treatments prior to peritoneal dialysis for the prevalent patients in France in 2025 were distributed as follows: not dialyzed: 80.8%; on hemodialysis: 15.6%; transplanted: 3.6%.

The treatments prior to peritoneal dialysis for the prevalent patients in Belgium in 2025 were distributed as follows: not dialyzed: 75.9%; on hemodialysis: 18.6%; transplanted: 5.5%.

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francais

I- Data from Metropolitan France

Patient ages

Men account for 65% of the peritoneal dialysis population, while women account for 35%.

The number of men treated with peritoneal dialysis is twice that of women but with a distribution across age groups that differs only slightly (*Figure 1*).

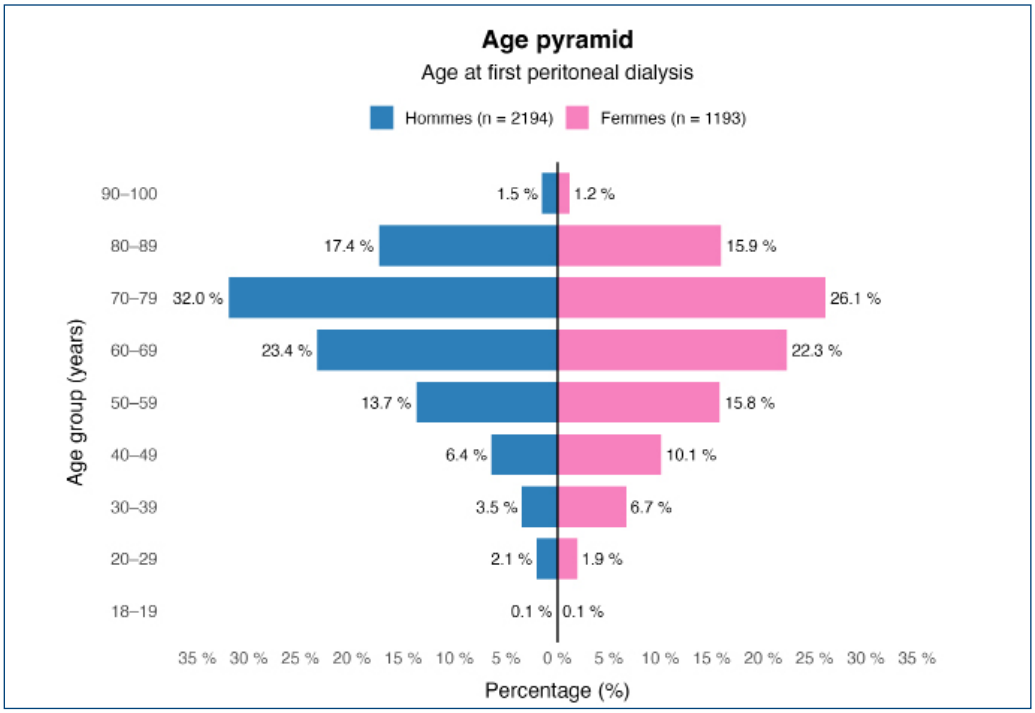

Figure 1. Breakdown of adult patients (aged 18 and over) by gender and age in 2025.

Kidney Disease and Diabetes Status

Among people with diabetes, the use of intraperitoneal insulin is minimal (*Table I*) and affects only 0.6% of patients.

Table I. Diabetic status of peritoneal dialysis patients in 2025

Diabetic status	Numbers	Percentage
Non-diabetic	2230	65,4
Diabetic treated with subcutaneous insulin	748	21,9
Diabetic treated with oral antidiabetic medication	255	7,5
Untreated diabetic	159	4,7
Diabetic on intraperitoneal insulin	20	0,6
Total	3412	100

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Kidney diseases are dominated by vascular and diabetic nephropathies, which accounted for 22.9% and 20.8% of patients, respectively, in 2025 (*Table II*).

⬇ *Table II. Kidney diseases among prevalent patients in 2025 who were treated with peritoneal dialysis*

Nephropathy	Numbers	Percentage
Vascular	778	22,8
Diabetic	707	20,7
Uncertain	476	14
Glomerulopathy	464	13,6
Polycystic kidney disease	258	7,6
Congenital and urological	161	4,7
Heart failure	138	4
Interstitial	137	4
Systemic diseases	89	2,6
Other	65	1,9
Malignant disease	43	1,3
Drug-induced and toxic	32	0,9
Alport syndrome	26	0,8
Unspecified	13	0,4
Congenital	11	0,3
Cholesterol emboli	7	0,2
Vasculitides	7	0,2
Total	3412	100

Autonomy

France benefits from the assistance of independent registered nurses (IDE) who work in patients' homes, performing bag changes for CAPD or setting up machines for APD for patients who cannot perform these tasks on their own (*Table III*). In metropolitan France, assistance from nurses accounted for 30.5% of patients in 2025, while assistance from family members was less common (5%).

⬇ *Table III. Level of independence among patients undergoing peritoneal dialysis in 2025*

Type of assistance	Numbers	Percentage
Autonomous	2185	64
Nurse assisted	1039	30,5
Family assisted	171	5
Assisted (without precision)	17	0,5
Total	3412	100

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Changes in the Number of Patients in 2025

During 2025, three regions saw slight increases in the numbers of patients (Brittany, Hauts-de-France, and Nouvelle-Aquitaine), but the total number of patients on peritoneal dialysis decreased by nearly 100 patients (*Table IV*).

⬇ *Table IV. Changes in the number of patients in mainland France in 2025*

Regions	January 1st	Dcember 31	Incidents 2025	Stopped PD 2025
Auvergne Rhone Alpes	334	310	135	161
Bourgogne-Franche Comté	132	113	62	81
Bretagne	69	**84**	53	38
Centre-Val de Loire	45	44	22	23
Corse	5	4	4	5
Grand Est	309	297	136	148
Hauts-de-France	211	**219**	101	93
Ile de France	278	258	112	133
Normandie	174	158	82	98
Nouvelle-Aquitaine	243	**245**	127	125
Occitanie	193	173	80	100
Pays de la Loire	184	171	78	91
Provence-Alpes-Côte d'Azur	163	155	80	88
Total number of patients	**2340**	**2231**	**1072**	**1184**

Peritoneal Dialysis Modalities

As of December 31, 2025, patients were being treated with CAPD (56.1%), 962 patients were being treated with APD (43.2%), and 14 (0.6%) were receiving a combination of APD and CAPD.

Patients treated with the assistance of a nurse are almost always on CAPD (82.8%), while independent patients are predominantly on APD (55%). The choice of PD modality based on patient independence is summarized in *Table V* and *Figure 2*.

⬇ *Table V. PD modalities in December 2025 by level of autonomy*

Autonomy	APD+CAPD, n (%)	APD, n (%)	CAPD, n (%)	Total
Autonomy	12 (0,8 %)	811 (55,0 %)	651 (44,2 %)	1474
Nurse assisted	2 (0,3 %)	105 (16,9 %)	516 (82,8 %)	623
Family assisted	0 (0,0 %)	44 (36,4 %)	77 (63,6 %)	121
Assisted without precision	0 (0,0 %)	2 (22,2 %)	7 (77,8 %)	9
Total	**14 (0,6 %)**	**962 (43,2 %)**	**1251 (56,2 %)**	**2227**

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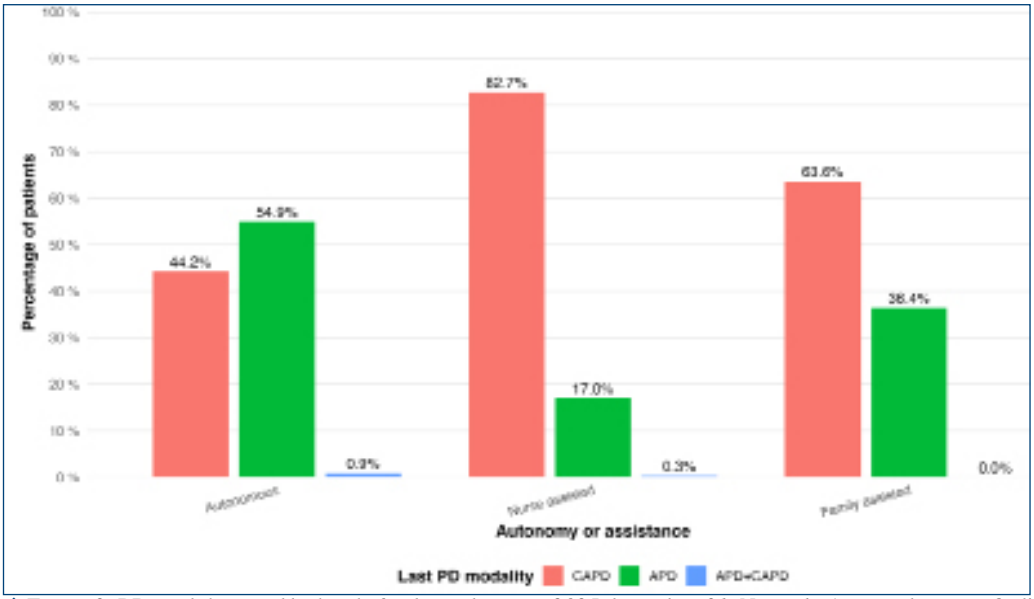
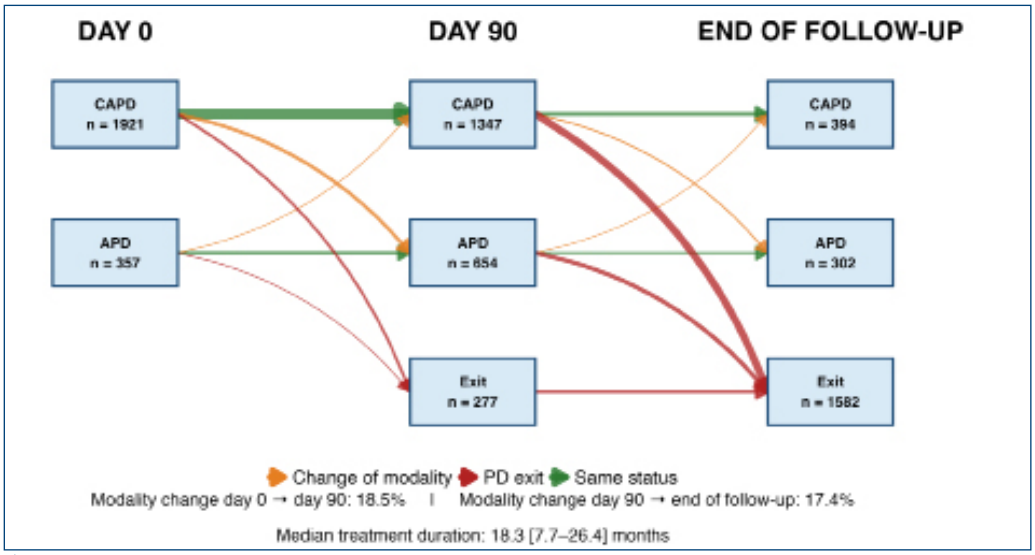


