Conservative Care in Chronic Kidney Disease

(CKD stage 5 disease)

M Houston[1], A Hyslop[1], I Marshall[2], R Thorp[2] and YM Woo[1]
[1]Renal Unit and [2]Palliative Care Team, Inverclyde Royal Hospital, Greenock.

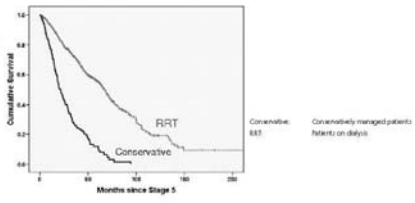
NHS Greater Glasgow and Clyde

Introduction

- Patients with advanced kidney disease who are approaching the need for renal replacement therapy are staged as CKD 5.
- These patients are often frail, elderly and have several co-morbidities to include diabetes and widespread vascular disease.
- Conservative care of CKD 5 is supportive management of symptoms without dialysis treatment.
- Dialysis is usually a life prolonging treatment for patients with CKD 5 but it is invasive and often arduous.
- It is increasingly recognised that conservative management of CKD 5 may be more appropriate for frail, elderly patients with multiple co-morbidities, as frequently they have a poor quality of life and deteriorate despite dialysis[1].
- In addition, these patients may not have a survival advantage when offered dialysis, as shown by Chandna et al[2] (Figure 1)

Figure 1

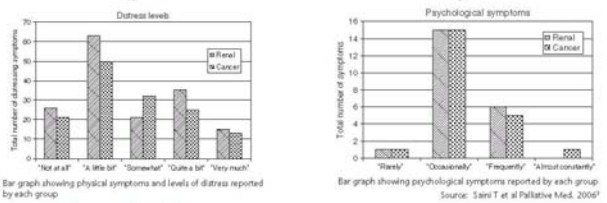
Cox proportional model survival curve of patients aged >75 years—CM vs RRT—adjusted for age, gender, ethnicity, the presence of diabetes and the presence of high comorbidity.



Source: Chandna S M et al. Nephrol. Dial. Transplant. 2011[2]

Patients with advanced CKD 5 have also been shown to be as symptomatic as cancer patients, with similar levels of physical and emotional distress[3].

Figure 2



Bar graph showing physical symptoms and levels of distress reported by each group

Bar graph showing psychological symptoms reported by each group

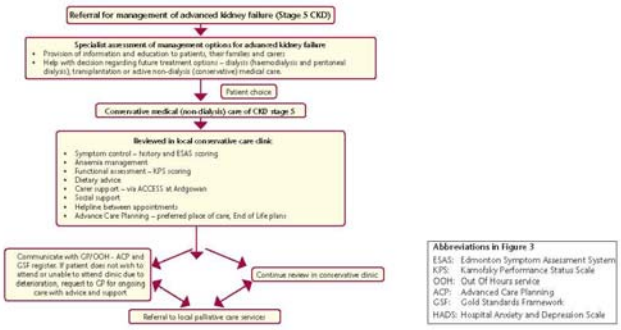
Source: Saini T et al Palliative Med. 2006[3]

Aims and methods

- In response to the 'National Service Framework for Renal Services 2005'[4] and identification of patient and carer needs within our service, a consultation group was set up involving:
  - Renal Team
  - Hospital Palliative Care Clinical Nurse Specialist
  - Consultant in Palliative Care
- Explored models of established conservative management clinics for CKD 5 patients
- New Clinic set up tailored to support our CKD 5 patients who choose to be managed without dialysis
- The aims of this clinic were:
  - to provide further information and education
  - to explore choices of treatment for CKD 5 disease and ensure patient and carers understand what it means to have conservative management
  - to manage symptoms of disease progression
  - to identify patient/carer needs
  - to offer Advanced Care Planning
  - to establish links with PCT and local Hospice
  - to improve patient's experience of living and dying with CKD

Figure 3 shows the management pathway from time of patient referral to service.

Figure 3



Results

- Our first clinic took place in October 2010
- Audit was performed after 28 months (August 2012)
- 16% of CKD 5 patients who have attended the local low clearance clinic have opted for conservative management
- Of the 11 patients referred, 10 patients remained committed to conservative management and one patient opted for dialysis after initial consultation
- Mean age was 86 years (range 75-96 years)
- Male : female ratio was 1:1
- Majority of patients have two or more co-morbidities, most commonly diabetes and ischaemic heart disease
- Four patients have since died (shown in Table 1)
- All 4 patients were offered Advance Care planning and one declined
- three patients died in an appropriate place of care, with access to Liverpool Care pathway
- one patient died in an acute medical ward whilst awaiting a bed at the local Hospice
- Mean eGFR at time of death was 8 ml/min

Table 1 describes the patients who have died

Patient Age and Sex	Diagnosis	eGFR at referral	eGFR at death	Place of death	Preferred place of care	Cause of death	Advance Care Plan
F-F Female	Bilateral small Kidneys, IHD, HTN	11	8	Hospital Supportive Care bed	Hospice	Hip fracture, pneumonia	Yes
B-S Male	Obstructive uropathy, dementia	16	10	Nursing Home	Nursing Home	Pneumonia	Offered and declined
B-S Male	Focal segmental glomerulosclerosis, dementia	12	8	Acute Medical Ward	Hospice	General decline, renal failure	Yes
B-E Female	Retroperitoneal fibrosis, IHD, HTN	14	9	Hospital Supportive Care bed	Hospice	Hip fracture, pneumonia	Yes

Feedback from staff and patients

- By serial scoring (ESAS, KPS, HADS), staff feel there has been earlier detection of symptoms, improved monitoring and hence improved patient care and management
- We have received overwhelmingly positive feedback from patients and carers, indicating an improved patient journey and experience. Importantly, the focus is now on targeting what is important to patients and carers.
- Improved communication between Acute and Primary care

Current limitations to service

- As a satellite outpatient renal unit with no in-patient facilities, developing this service has been challenging
- Supportive measures are not always in place to meet end of life care needs of our patients in the general wards (eg: access to Liverpool Care Pathway)
- Renal palliative care needs are not always recognised nor met, in comparison to malignant conditions despite the high symptom burden

Summary and future direction

- Despite the limitations of the current audit, we have feedback from patients and their carers indicating this new clinic has improved their experience of living and dying with CKD 5
- A more comprehensive audit is planned to include patient and carer questionnaires
- We plan to increase awareness of our renal palliative care service to ensure care is optimised for our patients
- On-going staff education is planned
- Continue to press for recognition of CKD 5 as a non-malignant condition with high palliative care needs

References

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MIS 256106