

EVOLUTION OF FRAIL PATIENT AFTER KIDNEY TRANSPLANT, FIRST REVIEW.

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INTRODUCTION

- The aging of global population and prevalence of chronic kidney disease still increasing.
- Patient on the KT waiting list has changed, becoming older and with more comorbidities, increasing the probabilities of complications after transplantation.
- Common assessment of patients for surgery based on traditional test offers limited prognostic information.
- Frailty scales have a good correlation with surgical complications, readmissions and mortality risk.

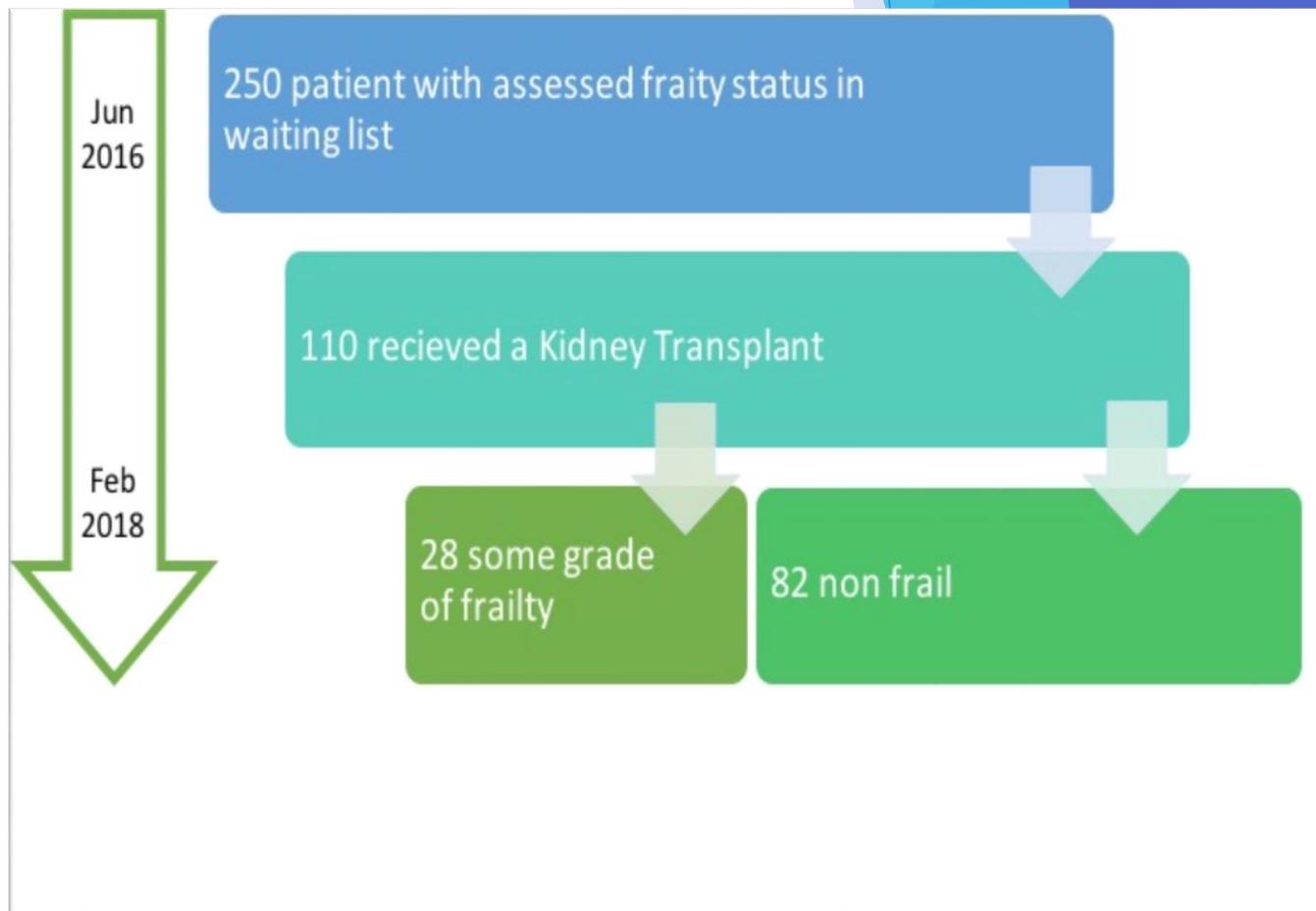
INTRODUCTION

- Frailty is defined as a biological syndrome with decreased reserve and resistance to stressors, resulting from cumulative declines across multiple physiological systems, and causing vulnerability to adverse outcomes like readmissions, falls or even mortality.
- Frailty scale (Fried): Shrinking, Exhaustion, Slowness, Weakness and Low physical activities.
- Screen frailty in our patients it is crucial to prevent complication.

OBJECTIVE

- ▶ We aimed to follow and analyse the evolution of our cohort of frail patients that underwent kidney transplantation with short-term outcomes after transplantation.

PATIENTS AND METHODS



- Observational and prospective study, June 2016 to February 2018.
- Inclusion criteria:
 - Included in the waiting list
 - Have been evaluated of frailty status before the surgery
 - Receive a renal transplant.

PATIENTS AND METHODS

- We included 110 patients, a total of 28 patients were identified with some grade of frailty (23 mild frail and 5 completely frail).
- Pre-transplant variables were collected at the transplant nurse visit.
- To collect the three month post-transplant information, we reviewed the medical records.

PATIENTS AND METHODS

List of variables:

- Demographics, language knowledge, education, economic situation, family support.
- Renal data: ethiology, type of RRT, date RRT starting, date of inclusion on waiting list.
- Frailty score
- Days of admission for KT, Readmissions and Emergency department consultation during the first three months after KT.
- Surgical wound complication and mortality.

RESULTS