⬆*Figure 2. PD modality used by level of independence on 2025 december, 31. Note: the 'assisted unspecified' category comprises only 9 patients and is not shown in the graph. Percentages are calculated within each category*

Changes in PD Modality

The PD regimens used are not fixed for any given patient. To track these changes over time, we selected new patients enrolled between January 1, 2023, and December 31, 2024, and followed up on them through December 31, 2025. The permanent discontinuation of treatment during the follow-up period was counted as a concurrent event.

Between the initial treatment and the 90-day mark, 18.1% of patients changed treatment modalities, while 16.6% of patients changed them between the 90th day and the end of the observation period. These changes are illustrated in *Figure 3*.



⬆ *Figure 3. Changes in PD modalities for 2,278 incident patients in 2023 and 2024, followed up until 31 December 2025.*
APD : automated peritoneal dialysis ; CAPD : continuous ambulatory peritoneal dialysis.

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Causes of permanent discontinuation of treatment in 2025 among patients treated with PD

The treatment modalities and causes of permanent discontinuation of treatment in 2025 were calculated for all patients regardless of age and comorbidities. The most common modality is transfer to in-center hemodialysis followed by death (*Figure 4*). Peritonitis accounts for 3.4% of deaths; however, it is the second leading cause of transfer to hemodialysis, preceded by transfer due to dialysis dose that the physician deems insufficient (32.3%) (*Figure 6*). The main causes of death are illustrated in *Figure 5*.

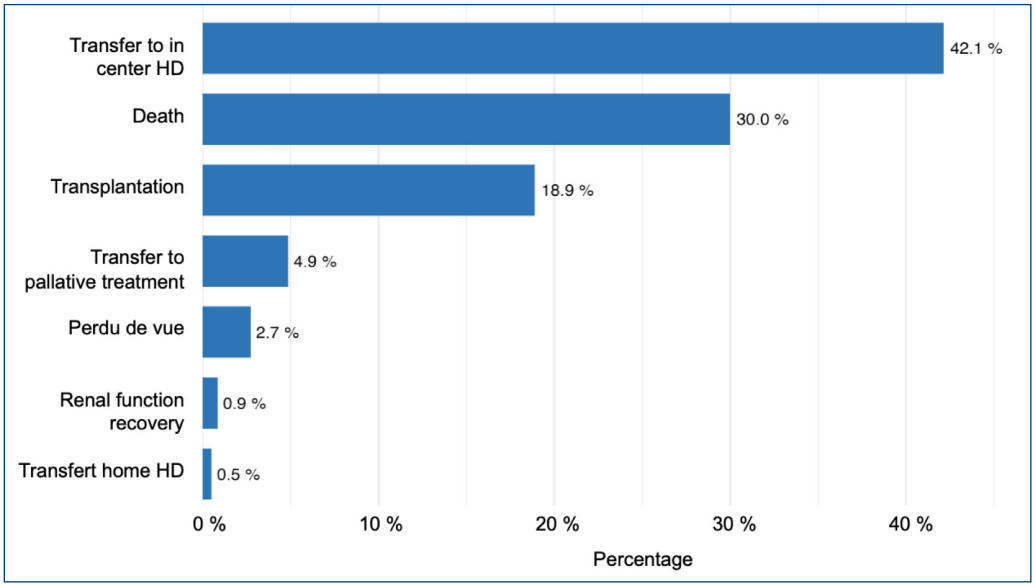

Figure 4. Causes of cessation of treatment of patients who definitely stopped PD in 2025

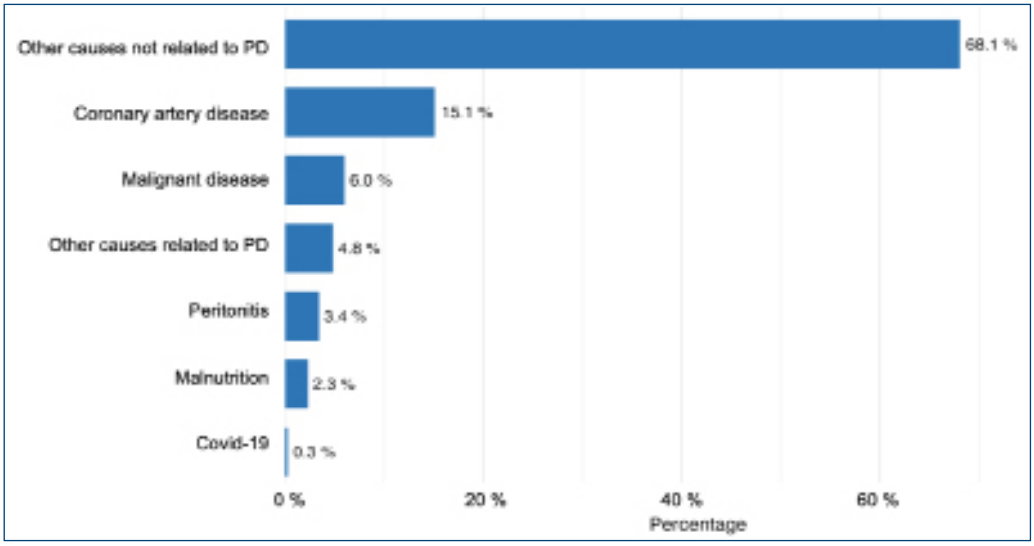

Figure 5. Causes of death of patients who died in 2025

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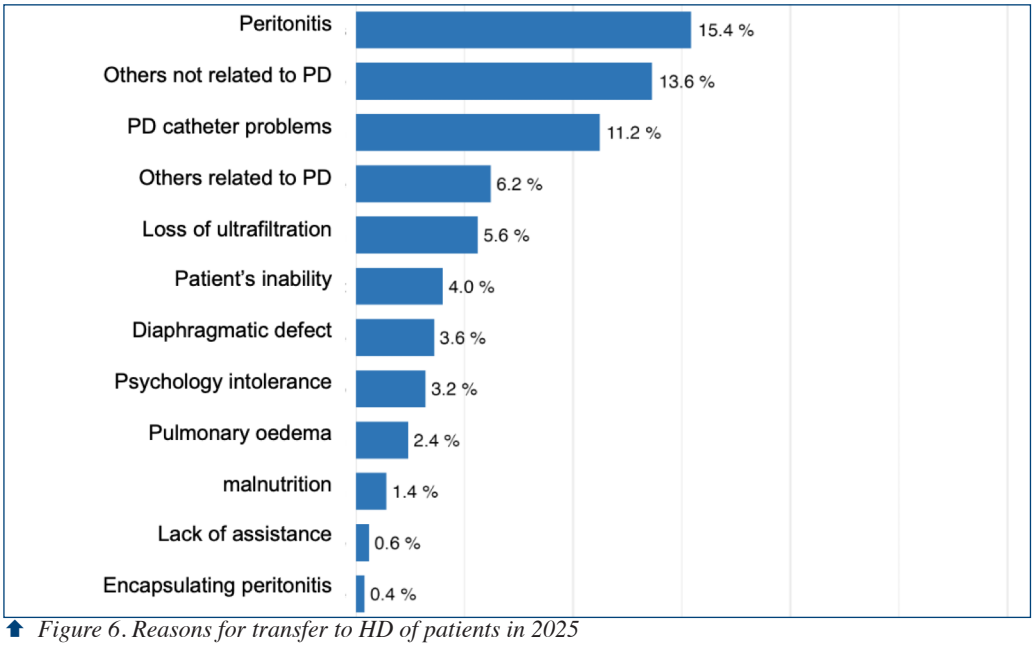

Figure 6. Reasons for transfer to HD of patients in 2025

Rate of Hemodialysis Use

The latest International Society for Peritoneal Dialysis (ISPD) guidelines recommend reporting the annual rate of hemodialysis use [2]: this rate is calculated by counting all episodes of one or more periods of in-center hemodialysis plus any permanent transfers to hemodialysis; a transfer is considered permanent if it lasts more than 90 days.

