EDITOR'S INTRODUCTION

THE JANUARY 2013 EDITION—A NEW CHAPTER FOR PERITONEAL DIALYSIS INTERNATIONAL

It is a great privilege to be able to introduce myself as the new editor in chief of *Peritoneal Dialysis International* (PDI) and to work alongside Olivier Devuyst as deputy editor. We take the helm of a journal that is in the very best of health after the careful stewardship of Peter Blake and Nick Topley over these last several years. *Peritoneal Dialysis International* was the inspirational idea of the late Dimitrios Oreopoulos—which, since he founded it as the *Peritoneal Dialysis Bulletin* in 1980, has become a major influence in the evolution and development of peritoneal dialysis (PD) therapy.

It is our hope and expectation that over the next few years we will be able to work with the PD community, our associate editors, editorial board members, reviewers, and publisher, Multimed, to strengthen the position of PDI. We are pleased to welcome Dirk Struijk (Amsterdam) and Rajnish Mehrotra (Seattle) to join the board as associate editors focused on Clinical Research, and Franz Schaefer (Heidelberg) who will be taking over from Brad Warady as associate editor for pediatrics. Brad has contributed enthusiastically to the work of the journal and will now join the editorial board. We are similarly pleased that Peter Blake and Nick Topley have agreed to join the emeritus editorial board in recognition of the work that they have done for PDI.

As a group, we have set ourselves the following objectives:

- To maintain the scientific integrity of the journal, aiming to publish high-quality research papers reporting basic science and clinical studies
- To serve the international PD community through the publication of clinical guidelines, reviews, commentaries, and reports describing the role of PD throughout the world
- To promote the readability and practicality of the journal

- To promote the practice of PD and research relevant to strengthening PD outcomes at large, and to act as a vehicle supporting the objectives of the International Society for Peritoneal Dialysis
- To ensure that the journal remains on a sound financial basis

And of course, as we strive to achieve those objectives, we rely on the engagement and support of the whole PD community to read the journal, to comment and interact with the editorial team, to submit their clinical or experimental research, and to improve the experience of PD for patients.

THIS ISSUE OF PDI

This January 2013 issue is a fine example of the international reach of PDI, presenting clinical studies from South America, the Far East, Australia, and Europe, tackling themes that are central to the management of patients on PD.

A paper from Uruguay (Liliana Gadolo and colleagues) describes a multidisciplinary patient education program focused on peritonitis prevention that was used in conjunction with an objective structured assessment targeting practical aspects of performing dialysis and troubleshooting problems. This approach to training led to a reduction in peritonitis rates at their center.

The outcomes for patients presenting with “silent” peritonitis, with an absence of fever and abdominal pain, is reported by Jie Dong and colleagues from Peking University, Beijing. These patients were older, had a lower body mass index and lower effluent white cell counts, and were more likely to have culture-negative episodes than did the patients presenting with symptomatic peritonitis. From a practical perspective, the authors emphasize the importance of patients being taught to examine dialysate effluent at each exchange.

The ANZDATA registry is in a unique position to be able to describe the impact of climatic variation on peritonitis rates and organisms. In a report from Australia describing 3108 peritonitis episodes between 2003 and 2008 (Yeoungjee Cho and colleagues), patients from tropical regions had higher peritonitis rates than did patients from temperate zones, and their episodes were less likely to be culture-negative. Fungal peritonitis was more common among patients from tropical, desert, and grassland regions. The authors recommend antifungal prophylaxis and greater attention to exit-site care for patients from tropical regions.

A group from Malmo, Sweden (Maria Pihl and colleagues), combined rigorous microbiologic culture techniques with confocal laser scanning microscopy to determine the distribution of bacteria on PD catheters from 15 patients at the time of transplantation without clinical signs of infection. Their results add to the growing literature base describing organisms on indwelling catheters in asymptomatic patients. It is intriguing to consider whether catheter materials can be developed to minimize biofilm.

In the general population, plasma leptin levels correlate with fat mass and are linked to myocardial infarction and stroke. With that background, a 5-year observational

study of 131 prevalent nondiabetic PD patients from Korea (Jung Tak Park and colleagues) found, on multivariate analysis, an association between the leptin/adiponectin ratio and mortality. The authors speculate that the metabolic impact of PD may be responsible for that finding, and they discuss their results in the light of other studies in this area.

Finally, it is clearly important to understand when concern for patient comfort should supersede extending patient survival. From Hong Kong, Wing-Fai Pang and colleagues explore the role of the "surprise" question to identify patients with a poorer short-term prognosis. Even though the question helped to identify patients with poorer prognosis, the positive predictive value was low. The "surprise" question would be of more value when combined in a score with a range of factors.

We hope that you will find this issue of PDI as interesting as we do, and we wish you all the best for 2013.

Martin Wilkie
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