- 110 patients were evaluated, 58.2% male (64)
- Mean age 59.5 years
- BMI of 26.8 kg/m²
- 21.1% (23) has type II diabetes mellitus
- Mean dialysis vintage 23.5 months
- Mean time on the waiting list 11.1 months
- Frailty:
 - 4.5% (5) completely frail
 - 21% (23) mild frail
 - 74.5% (82) non frail

RESULTS

Differences between frail and non frail patients:

			Frail patients (n=28)	Nonfrail patients (n=82)	P
Admission	KT	days	13.37±12.17	11.32±12.68	0.073
(mean±SD)					
Surgical	wound		9 (32%)	12 (14%)	0.045
complication (n. %)					
Readmissions (n. %)			12 (44.4%)	15 (18.5%)	<0.01
Emergency	Department		12 (42.8%)	19 (23.2%)	0.046
entries (n. %)					
Mortality (n. %)			5 (17%)	1 (1%)	<0.01

RESULTS

Multivariate analysis:

	Odds Ratio	95% CI	P
Surgical Wound Complication			
- Frail Status	2.612	0.917-7.441	0.072
- Age	1.064	1.012-1.111	0.015
Readmissions			
- Frail Status	2.91	1.055-8.046	0.039
- Age	1.040	0.996-1.085	0.078
- Sex	0.527	0.201-1.380	0.192
Mortality			
- Frail Status	1.724	1.724-149.297	0.015
- Age	1.088	0.986-1.200	0.093

CONCLUSIONS

- Frail patient presents:
 - more surgical wound complications.
 - more readmissions.
 - **Higher mortality** (multivariate analysis shown **70% higher risk**).
- **Identification** of frail patient as soon as possible, **will be our priority**, to make possible interventions in order to improve their status before transplantation.
- **Nurses** have the **knowledge** and the **opportunities** to **evaluate and treat** the frailty in our patient, and we must have a relevant role to win this battle.

APPLICABILITY

- We are working in a **multidisciplinary team** to develop strategies for these patients.
- Is necessary create **specific clinical pathways** for frail patients in the **pre-transplant period**, during the Kidney Transplant, as well as during the **outpatient visits**.
- In our hospital we start to **screen frailty status** when patient arrive to **Pre-dialysis nurses visit**, because we think that frail patients could have worst dialysis evolution.
- **Frality** is the new challenge for **renal patients** and Nurses must to be present on **the way to treat it**.

THANK YOU!

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