During the year 2025,

- Number of patients treated: 3,410
- Cumulative duration: 2,309.06 patient-years
- Number of temporary HD treatments: 156
- Number of permanent transfers to HD: 499
- Total number of HD treatments: 655

HD transfer rate: 28.37 per 100 patient-years or 0.28 HD periods per patient-year.

To better analyze the causes of hemodialysis use, we felt it was clearer to distinguish between the causes of temporary hemodialysis periods and the causes corresponding to permanent transfers—that is, those lasting more than 90 days. The causes of temporary transfers to hemodialysis (thus, excluding permanent transfers from *Figure 6*) are reported in *Table VI*.

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Table VI. Main reasons for requiring a period of temporary hemodialysis among patients on PD in 2025 in mainland France

Cause	Number	Percentage
Post-operative	38	24,36
Catheter malfunction/change	31	19,87
Peritonitis	13	8,33
Under hemodialysis	13	8,33
Hyperhydration	10	6,41
Inguinal-peritoneal fistula	10	6,41
Unknown	9	5,77
Temporary incapacity	8	5,13
Catheter infection	6	3,85
Heart failure	4	2,56
Infection not related to peritoneal dialysis	4	2,56
Loss of ultrafiltration	3	1,92
Hemodialysis for calciphylaxis	2	1,28
Parietal leak	2	1,28
Temporary failure of caregiver	2	1,28
Pleuro-peritoneal fistula	1	0,64
Total	**156**	**100**

Cumulative Incidence of Causes of Discontinuation of PD

To ensure a sufficient patient population and follow-up period, new patients enrolled from January 1, 2023, through December 31, 2024, were selected and followed up on until July 31, 2026. The various incidence rates over 42 months are shown in *Figure 7*.

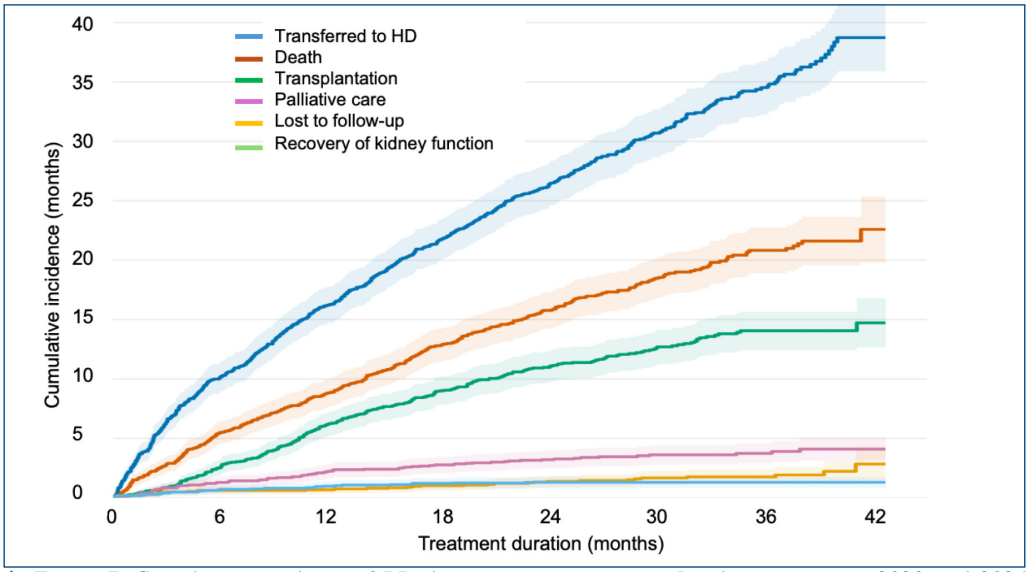

Figure 7. Cumulative incidence of PD discontinuation patterns. Incident patients in 2023 and 2024 followed up on until July 31, 2026. Competitive risks with 95% confidence intervals

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To ensure there was a sufficiently large population and adequate follow-up, new patients enrolled from January 1, 2023, through December 31, 2024, were selected and followed up on until July 31, 2026. The various incidence rates over 42 months are shown in *Figure 7*.

Dialysis solutions used

⬇ *Table VII. Breakdown of the use of glucose-free dialysis solutions among patients in mainland France as of December 31, 2025*

Solutions	Total number of patients, n (%)	Non-diabetic patients, n (%)	Diabetic patients, n (%)
Icodextrin	1680 (75,4 %)	1068 (72,9 %)	612 (80,1 %)
Amino-acids	533 (23,9 %	305 (20,8 %)	228 (29,8 %)
Icodextrin + amino-acids	463 20,8 %	264 (18 %)	199 (26 %)
Neither icodextrin nor amino acids	479 (21,5 %)	356 (24,3 %)	123 16,1 %)

All patients use glucose-based dialysis solutions as a baseline, supplemented in three-quarters of cases by one or more icodextrin exchanges; we know that a number of patients sometimes use only two bags of icodextrin during CAPD, but the database-recording methods do not allow us to count them with sufficient reliability to report them. However, it appears that this approach is used more frequently among patients with diabetes (*Table VII*). More than one-quarter of patients with diabetes use both icodextrin and amino acids (26%), likely to reduce glucose intake [5].

These categories are not mutually exclusive: patients receiving both icodextrin and amino acids are counted in the first two rows as well as in the third. Only the last category is mutually exclusive.

Transplant Status

Patients' transplant statuses as of August 1, 2026, are summarized in *Table VIII*. The statuses as of December 31, 2025, were no longer available at the time of writing this report.

⬇ *Table VIII. Breakdown of transplant status among patients undergoing peritoneal dialysis on August 1, 2026*

Statut transplantation	Number	Percentage	Mean age ± SD (years)
Not transplantable	893	37.8 %	76.2 ± 10.1
On waiting list	761	32.2 %	58.9 ± 12.3
Declined by patient	274	11.6 %	69.7 ± 10.0
Assessment in progress	259	11.0 %	55.8 ± 14.5
Temporary contraindication	136	5.8 %	59.8 ± 11.9
Assessment not completed	41	1.7 %	65.1 ± 13.1
Total	**2364**	**100.0 %**	**66.5 ± 14.3**

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Peritonitis

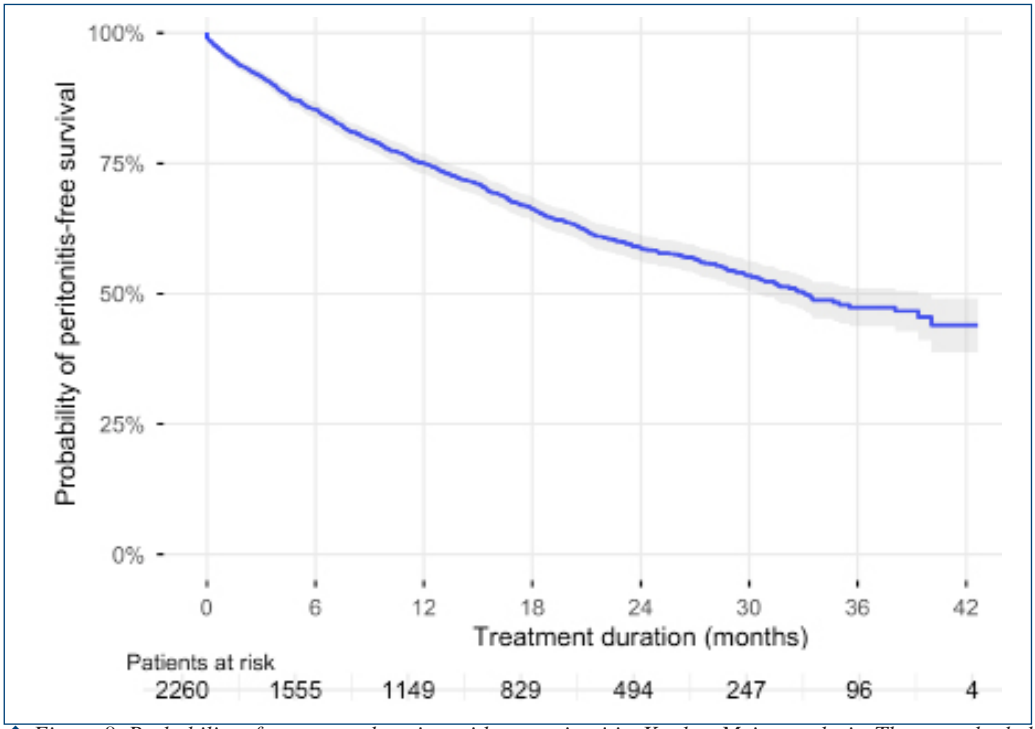
During 2025, 81.2% of French patients did not experience peritonitis.
Peritonitis rates are summarized in *Table IX*. A Poisson test comparing CAPD and APD shows a higher incidence of peritonitis in the APD group (p = 0.012, CI: 1.04–1.137); however, these rates are not adjusted for age, diabetes status, and level of independence, which vary significantly (see *Table V* and *Figure 2* above).

