

PRE-DIALYSIS EDUCATION


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OUTLINE

- ▶ Overview
 - ▶ Shared-Decision-Making Model
 - ▶ Pre-dialysis Education in KSA
 - ▶ Results
 - ▶ Conclusions
 - ▶ References
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OVERVIEW

- ▶ Kidney transplantation is the preferred treatment method for patients with ESRD, and
- ▶ Most patients are placed on dialysis while waiting for transplantation.
- ▶ Early access to renal services, so that access to dialysis may be provided in advance of need,
- ▶ This can improve patients' outcomes and prevent the urgent start of HD.
- ▶ There are different types of RRT and,
- ▶ The importance of providing patients with unbiased information about the treatment options is paramount.

- ▶ Patients have the right to be informed about all treatment options that are clinically relevant to them.
- ▶ Patients should be enrolled in a Renal Replacement Therapy Options Education (RRTOE) programme at stage 4 CKD (15-29mls/min/1.73m²) or 12 months before the predicted start of dialysis(Goovaerts et al. 2015)
- ▶ The RRTOE team should consist of a nephrologist and a CKD nurse with practical experience of all treatment modalities (Isnard Bagnis et al. 2015).
- ▶ Education must continue into the RRT treatment phase as a routine part of the pathway (Combes et al. 2017)
- ▶ In cases of late referral to a nephrologist, pre-dialysis education should begin as soon as the patient's condition is stabilised.

SHARED-DECISION-MAKING

- Shared decision-making is defined as a “decision-making process jointly shared by patients and their health care provider” (Edwards & Elwyn 2009).
- There are three key steps of SDM for clinical practice:
 1. **‘Choice talk’** which refers to the importance of making sure that the patient is aware that different options and choices are available;
 2. **‘Options talk’** refers to providing more detailed information about the options available and
 3. **‘Decision talk’** refers to helping the patients to consider preferences and decide what is best for them, using decision support such as leaflets, discussions and other decision aids (Elwyn et al. 2012).

Deliberation

Determination

Initial Preference



Informed Preference

Choice
Talk

Option
Talk

Decision
Talk

Decision Support

SHARED-DECISION MAKING MODEL (ELWYN ET AL. 2012).

PRE-DIALYSIS EDUCATION AND INFORMATION AND THE RELATIONSHIP TO DIALYSIS TREATMENT TYPE IN THE KSA

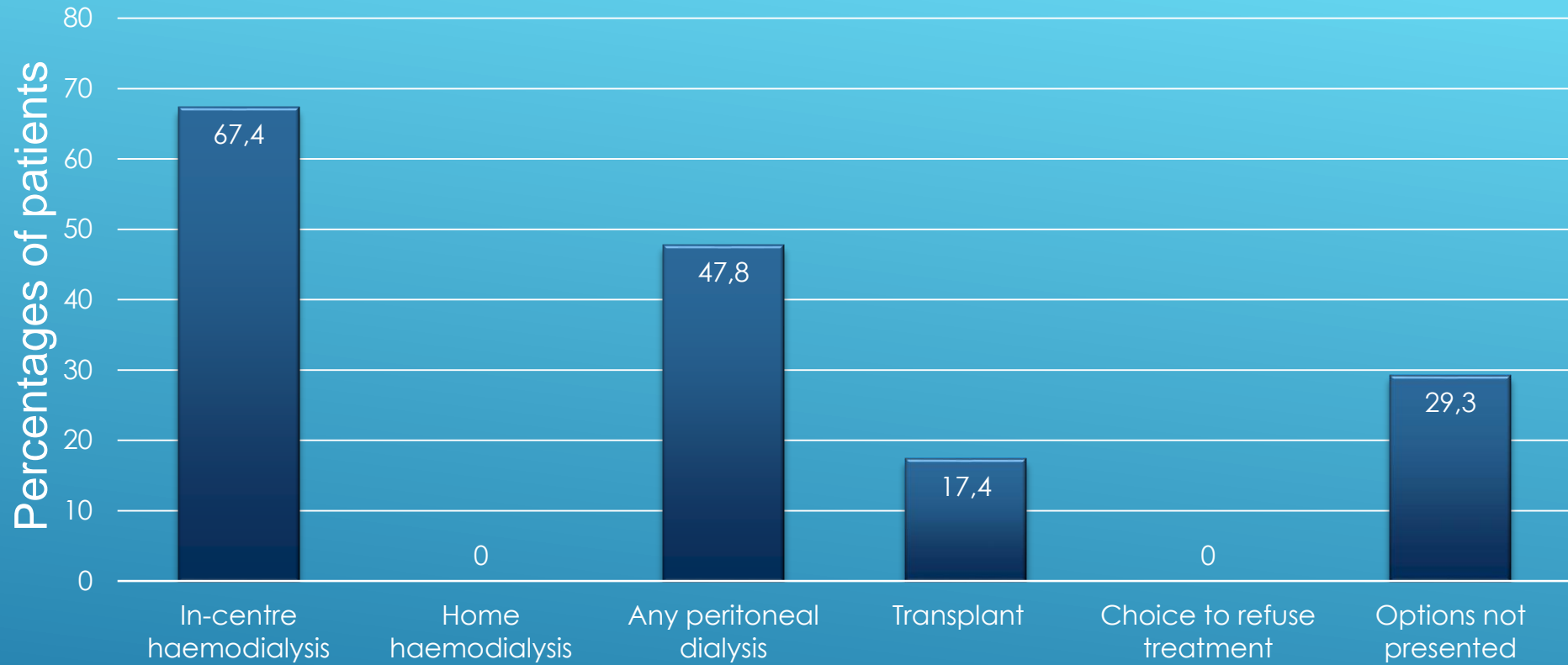
- ▶ **Aim:** To determine what information patients in KSA have been given and to identify patients' perceptions of the factors that influence the treatment they receive.
- ▶ **Participants:** ESRD patients who were ≥ 18 years and who had been receiving dialysis, for at least 3 months to 1 year, were recruited from four hospitals in the western region of the KSA.
- ▶ **Methods:** Cross-sectional questionnaire survey was undertaken. An extended version of patients questionnaire survey used by Mehrotra et al. (2005) in the USA.

