INTRODUCTION

It is unclear how many patients with stage 5 CKD referred to Nephrologists are presented with information about conservative care (non-dialytic treatment supported by palliative care) and how many subsequently choose not to dialyze.

AIMS

(1) To determine the national proportion and characteristics of patients approaching end stage kidney disease that are presented with conservative care as a treatment option.

(2) To determine the characteristics of patients who choose conservative care and the number of Australian renal units with a formalized conservative care pathway.

METHODS

• National prospective observational study in Australia (PINOT study). 1
• Nephrologists and CKD coordinators completed a web-based survey detailing the initial treatment for each incident stage 5 CKD patient that presented to their unit between 1st July and 30th September 2009.
• Patients were defined as receiving ‘conservative care’ if a decision had been made not to dialyze, their eGFR using the MDRD formula was <15ml/min/1.73m² on consecutive measurements, and they did not commence dialysis within the three month study period.
• Random effects logistic regression was used to assess patient and unit characteristics for the likelihood of choice of conservative care.
• Clinicaltrials.gov identifier: NCT01298115.

RESULTS

• Sixty-six of 73 (90%) Australian renal units participated. Ten of 66 (15%) had a formal (written and documented) conservative care pathway for CKD patients.

• Model 1 - Four hundred and seventy of 721 (65%) incident patients were presented with conservative care as a treatment option. These patients were more likely to be older, non-English speaking, have a caregiver and be well known to their nephrologist compared to those patients not presented with a conservative care option.

• Model 2 - 102 of 721 (14%) of all incident stage 5 CKD patients commenced conservative care. They were more likely to be older, female, have no private health insurance, and receive information about their treatment options in early stage CKD, compared to those who commenced renal replacement therapy.

CONCLUSION

• One in 7 stage 5 CKD patients referred to Nephrologists choose not to dialyze.
• Comprehensive service provision with integrated palliative care needs to be improved to meet the demands of this rapidly growing group.

REFERENCES