⬇ *Table IX. Distribution of peritonitis rates in mainland France (prevalent cases in 2025)*

PD modalities	Peritonitis number	Peritonitis per year	Months between peritonitis
CAPD	461	0,33	35,9
APD	364	0,4	30
Combined PD	4	0,3	40,4
All modalities	829	0,36	33,4

PD: peritoneal dialysis; CAPD: continuous ambulatory peritoneal dialysis; APD: automated peritoneal dialysis; combined PD: a combination of APD and CAPD.

Analysis using a Kaplan-Meier curve shows a median peritonitis-free survival of 32 months (*Figure 8*).



⬆ *Figure 8. Probability of treatment duration without peritonitis, Kaplan-Meier analysis. The grey shaded area represents the 95% confidence interval. New patients enrolled in 2023–2024, followed up on until July 2026*

Cumulative Incidence

Taking into account the competing risks the permanent discontinuation of dialysis from all causes posed, the cumulative incidence of first-time peritonitis is 32% at two years (*Figure 9*).

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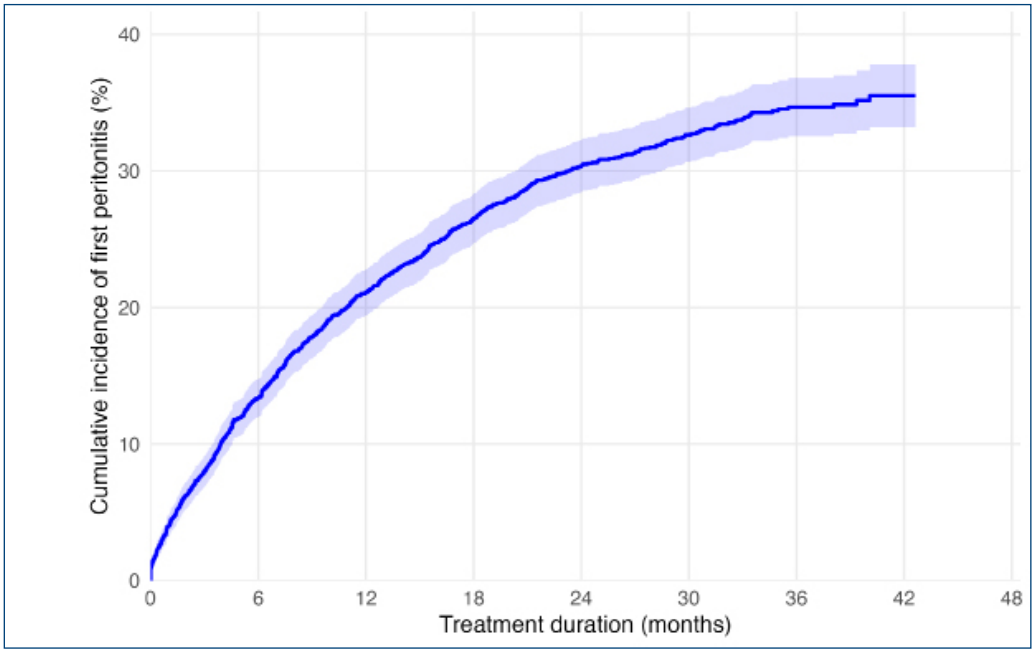
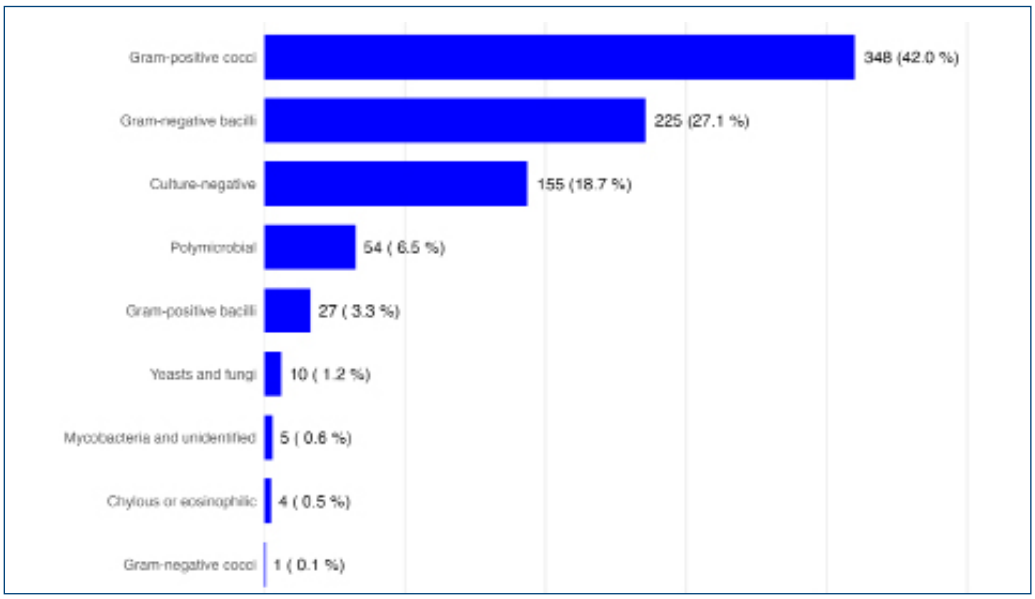


⬆ *Figure 9. Cumulative incidence of first-time peritonitis, taking into account the competing risk of PD discontinuation regardless of cause. New patients enrolled in 2023–2024 and followed up on through July 2026*

Pathogens causing peritonitis

The distribution of pathogens identified in cases of peritonitis is summarized in *Figure 10* and *Table X* below.



⬆ *Figure 10. Distribution of peritonitis-causing pathogens in mainland France among patients undergoing PD in 2025*

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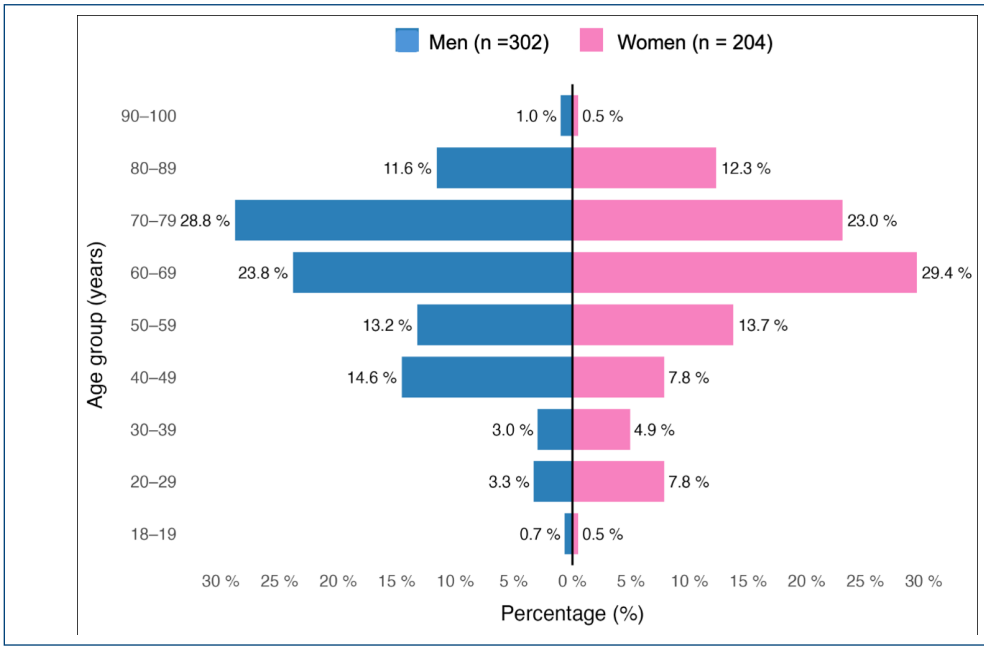
⬇ *Table X. Distribution of peritonitis-causing pathogens in mainland France among patients undergoing PD in 2025, including CAPD and APD*

Organisms	CAPD		APD	
	Number	Percentage	Number	Percentage
Gram positive cocci	200	43,4	148	40,7
Gram negative bacilli	109	23,6	115	31,6
No organism found	95	20,6	60	16,5
Polymicrobial	25	5,4	27	7,4
Gram positive bacilli	19	4,1	7	1,9
Yeast and fungi	6	1,3	4	1,1
Chyleous ou Eosinophils	4	0,9		
Mycobacteria unidentfied	2	0,4	3	0,8
Gram negative cocci	1	0,2		
Total	461	100	364	100

II- Data from Belgium

Patient ages

Men account for 60% of the peritoneal dialysis population, while women account for 40% of the population; the distribution by age group is similar to that observed in France (*Figure 1b*).



⬆ *Figure 1b. Breakdown of adult patients in Belgium (aged 18 and over) by gender and age. Prevalent patients on peritoneal dialysis in 2025, registered in the RDPLF data base.*

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Diabetes Status and Kidney Diseases

As in metropolitan France, the use of intraperitoneal insulin remains rare among diabetic patients (*Table Ib*); vascular and diabetic nephropathies together account for more than 40% of nephropathies, with diabetes accounting for 20% (*Table IIb*).