RESULTS

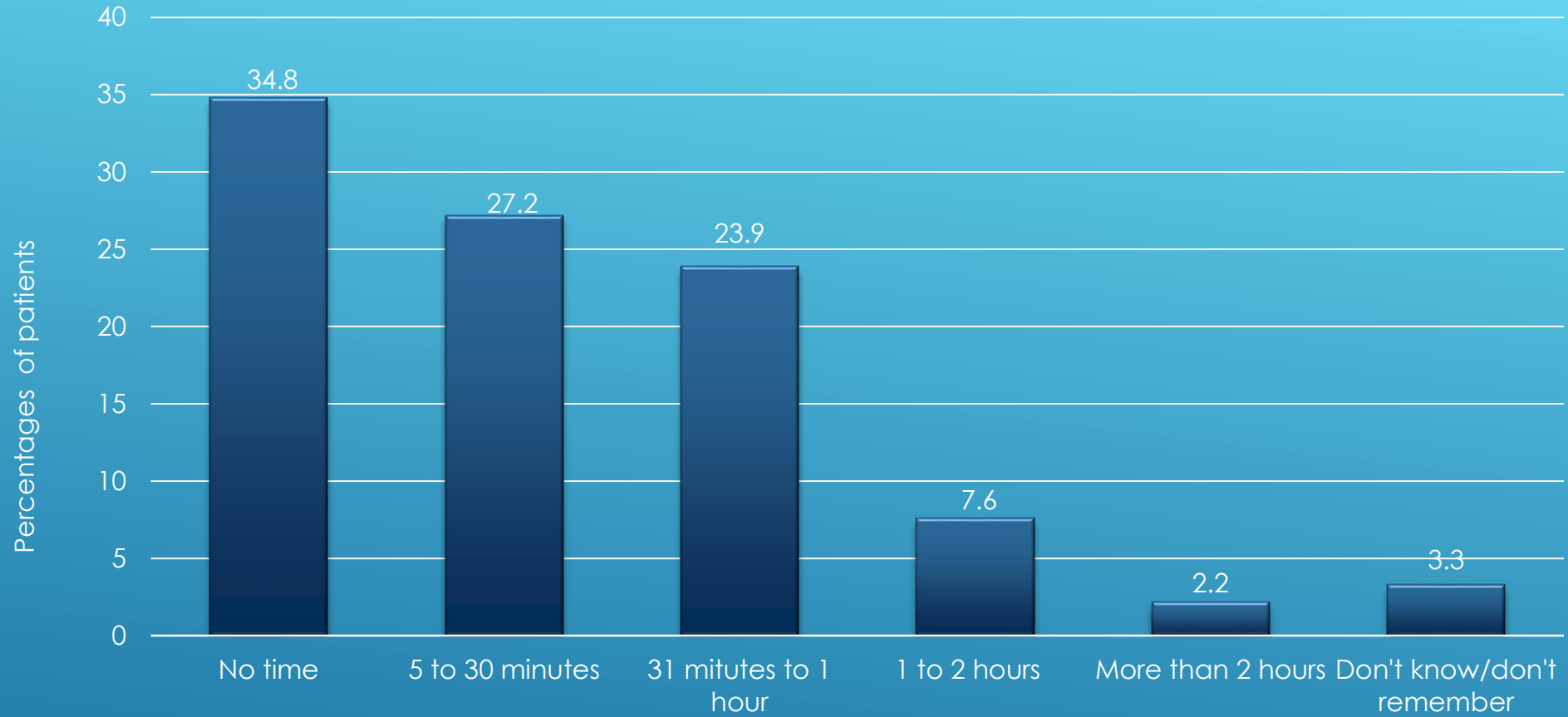
- ▶ Ninety-two patients out of 100 patients recruited completed the questionnaire (a response rate of 92%). The majority (61.9%) of participants were receiving haemodialysis (HD); 38% received peritoneal dialysis (PD).
- ▶ Almost 60% of patients were given a delayed treatment option; i.e. they received an option either after their treatment commenced or less than 1 month before they started dialysis.
- ▶ The most important factors that influenced treatment choices were the doctor's advice (N=69, 75%), and family members (N=30, 32.6 %).

