

COMPARING THOSE WITH CHRONIC KIDNEY DISEASE (CKD) PLANNED FOR RENAL SUPPORTIVE CARE (RSC) AND THOSE FOR RENAL REPLACEMENT THERAPY (RRT)

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Background

Patients over 75 years old with coronary artery disease (CAD) have a similar prognosis on RRT to those choosing RSC¹. Age, however, is a difficult single discriminator, with decisions of RRT needing to be based on the whole-of-person clinical and psycho-social picture.

In practice, clinicians are often faced with difficult decision making on the provision of best care, with a range of caring complexities from those of a young, multi-morbid patient on an RSC pathway to the provision of potentially futile dialysis in the elderly.

Aims

- Describe the CKD population with advanced kidney disease who choose RSC versus RRT in a large tertiary hospital, in the context of age and co-morbidities.
- Identify patient profiles of those less than 70 years of age and choosing RSC, and profiles of patients over 70 years who commenced RRT.

Methods

- Patients reviewed were from the Royal Brisbane and Women's Hospital Kidney Health Service, and who were:
 - ✓ enrolled in the CKD.QLD registry study between June 2011 and May 2014 and
 - ✓ who were CKD Stage 4 or 5 at time of consent, and/or
 - ✓ documented to be in an RSC pathway of care, and/or
 - ✓ had consented and then deceased prior to commencing RRT, and/or
 - ✓ had commenced RRT
- Characteristics collected included patient demographics [age, comorbidities and residence], RSC and RRT decision making/care pathways.

Results

- 567 patients were identified by criteria. Of these, 95 (16.8%) were then excluded as they had been discharged from the kidney health service.
- Of the 472 patients included, 126 (22.2%) were identified as on a RSC care pathway, and 346 (61%) were planned for, or had commenced, RRT.

Age

- Patients on an RSC pathway were older than those in the RRT cohort (median age 81 years versus 69.8 years). **Table 1.**

Comorbidities

- There was no significant difference in prevalence of diabetes, hypertension or dyslipidaemia between patients in the RSC and RRT cohorts.
- Patients on an RSC pathway had a higher prevalence of CAD than those in the RRT cohort (54% versus 43.1%, $p=0.002$) and of dementia or cognitive impairment (11.1% versus 1.2%, $p<0.001$). **Figure 1.**

Profile of those aged ≤ 70 years and in the RSC cohort

- Of the 19 patients identified; 8 (42.1%) had an active malignancy, 2 (10.5%) had dementia, 7 (36.8%) had a significant comorbidity burden and 5 (26.3%) lived in a nursing home. **Table 2.**

Profile of those aged >70 years who subsequently started RRT

- Of the 14 patients identified; 5 (35.7%) had CAD and none had dementia or a diagnosed malignancy. All lived independently at home. **Table 2.**



Table 1. Age distribution by category

Category	n	median	min	max
RSC	126	81.0	47.8	98.5
RRT Intended	346	69.8	18.5	91.6
Discharged/transferred	95	66.4	22.2	89.2