⬇ *Table Ib. Diabetes status of Belgian patients treated with peritoneal dialysis in 2025 (RDPLF)*

Diabetic status	Number	Percentage
Non-diabetic	330	64,7
Diabetic treated with subcutaneous insulin	102	20
Diabetic treated with oral antidiabetic medication	52	10,2
Untreated diabetic	24	4,7
Diabetic on intraperitoneal insulin	2	0,4
Total	**510**	**100**

⬇ *Tableau IIb. Underlying kidney diseases among Belgian patients treated with peritoneal dialysis in 2025 (RDPLF)*

Néphropathy	Number	Percentage
Vascular	123	24,1
Diabetic	104	20,4
Glomerulopathy	53	10,4
Uncertain	47	9,2
Polycystic kidney disease	44	8,6
Interstitial	29	5,7
Congenital and urological	25	4,9
Heart failure	21	4,1
Other	17	3,3
Systemic diseases	15	2,9
Alport syndrome	8	1,6
Maglinant	8	1,6
Drug-induced and toxic	7	1,4
Congenital	5	1
Unspecified	2	0,4
Vasculitides	2	0,4
Total	510	100

Autonomy

Twelve percent of patients receive care from their families (*Table IIIb*); this percentage is double that observed in France, where the use of private nurses has historically been the most widespread.

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⬇ *Table IIIb. Level of independence among Belgian patients included in the RDPLF and treated with peritoneal dialysis on 2025, december*

Type of assistance	Effectif	Pourcentage
Autonomous	311	61
Nurse assisted	129	25,3
Family assisted	61	12
Assisted (without precision)	9	1,8
Total	**510**	**100**

Trends in the number of Belgian patients included in the RDPLF from January 1 to December 31, 2025

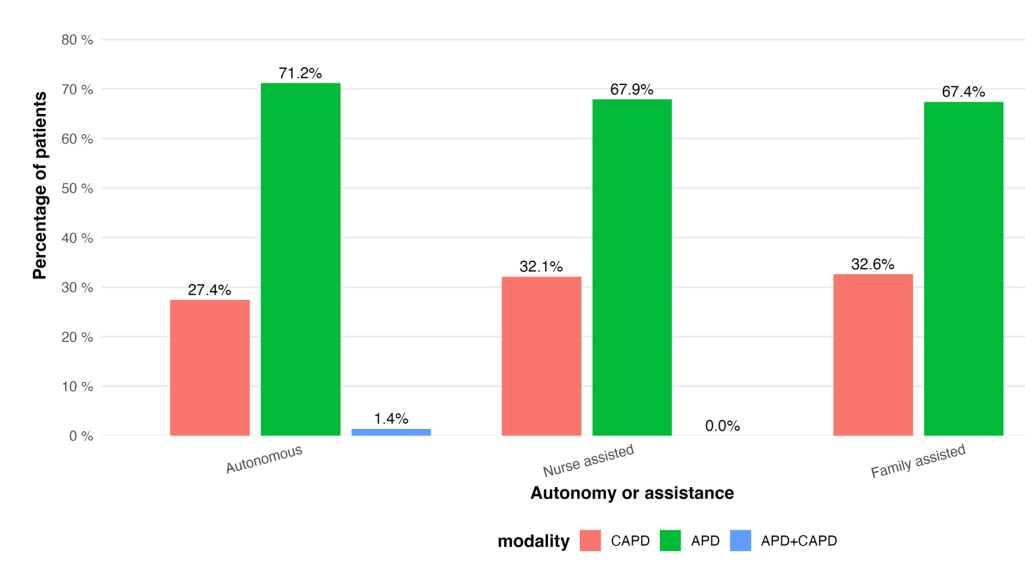
Due to the smaller numbers of centers and patients included in the RDPLF in Belgium, it is not possible to reliably analyze trends in the number of patients by region; nevertheless, across all participating centers, the trend is, as in France, downward (*Table IVb*).

Peritoneal Dialysis Modalities

⬇ *Table IV. Changes in the number of patients in mainland France in 2025*

Belgium	January 1st	December 31	Incidents 2025	Stopped 2025
Number of patients in the RDPLF	326	322	134	138

The distribution of PD techniques based on the level of patient autonomy differs significantly from that observed in France. APD is more widely used. Patients treated with the assistance of a nurse are almost always more likely to be on APD, whereas, in France, the vast majority are on CAPD. Furthermore, reliance on assistance from a family member is more common in Belgium than in France (see *Table Vb* and *Figure 2b*).



⬆ *Figure 2b. PD modality used by level of independence on 2025 december, 31.*

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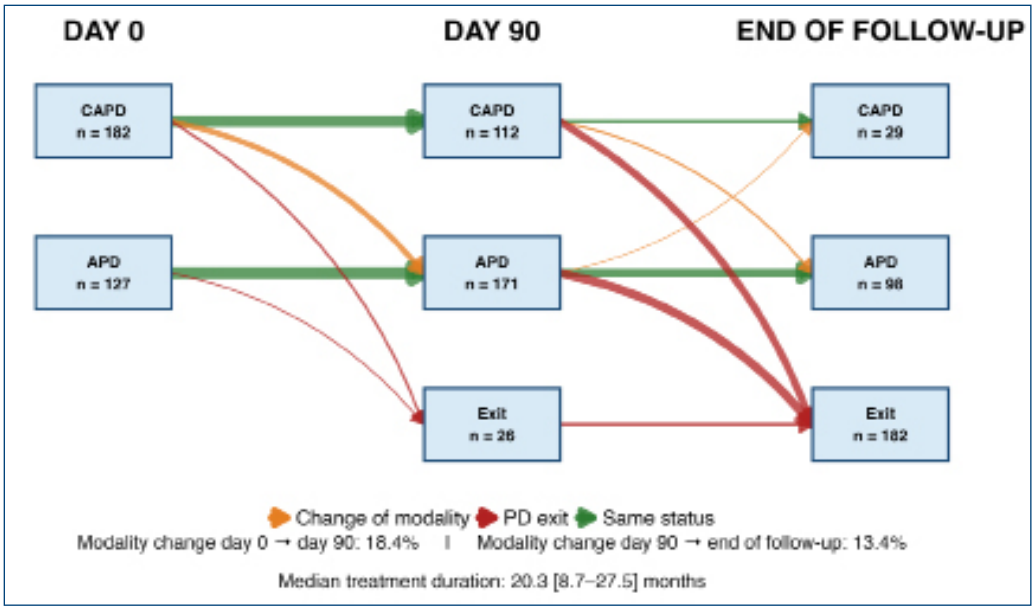
⬇ *Table Vb. PD modalities in December 2025 by level of autonomy*

Autonomy	APD	CAPD	APD+CAPD	Total
Autonomous	153 (71,2 %)	59 (27,4 %)	3 (1,4 %)	215
Nurse assisted	57 (67,9 %)	27 (32,1 %)	0 (0,0 %)	84
Family assisted	29 (67,4 %)	14 (32,6 %)	0 (0,0 %)	43
Assisted without precision	7 (87,5 %)	1 (12,5 %)	0 (0,0 %)	8
Total	**246 (70,3 %)**	**101 (28,9 %)**	**3 (0,9 %)**	**350**

Changes in PD Modalities

As in France, the PD modalities used are not fixed for a given patient. To track these changes over time, we selected new patients enrolled between January 1, 2023, and December 31, 2024, and followed up on them through December 31, 2025. Permanent discharges during the follow-up period were counted as competing events.

Between the initial treatment and the 90-day follow-up, 18.4% of patients changed treatment modalities, and 13.4% changed them between the 90th day and the end of the observation period. These changes are illustrated in *Figure 3b*.



⬆ *Figure 3b. Changes in PD modalities for 2,278 incident patients in 2023 and 2024, followed up until 31 December 2025.*
APD : automated peritoneal dialysis ; CAPD : continuous ambulatory peritoneal dialysis.

Causes of permanent discontinuation of treatment in 2025 among patients treated with PD

The patterns and causes of permanent discontinuation of treatment in 2025 were calculated for all patients regardless of age and comorbidities. The most common pattern is transfer to in-center hemodialysis followed by death (*Figure 4b*). Peritonitis accounts for 1.9% of deaths (lower than

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the percentage in France); however, it is the leading cause of transfer to hemodialysis (*Figure 6b*). The main causes of death are illustrated in *Figure 5b*.