LENGTH OF TIME PATIENTS KNEW THEY HAD KIDNEY FAILURE AND THE DURATION OF PRE-DIALYSIS NEPHROLOGY CARE

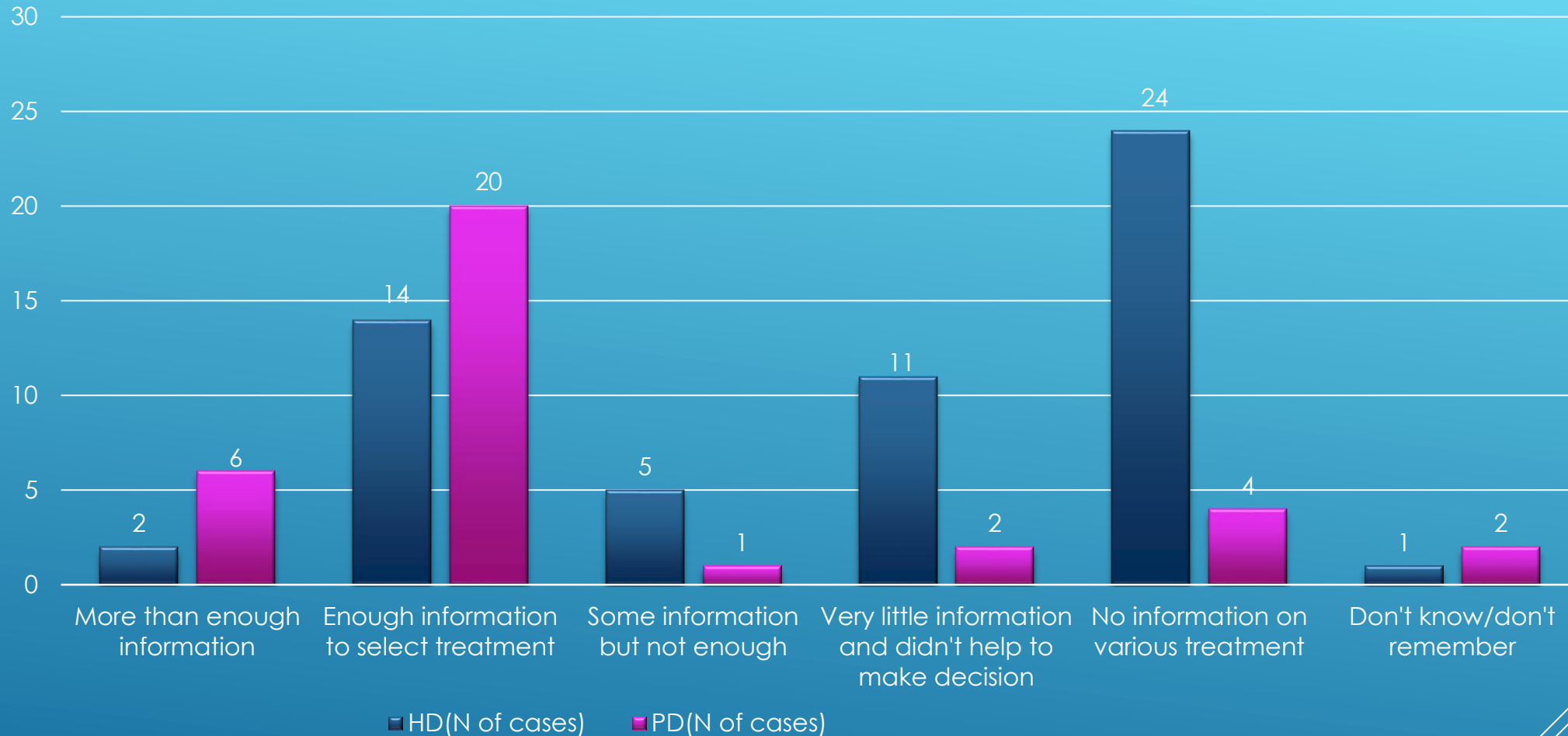
	How long have you known you have kidney failure? N (%)	How long were you seeing a nephrologist for, before you started dialysis? N (%)
< 4 months	29(31.5%)	34(36.9%)
4 to 12 months	24(26%)	19(20.6%)
1 to 3 years	22(23.9%)	18(20.6%)
> 3 years	16(17.3%)	16(17.4%)
Don't know/ don't remember	1(1.1%)	5(5.4%)



