

The Conservative Care Option in Dialysis

Professor Edwina Brown

Imperial College Renal and Transplant Centre
Hammersmith Hospital, London, UK

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meeting report

Executive summary of the KDIGO Controversies Conference on Supportive Care in Chronic Kidney Disease: developing a roadmap to improving quality care

Sara N. Davison¹, Adeera Levin², Alvin H. Moss³, Vivekanand Jha^{4,5}, Edwina A. Brown⁶, Frank Brennan⁷, Fliss E.M. Murtagh⁸, Saraladevi Naicker⁹, Michael J. Germain¹⁰, Donal J. O'Donoghue¹¹, Rachael L. Morton^{12,13} and Gregorio T. Obrador¹⁴

KDIGO: Recommendations for supportive care in CKD populations

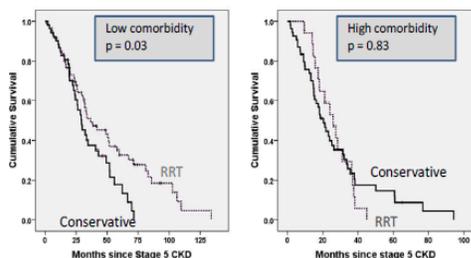
- Primary supportive care should be available to all patients with advanced CKD throughout entire course of illness
- Education: supportive care should be recognised as a core competency and therefore essential component of CME as well as nephrology curriculum for trainees
- Nephrology community should actively support and participate in research to address knowledge gaps and advocate for policy change

Definition of Comprehensive Conservative Care

- ‘Comprehensive conservative care’ is planned holistic patient-centred care for patients CKD 5 that includes
 - Interventions to delay progression of kidney disease and minimize risk of adverse events or complications
 - Shared decision making
 - Active symptom management
 - Detailed communication, including advance care planning
 - Psychological support
 - Social and family support
 - Cultural and spiritual domains of care
- Comprehensive conservative care does not include dialysis.

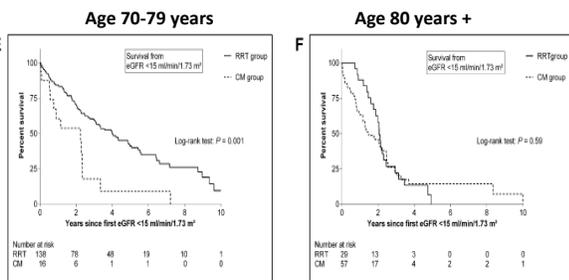
Davison S et al. Kid Int 2015

Survival in patients >75 years old on RRT and conservative management related to comorbidity



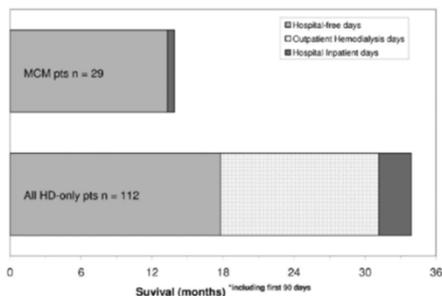
Chandna et al. NDT (2011)

Survival from eGFR 15ml/min



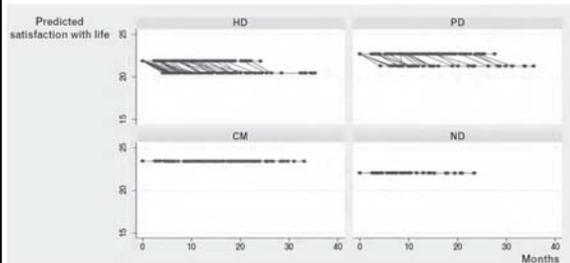
Verberne WR CJASN 2016

Distribution of days survived: hospital-free days, outpatient HD days and hospital inpatient days in patients >70yrs old from start of dialysis or eGFR 10.8ml/min/1.73m²



Carson RC et al, CJASN 2009

Changes in Satisfaction with Life Score over time: CM of HD and PD



Data from da Silva-Gane et al, CJASN 2012

Advance Care Planning: Enabling quality of life at end of life

- Communication with patient and family about prognosis and realistic impact of treatment
- Treatment of symptoms including pain
- Allow time to answer questions
- Plan ahead to enable patient to achieve goals, acceptable ceilings of care and place of care
- Consider situations where patient and family would want dialysis to be stopped
- Cultural sensitivity so discussions can be attuned to needs of patient and family

RCT of Advance Care Planning in elderly patients

- 309 patients randomised to ACP or not; 56 patients died within 6 months
- Advance care planning improves end of life care and patient and family satisfaction and reduces stress, anxiety, and depression in surviving relatives.

Detering et al, BMJ 2010

Family members' responses on quality of EOL care questionnaire: control group

- He should have had more say. He couldn't do the rehabilitation. He knew he was dying, but the doctors didn't seem to get it
- They wouldn't let her go. They kept doing tests and things she would not have wanted
- Mum didn't want heroics. She knew she was dying. I was horrified when I heard she got 45 minutes of CPR. She did not want it. All anyone had to do was ask.

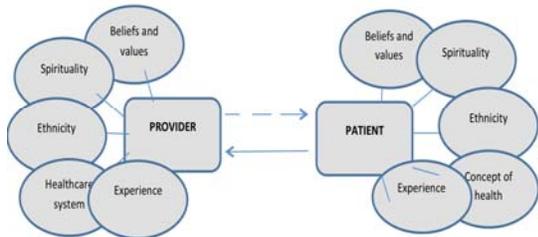
Detering et al, BMJ 2010

End of Life preferences: patient perceptions

Comment	Response
How important is it for you to be informed about your prognosis	91% extremely important
How important is it for you to be prepared and plan ahead in case of death?	83% extremely important
If you are currently receiving dialysis, do you regret the decision to start dialysis?	61% YES
Have you thought about what might happen with your illness in the future?	83% YES
Has your doctor talked to you about how much time you have to live?	91% NO

Davison S. CJASN 2010

Cultural aspects that influence the provider-patient interaction



Brown EA et al, CJASN 2016

These days...for most people, death comes only after long medical struggle with an ultimately unstoppable condition – advanced cancer, dementia, progressive organ failure, or else just the accumulating debilities of very old age. In all, death is certain, but timing isn't... Technology can sustain our organs until we are well past the point of awareness and coherence. Besides, how do you attend to the thoughts and concerns of the dying when medicine has made it almost impossible to be sure who the dying even are?

Atul Gawande: Being Mortal (2014)