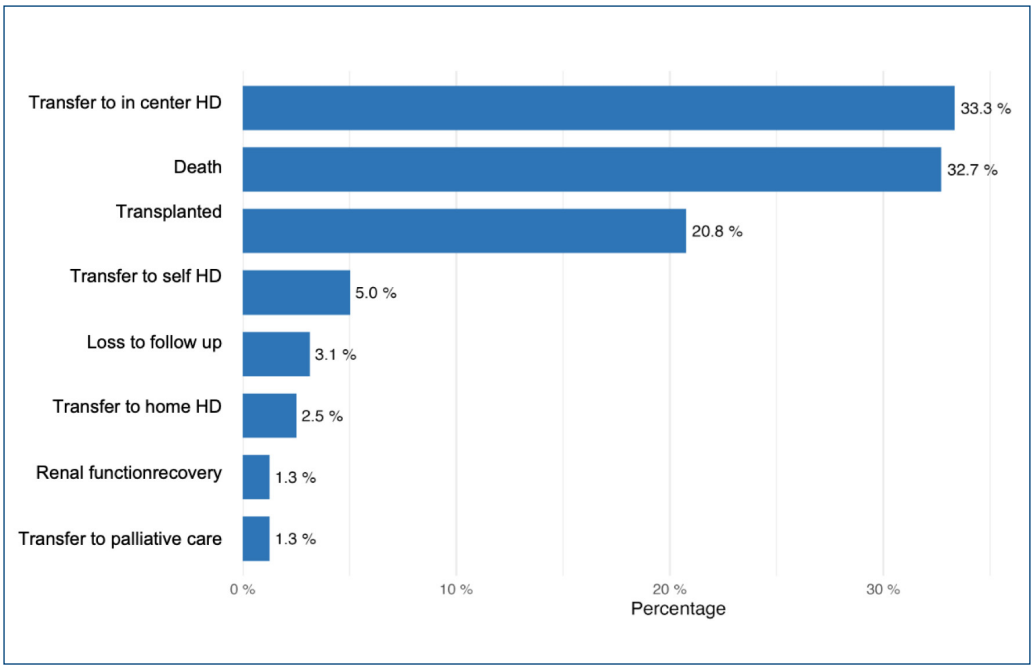

Figure 4b. Causes of cessation of treatment of patients who definitely stopped PD in 2025

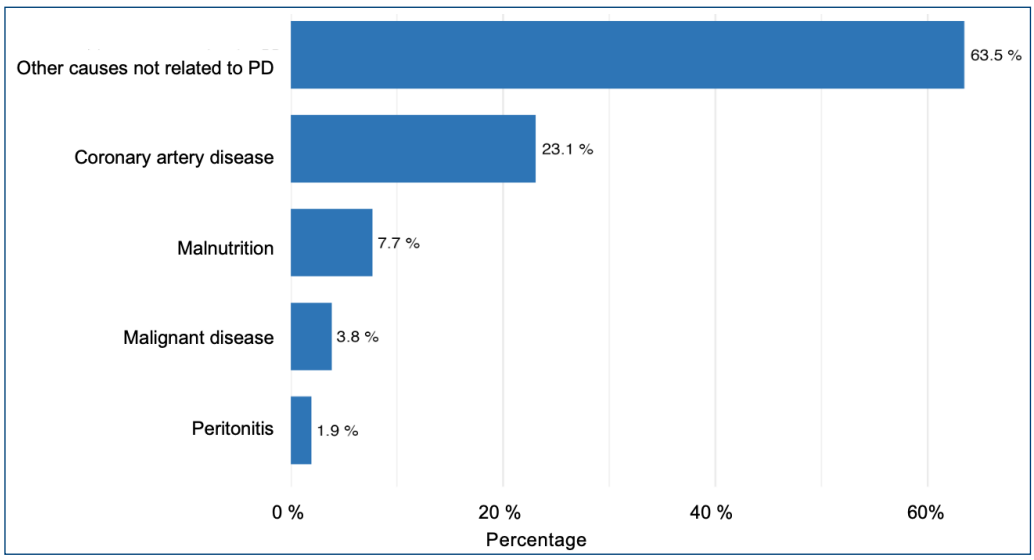

Figure 5b. Causes of death of belgian patients who died in 2025

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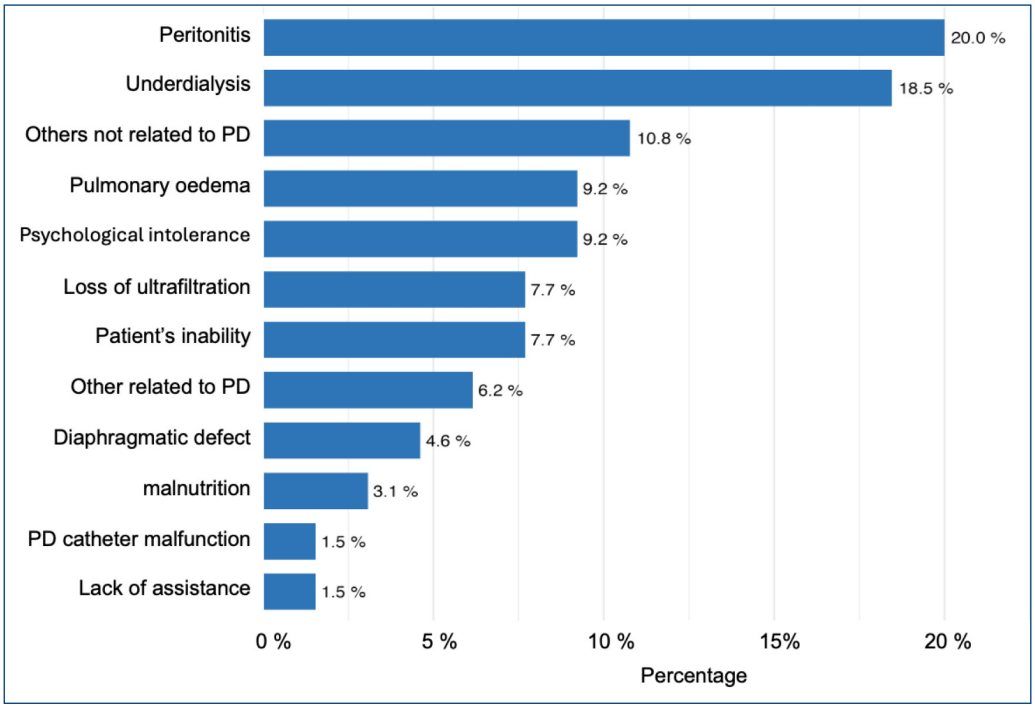

Figure 6b. Reasons for transfer to HD of patients in 2025

Hemodialysis Utilization Rate

To follow the ISPD recommendations [2], as was done for France above, we report the annual rate of hemodialysis use for Belgium [2]: We calculate this rate by counting all episodes of one or more periods of hemodialysis in a center plus any permanent transfers to hemodialysis; a transfer is considered permanent if it lasts longer than 90 days.

The causes of temporary transfers to HD (thus, excluding the permanent transfers shown in *Figure 6b*) are reported in *Table VIb*.

During the year 2025,
Number of patients treated: 510
Cumulative duration: 350.5 patient-years
Number of temporary HD transfers: 19
Number of permanent transfers to HD: 57
Total number of HD treatments: 76
HD utilization rate: 21.68 per 100 patient-years (including 57 permanent transfers to HD)

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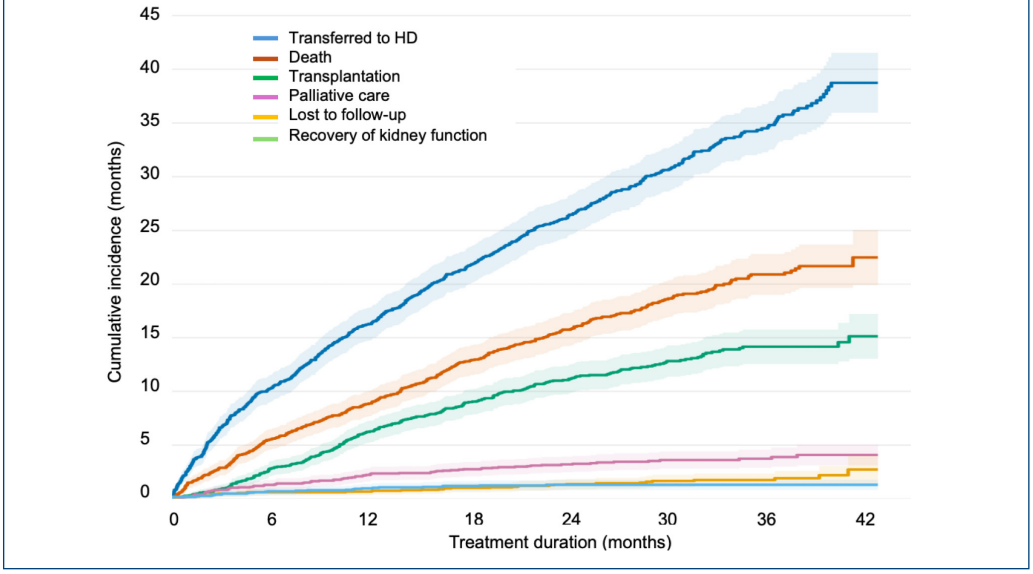
⬇ *Table VIb. Main reasons for requiring a period of temporary hemodialysis among patients on PD in 2025 in Belgium*

Cause	Number	Percentage
Post-operative	11	57,89
Under hemodialysis	3	15,79
Catheter malfunction/change	2	10,53
Temporary failure of caregiver	1	5,26
Peritonitis	1	5,26
Loss of ultrafiltration	1	5,26
Total	19	100

Cumulative incidence of causes of discontinuation of PD

To ensure there was a population with sufficient follow-up, new patients enrolled from January 1, 2023, through December 31, 2024, were selected and followed up on through July 31, 2026. The various incidence rates over 42 months are shown in *Figure 7b*.