PRESENTATION OF TREATMENT OPTION



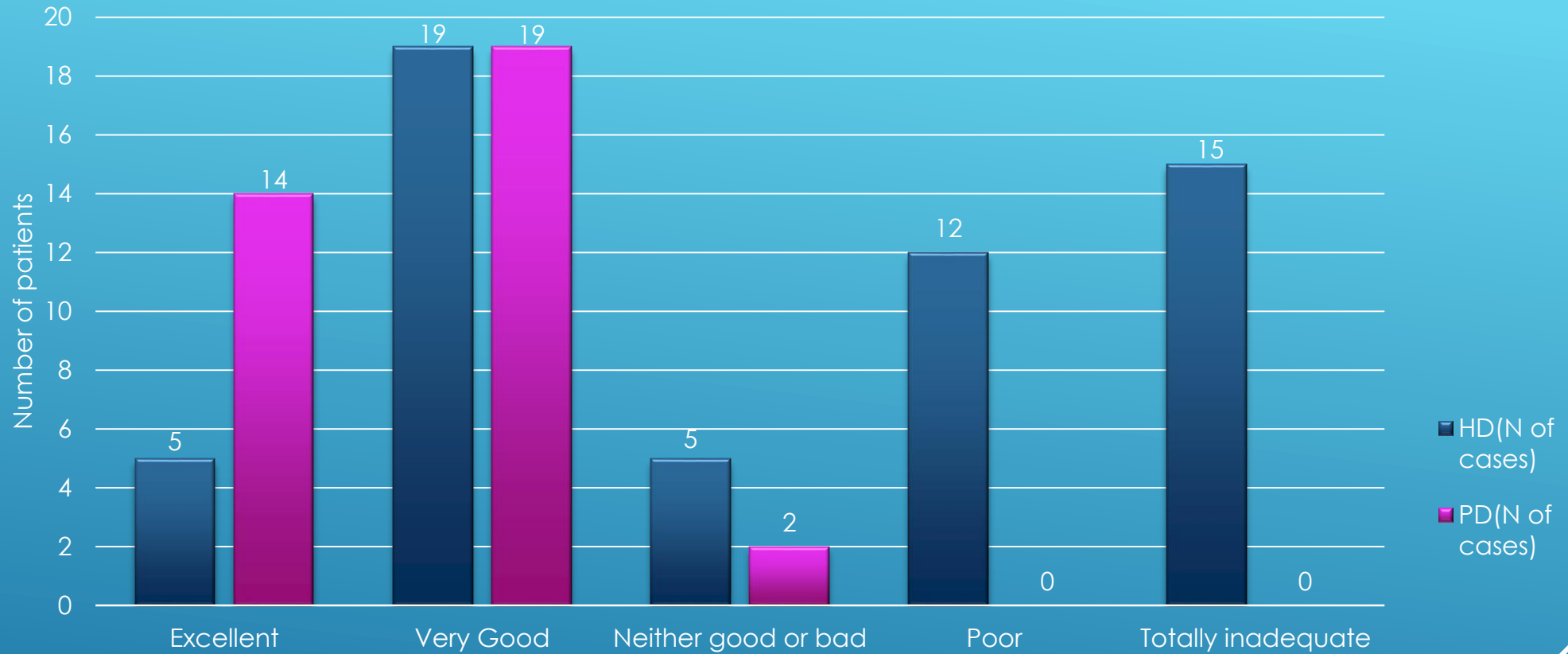
TIME SPENT DISCUSSING TREATMENT OPTIONS



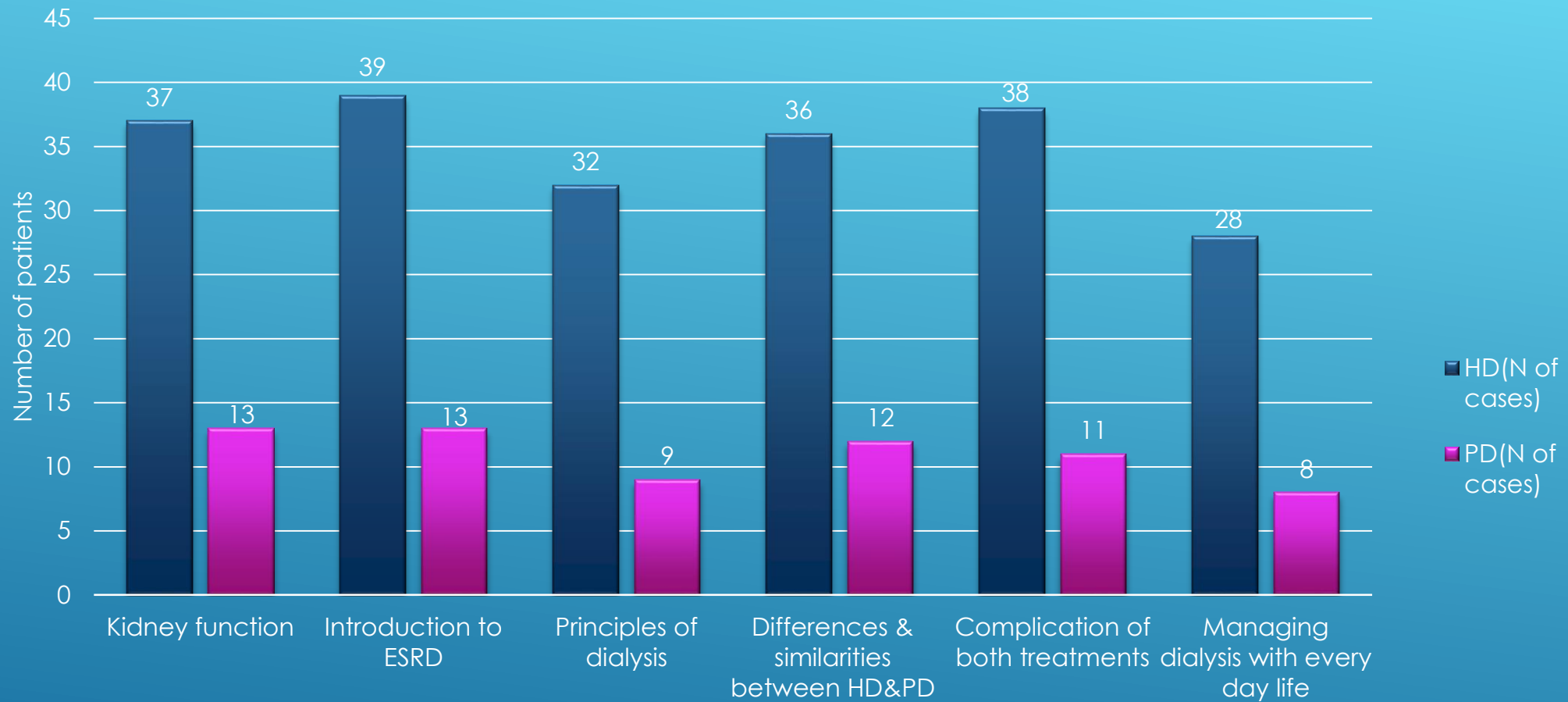
COMPARISON BETWEEN LEVELS OF INFORMATION PROVIDED TO BOTH HD AND PD PATIENTS

