Conservative Care in Chronic Kidney Disease (CKD stage 5 disease)

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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.
- In addition, these patients may not have a survival advantage when offered dialysis, as shown by Chandna et al. (Figure 1)

Figure 1

![Proportional model survival curve of patients aged >75 years - CHIRIEC - adapted for age, gender, ethnicity, comorbidity of diabetes and of high comorbidity.](source)

Aims and methods

- In response to the ‘National Service Framework for Renal Services 2005’ 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 choosing to be managed without dialysis
- The aims of this clinic were:
  - To provide further information and education
  - To explore choices for 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 2

![Eating and psychological symptoms of advanced chronic kidney disease](source)

Aim: assessment and management options in advanced chronic kidney disease (adapted from the National Service Framework for Renal Services 2005)

Figure 3

![Management pathway from time of referral to service](source)

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 atheroclerosis 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

<table>
<thead>
<tr>
<th>Patient</th>
<th>Diagnosis</th>
<th>Other Diagnoses</th>
<th>Hospice</th>
<th>Other Place of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>CKD 5</td>
<td>Diabetes</td>
<td>Hospice</td>
<td>Home</td>
</tr>
<tr>
<td>Patient 2</td>
<td>CKD 5</td>
<td>Diabetes</td>
<td>Hospice</td>
<td>Hospital</td>
</tr>
<tr>
<td>Patient 3</td>
<td>CKD 5</td>
<td>Diabetes</td>
<td>Hospice</td>
<td>Hospital</td>
</tr>
<tr>
<td>Patient 4</td>
<td>CKD 5</td>
<td>Diabetes</td>
<td>Hospice</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

Feedback from staff and patients

- By serial scoring (ESAS, KPS, HAD), staff feel there has been early 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. Important, 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 (e.g. 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
- Ongoing staff education is planned
- Continue to press for recognition of CKD 5 as a non-malignant condition with high palliative care needs

References