⬆ *Figure 7b. Cumulative incidence of PD discontinuation patterns. Incident patients in 2023 and 2024 followed up on until July 31, 2026. Competitive risks with 95% confidence intervals*

Dialysis solutions used

All patients primarily use glucose-based dialysis solutions, often supplemented by one or more icodextrin exchanges; we know that a few Belgian patients sometimes use only two bags of icodextrin during CAPD, but the database-recording methods do not allow for these cases to be counted with sufficient reliability to report them. As in France, there is a higher rate of icodextrin use among diabetic patients but to a lesser extent (66.7% of diabetic patients in Belgium compared to 80.1% in France). The combination of icodextrin and amino acids (*Table VIIb*) is significantly less common than in France.

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⬇ *Tableau VIIb. Breakdown of the use of glucose-free dialysis solutions among patients in Belgium as of December 31, 2025*

Solutions	All (n, %)	Non diabetics (n, %)	Diabetics (n, %)
Icodextrin	208 (59,3 %)	122 (55 %)	86 (66,7 %)
Amino-acids	57 (16,2 %)	34 (15,3 %)	23 (17,8 %)
Icodextrin + amino-acids	29 (8,3 %)	17 (7,7 %)	12 (9,3 %)
Neither icodextrin nor amino acids	115 (32,8 %)	83 (37,4 %)	32 (24,8 %)

Transplant Status

In this case, the main difference from France appears to be that half as many patients refuse to be placed on a transplant waiting list (*Table VIIIb*).

⬇ *Table VIIIb. Breakdown of transplant statuses for patients on peritoneal dialysis as of August 1, 2026 (the status as of 2025 had been updated at the time of this report)*

Transplantation status	Number	Percentage	Age± SD (years)
Not transplantable	166	48.0 %	72.6 ± 11.3
On waiting list	108	31.2 %	51.9 ± 13.9
Assessment in progress	42	12.1 %	53.6 ± 15.6
Declined by patient	16	4.6 %	68.0 ± 7.6
Assessment not completed	9	2.6 %	68.4 ± 12.3
Temporary contraindication	5	1.4 %	64.4 ± 14.3
Total	346	100.0 %	63.4 ± 15.9

SD : Standard deviation

Peritonitis

In 2025, 79.2% of Belgian patients did not experience peritonitis. The rates of peritonitis are shown in Table IXb below.

⬇ *Tableau IXb. Distribution of peritonitis rates in mainland France (prevalent cases in 2025)*

PD modalities	**Number of Peritonitis**	**Peritonitis per year**	**Months between peritonitis**
CAPD	240	0,3	39,8
APD	408	0,3	30,3
Combined PD	3	0,42	28,4
All modalities	651	0,37	32,8

As shown above for France, the infection rate—although low in both cases—looks higher for APD than it is for CAPD. Analysis using a Kaplan-Meier curve reveals a median peritonitis-free survival of 32 months (*Figure 8b*), identical to that observed in France.

The cumulative incidence of a first episode of peritonitis is similar to that in France, around 32% at 24 months (*Figure 9b*).

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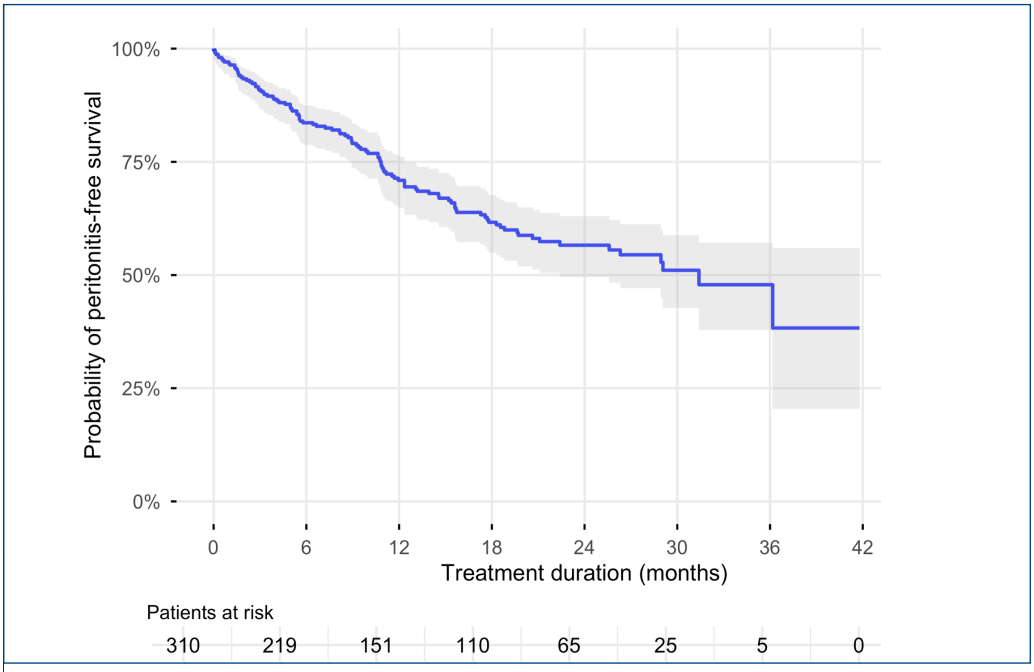

Figure 8b. Probability of treatment duration without peritonitis. Belgian patients on peritoneal dialysis registered in the RDPLF data base, Kaplan-Meier analysis. The grey shaded area represents the 95% confidence interval. New patients enrolled in 2023–2024, followed up on until July 2026

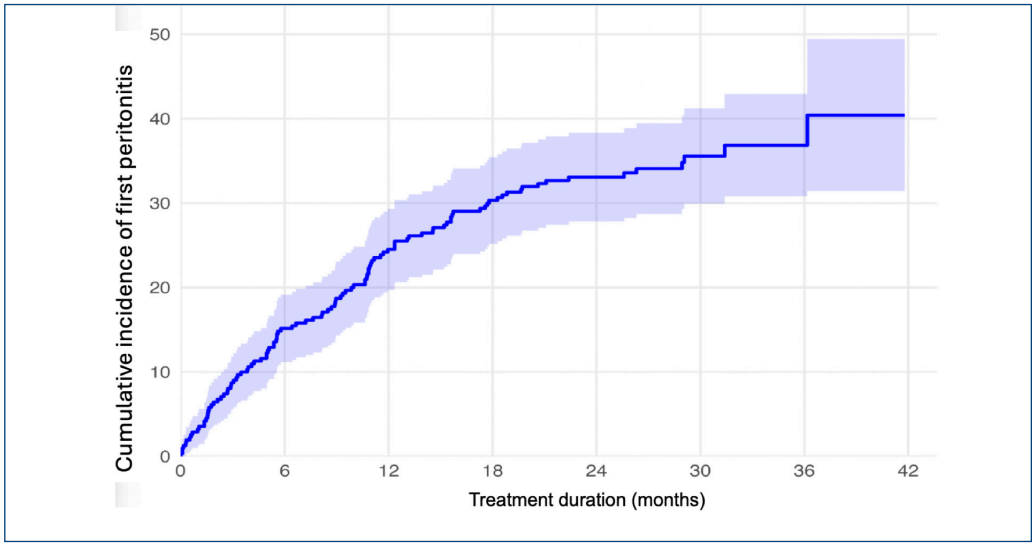

Figure 9b. Cumulative incidence of first-time peritonitis, New patients enrolled in 2023–2024 and followed up on through July 2026. Definitive discontination of PD treatment was used as a competing risk regardless of cause.

Pathogens causing peritonitis

The distribution of pathogens identified in cases of peritonitis is summarized in *Figure 10b* and *Table Xb* below. The small number of cases does not allow for a comparison, over this period, with the figures presented above for France.

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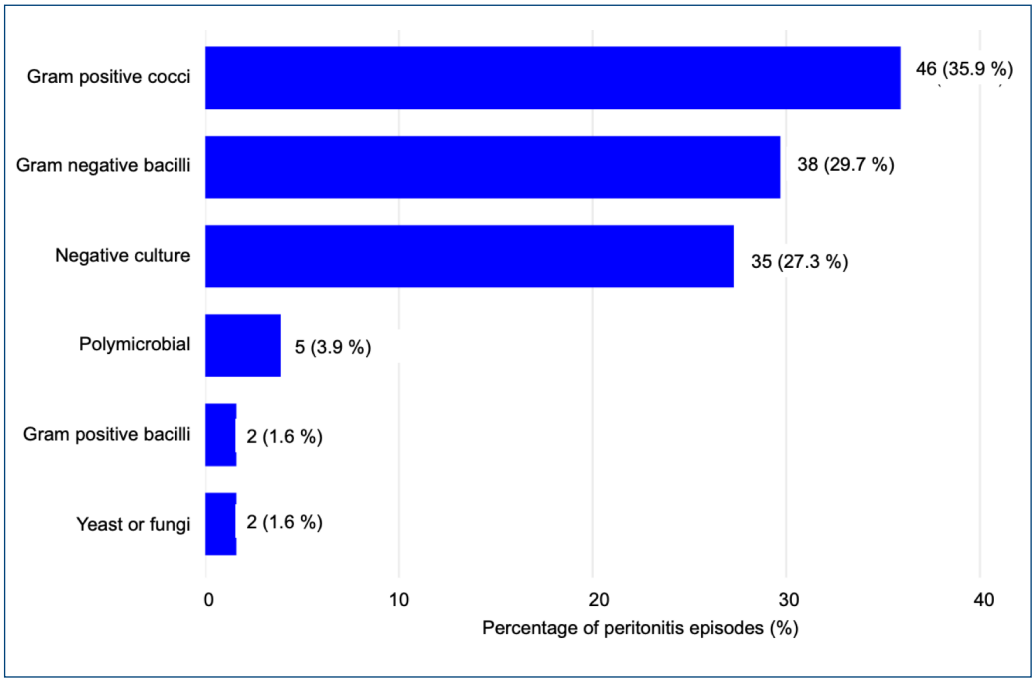