ARRANGEMENT OF TREATMENT TYPE

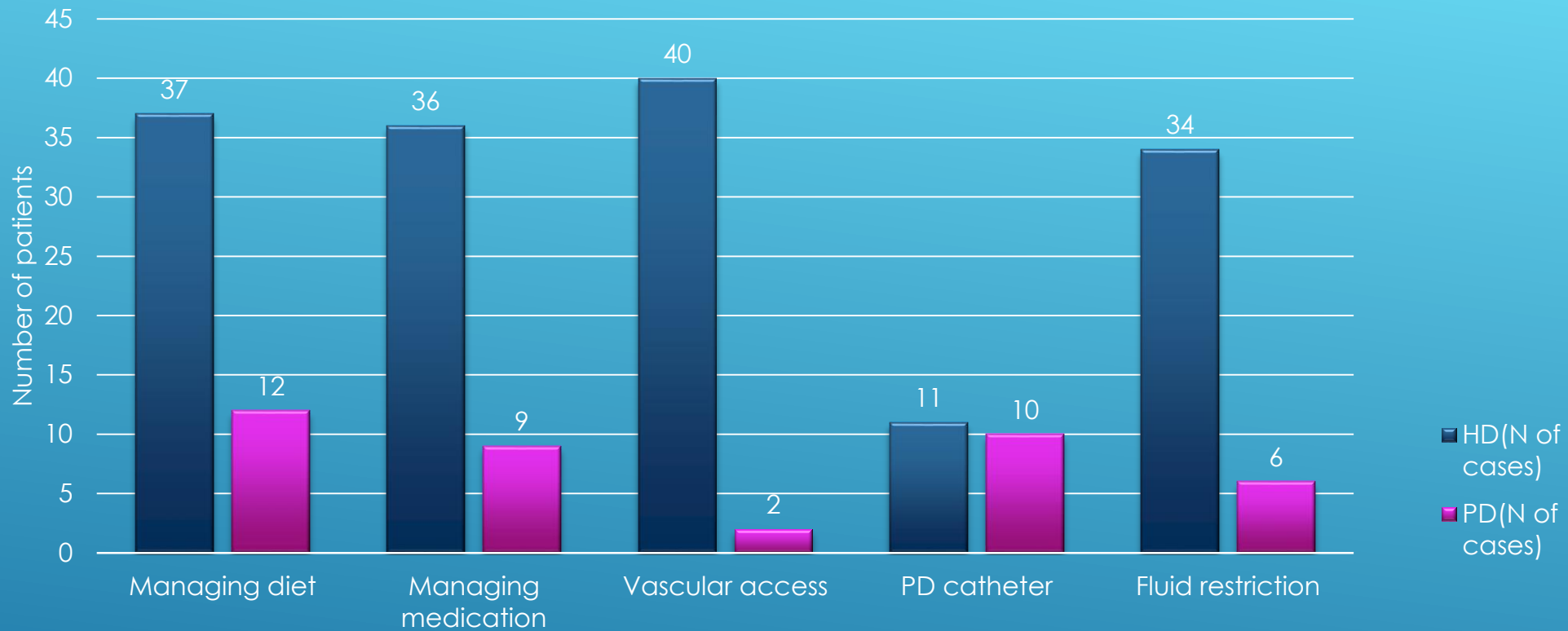
Treatment type	Number of patients (% of total patients)	Medical team (doctors, nurses,) N (% of total)	Joint decision by patients, family and medical team N (% of total)	Don't know/don't remember N (%)
HEMODIALYSIS	41(73.2%)	31 (75.6%)	9 (21.9%)	1 (2.4%)
PERITONEAL DIALYSIS	15 (26.8%)	10 (66.6%)	5 (33.3%)	0
TOTAL	56(100)	41 (73.2%)	14 (25%)	1 (1.7%)