Fig 1. Prevalence of major comorbidities by grouping
 RSC n=126 RRT n=346

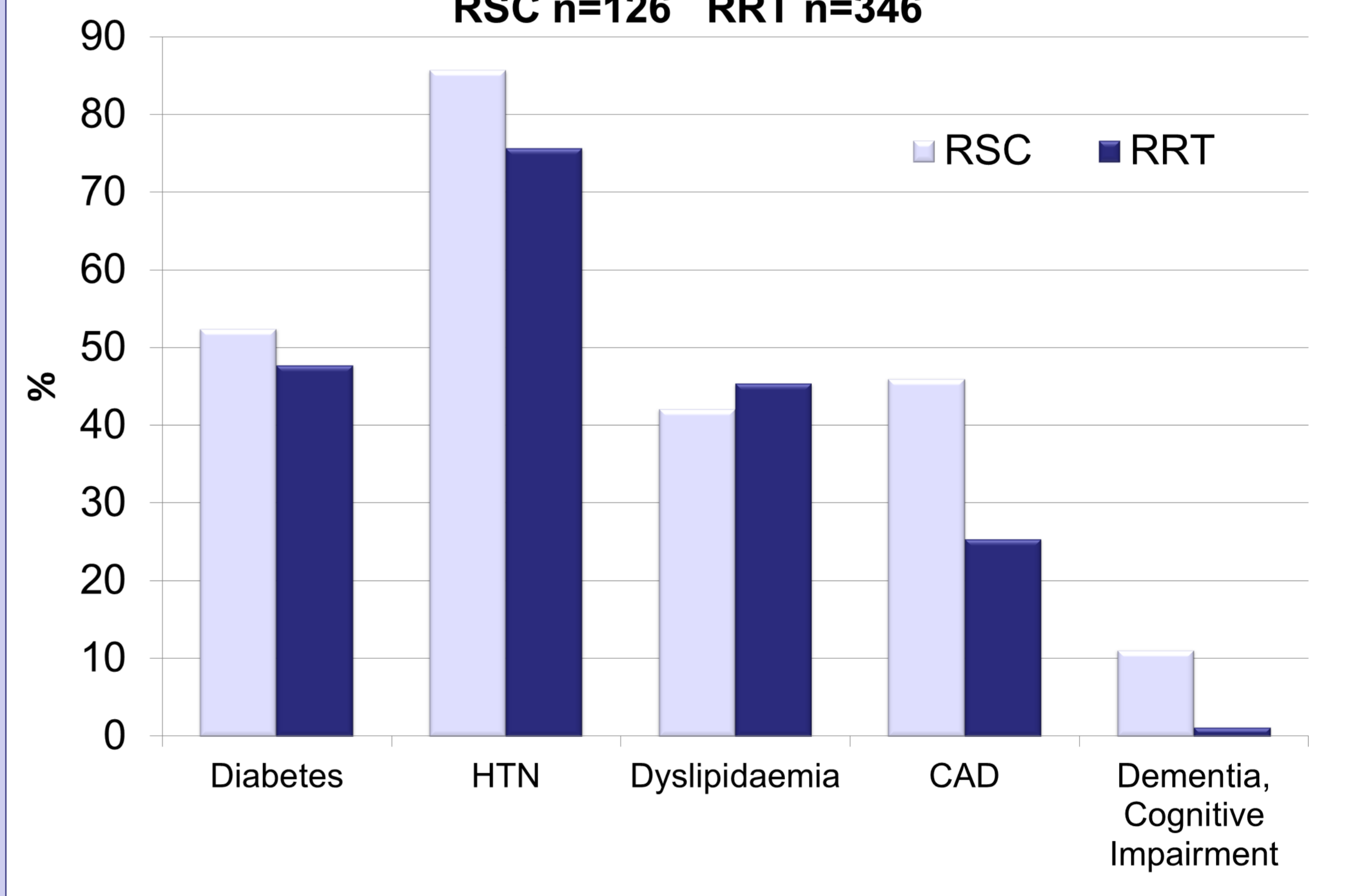


Table 2. Profile of RSC and RRT patients by age

Profile of those under 70 years and on a RSC pathway N=19	Profiles of those over 70 years and who commenced RRT N=14
Significant comorbidity burden	Minimal comorbidity burden
Dementia	No Dementia
Active malignancy	No Malignancy
Impaired functional state, living in a nursing home	All living at home



Conclusions

- **Patients choosing a renal supportive care pathway are older and have a higher comorbidity burden.**
- **Patients with advanced CKD and on a renal supportive care pathway are a substantial component of the care provision within this kidney health service.**
- **Individualised, coordinated and resourced supportive care is a vital option for patients with advanced CKD.**

Enquires

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Reference

1. Murtagh FE, Marsh JE, Donohoe P, et al. Dialysis or not? A comparative survival study of patients over 75 years with chronic kidney disease stage 5. *Nephrol Dial Transplant.* 2007;22(7):1955–1962.