⬆ *Figure 10b. Distribution of peritonitis-causing pathogens in mainland France among patients undergoing PD in 2025*

⬇ *Table Xb. Distribution of peritonitis-causing pathogens in mainland France among patients undergoing PD in 2025, including CAPD and APD*

Culture	CAPD		APD	
	Number	Percentage	Number	Percentage
No organism found	13	38,2	22	23,7
Gram negative bacilli	9	26,5	29	31,2
Gram positive cocci	8	23,5	37	39,8
Polymicrobial	2	5,9	3	3,2
Gram positive bacilli	1	2,9	1	1,1
Yeast and fungi	1	2,9	1	1,1
Total	**34**	**100**	**93**	**100**

Discussion

While we know that 90% to 95% of French patients are included in the RDPLF, it is more difficult to estimate the completeness of the Belgian data. Indeed, Belgium comprises the predominantly French-speaking regions of Wallonia and Brussels, which participate extensively in the RDPLF, and the Dutch-speaking region of Flanders, which is much less represented in the registry. We conducted the same analyses as those performed for France.

The data in this report are provided as raw data to reflect the profiles of patients treated with peritoneal dialysis and registered in the RDPLF during the year 2025 as well as the years 2023–2024 for actuarial studies of incident patients. The aim is not only to provide general information on the profiles of patients treated with peritoneal dialysis in two neighboring European countries

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but also to stimulate more in-depth research on the questions these results may raise. The RDPLF also tracks a subset of patients undergoing peritoneal dialysis in Switzerland and in North Africa—specifically Algeria, Morocco, and Tunisia. However, the representativeness of patients from these countries included in the RDPLF is unknown or low, and it would be risky to draw national conclusions from these data. We leave it to the administrators of the relevant centers to make use of the RDPLF data pertaining to them. The same information can be provided to them individually at the level of each center, upon request, provided that the requesting centers' data are up to date. Similarly, centers in France's overseas territories, regions, or departments can obtain the same analyses individually upon request.

In France, we have the REIN Registry, which is considered comprehensive; this allows us to compare the number of patients included in the RDPLF: the comparison on a specific date is approximate depending on whether we consider incident or prevalent patients since the updating procedures for the two registries differ and their dates are not strictly identical. We were able to show, however, that 90% to over 100% of prevalent and incident patients treated in France were included in the RDPLF [1]. We do not have the means to conduct the same assessment of completeness in Belgium, as participation varies among the three regions (Flanders, Wallonia, and Brussels). Nevertheless, with 17 centers included, we believe that the Belgian results provide a sufficiently representative picture to justify the presentation of the centers grouped together in this report.

Only two countries—part of Belgium and part of France—include data on patients treated with home hemodialysis, but they account for less than half of all home hemodialysis patients. They will be the subject of a separate report in a future issue.

Patients starting peritoneal dialysis as their first-line treatment are more common in France (80.8% versus 75.9% in Belgium). In Belgium, a greater proportion of patients were initially treated with hemodialysis (18.6% versus 15.6% in France) or were enrolled after transplant failure (5.5% versus 3.6% in France). The average age is 2.5 years lower in Belgium. Unlike in France, where family involvement in treatment remains minimal due to the long-standing availability of private nurses, Belgium has more than twice as many patients receiving care from a family member (12% versus 5%). The number of Belgian patients decreased by 1.2% in 2025, and the number of French patients decreased by 4.6% during the same period; only three French regions saw increases in the number of patients treated with PD. APD is used much more frequently in Belgium than in France; the patients undergoing it include those receiving care from nurses. In France, 83% of patients receiving care from nurses receive CAPD.

Regarding changes in treatment modality, it should be noted that they are relatively frequent in both countries, including after the 90th day, which is therefore not a stable period, contrary to what is often assumed.

Conclusion

The outcomes of peritoneal dialysis treatment are not exactly the same in the two neighboring European countries, Belgium and France. Practices differ slightly. A better understanding of the causes of these differences could enable each country and region to improve by learning from the other's experiences. Although the figures differ between the two countries, the number of patients

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treated with peritoneal dialysis decreased in both countries during the year 2025.

General Statements

Authors' Contributions

CV wrote the article and performed the statistical analyses; all other authors reviewed the report and provided constructive feedback; EF is responsible for the development and maintenance of the database. All authors have approved this document for publication.

Declaration of Interest

The authors declare that they have no conflicts of interest related to this report.

Ethical Statements

These are anonymized retrospective data obtained from a registry in which patients gave consent for the anonymized use of their data. No additional consent was required.

Statement on the Use of Artificial Intelligence

ChatGPT (GPT-5.6 Sol, OpenAI) was used solely as a programming assistant to help generate R scripts for statistical analyses; the CV performed the study design, selection of statistical methods, verification and modification of the generated scripts, interpretation of the results, and drafting of the manuscript. Some results were independently verified using alternative analytical methods. CV assumes full responsibility for the accuracy and integrity of the work.

Acknowledgments

We extend our warmest thanks to the nursing and medical teams who have placed their trust in us and, through their regular updates, enable us to maintain the reliable database that makes this report possible. The list of participating centers is provided in Appendix I.

We would also like to thank our secretary, Ms. Katia Guerin, for her daily data verification, her work with the centers, and the layout of the articles in the Home Dialysis Bulletin.

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Annexe: List of centres included in this report

(These are peritoneal dialysis centres whose data were up to date as of 31 December 2025.)

BELGIQUE

Ath (Gankam Fabrice)
Baudour (Debelle Frederic)
Bruxelles - Anderlecht (Clause Anne-Lorraine)
Bruxelles (Goffin Eric)
Bruxelles / Jette Uz Brussel (Francois Karlien)
Bruxelles 3 (Nortier Joelle)
Charleroi (Ho Thien Thanh)
Edegem (Massart Annick)
Hornu (Fomegne Guy Leopold)
Huy (Bellavia Salvatore)
Leuven (Bammens Bert)
Liege Chu (Bovy Christophe)
Liege Citadelle (Masset Catherine)
Marche En Famenne (Van Overmeire Lionel)
Mons (Mestrez Fabienne)
Namur (Tintillier Michel)
Tournai (Maalouli Christian)

FRANCE

Abbeville (Mahe Jean-Luc)
Agen (Carceles Odette)
Aix En Provence - Chp (Dervaux Thomas)
Aix En Provence (Jaubert Dominique)
Albi (Saint-Cricq Morgane)
Alencon (Cardineau Erick)
Amiens (El Esper Najeh)
Angers (Ilinca Toma)
Angouleme (Pujo Myriam)
Annonay (Marc Jean-Michel)
Aressy (Butte Yann)
Arras (Abd-El-Fatah-Mohamed Abo-Bakr)
Ars Laquenexy (Savenkoff Benjamin)
Aubenas - Ucel (Buffard Salima)
Auxerre (Jonon Benoit)
Avranches (Leduc Vincent)
Bastia (Sala Davide)
Bayonne (Le Guen Eric)
Beauvais (Faucher Justine)
Besancon (Courivaud Cecile)
Bethune - Beuvry (Ratzimbasafy Anderson)
Blois (Al Najjar Azmi)
Bois Bernard (Ben Henda Amaury)
Bordeaux - Pellegrin (Pfirmann Pierre)
Bordeaux (Seniuta Piotr)
Bordeaux Ctmr St Augustin (Bachelet Thomas)
Boulogne Sur Mer (Botte - Noel Alexandra)
Bourg En Bresse-Viriat (Boudray Catherine)
Bourges (Maksour Edward)
Brest (Chaffara Emmanuel)
Brive (Beauchamp Christine)
Cabestany (Cittone Sandrine)
Caen (Benabed Anais)
Caen (Lobbedez Thierry)
Cahors (Gueye Serigne)
Cambrai (Jomaa Zacharie)
Carcassonne (Guenifi Ismahane)
Chalon Sur Saone (Dubot Philippe)
Chamalieres (Enache Ioana)
Chambery (Philit Jean-Baptiste)
Charleville-Mezieres (Halin Pascale)
Cholet (Djema Assia)
Colmar (Nussbaumer Timothee)
Corbeil Essonnes (Vittoz Nathalie)
Creil (Demontis Renato)
Dieppe (Poussard Gwenaelle)
Dole (Bemmerzouk Mohammed Abdelaziz)
Douai (Cardon Gérard)
Draguignan (Ismail Khalil)
Dunkerque (Azar Raymond)
Epagny Metz-Tessy (Milic Ivona)
Epinal (Sekhri Hacène)
Evreux (Bouffandeau Ancuta)
Flers (Lanot Antoine)
Foix (Spataru Luciana)
Haguenau (Kribs Marc)
Hyeres (Dao Emmanuel)

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