COMPARISON BETWEEN HD AND PD PATIENTS' RATINGS OF PRE-DIALYSIS EDUCATION



THE INFORMATION PATIENTS WOULD LIKE TO RECEIVE IN PRE-DIALYSIS EDUCATION

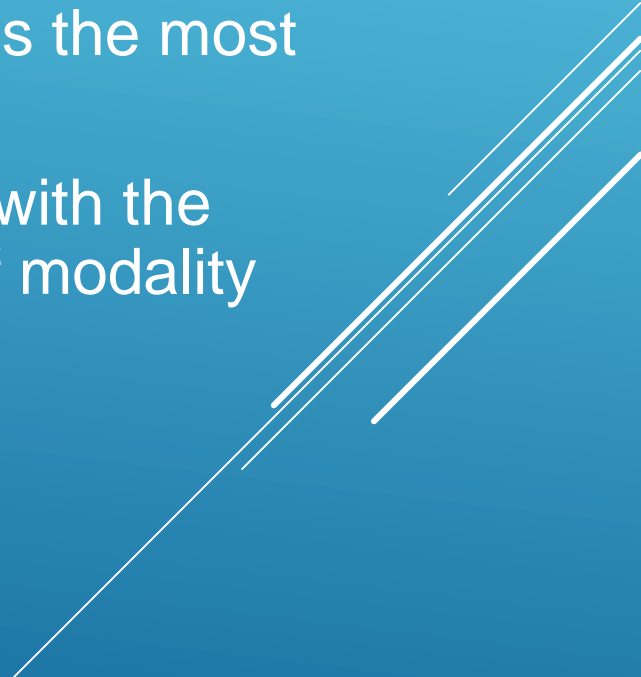


THE PRACTICAL INFORMATION PATIENTS WOULD LIKE TO RECEIVE IN PRE-DIALYSIS EDUCATION


STATISTICAL TEST FOR ASSOCIATION BETWEEN FACTORS INFLUENCING TREATMENT CHOICES AND TREATMENT

Factors influencing treatment choices	Chi-square test(P value) for association with treatment type	Cramer's V test(P value) for association with hospital	Number of cases
1. My doctor's opinion	0.385	0.507	92
2. The opinion of my spouse/significant other	0.100	0.582	92
3. Having dependents at home	0.056	0.696	92
4. Having someone at home to help to manage treatment	0.000	0.006	92
5. Don't have someone at home to help to manage treatment	(Cramer's V) P=0.002	0.138	92
6. Talking to someone about dialysis	0.865	0.094	92
7. More written information	Cramer's V P=0.025	0.064	92
8. Nurse's opinion	Cramer's V P=0.010	0.022	92
9. Friend's opinion	Cramer's V P=0.785	0.134	92

RESULTS

- ▶ HD was initially offered as a treatment option to 67.4% of the participants. However, only 61% of the participants elected to receive HD.
 - ▶ The vast majority of patients considered medical influence as the most important factor in making the decision.
 - ▶ Family Influence such as having someone at home to help with the treatment or having a dependent at home was a predictor of modality selection in the study.
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CONCLUSIONS

- ▶ The study results considered the primary data collected from the KSA regarding pre-dialysis education.
 - ▶ A set of recommendations to improve pre-dialysis education were also developed to be applied in the Saudi context.
 - ▶ The results will inform future research in the field of pre-dialysis education for patients with ESRD in the KSA.
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REFERENCES

- ▶ Goovaerts T, Bagnis Isnard C, Crepaldi C, Dean J, Melander S, Mooney A, Prieto- Velasco M, Trujillo C, Zambon R and Nilsson E-L (2015) Continuing Education: Preparing Patients to Choose Renal Replacment Therapy. *Journal of Renal Care* 41(1): 62-75.
- ▶ Edwards A and Elwyn G (2009) *Shared Decision-making in Health Care: Achieving Evidence-based Patient Choice*. OUP Oxford.
- ▶ Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, Cording E, Tomson D, Dodd C, Rollnick S, Edwards A and Barry M (2012) Shared Decision Making: A Model for Clinical Practice. *Journal of General Internal Medicine* 27(10): 1361-1367.
- ▶ Isnard Bagnis C, Crepaldi C, Dean J, Goovaerts T, Melander S, Nilsson E-L, Prieto-Velasco M, Trujillo C, Zambon R and Mooney A (2015) Quality standards for predialysis education: results from a consensus conference. *Nephrology Dialysis Transplantation* 30(7): 1058-1066.
- ▶ Combes, G, Sein, K and Allen, K(2017) How does pre-dialysis education need to change? Findings from a qualitative study with staff and patients.BMC Nephrol 18: 334

THANK YOU

