



Conservative Management An Equal Treatment Choice

Karen Jenkins

Consultant Nurse

Kent Kidney Care Centre UK

Overview

- Conservative Management - what does it mean?
- How can this be an equal treatment option to renal replacement therapy?
- Why do we need Conservative Care?
- What is the expected survival?
- What are the priorities for care?
- Who should look after these patients?



Conservative Management - what does it mean?

- Not having any form of renal replacement therapy such as dialysis or transplantation
- It is **not** a 'no treatment' option
- Patients cared for in exactly the same way as those approaching dialysis
- Different terminology may be used



Terminology

Conservative kidney management

Full supportive treatment for those with advanced kidney failure who, in conjunction with carers and the clinical team, decide against starting dialysis

The person “deteriorating despite dialysis”

The person who is struggling to cope on dialysis, often with increasing frailty, increasing dependency and multiple co-morbidities

Dialysis withdrawal

Cessation of dialysis treatment usually in someone “deteriorating despite dialysis” with evident need for end of life care the decision usually being made by the patient in conjunction with carers and clinical teams

Palliative dialysis

Dialysis tailored to align with the supportive needs of a person “deteriorating despite dialysis” and mainly aimed at preventing or treating symptoms such as those related to fluid overload. It may involve reduced duration and frequency of sessions.

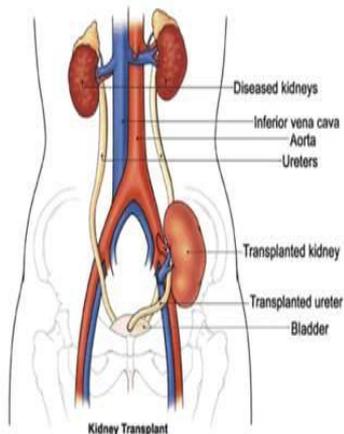
Choices



Peritoneal Dialysis



Haemodialysis



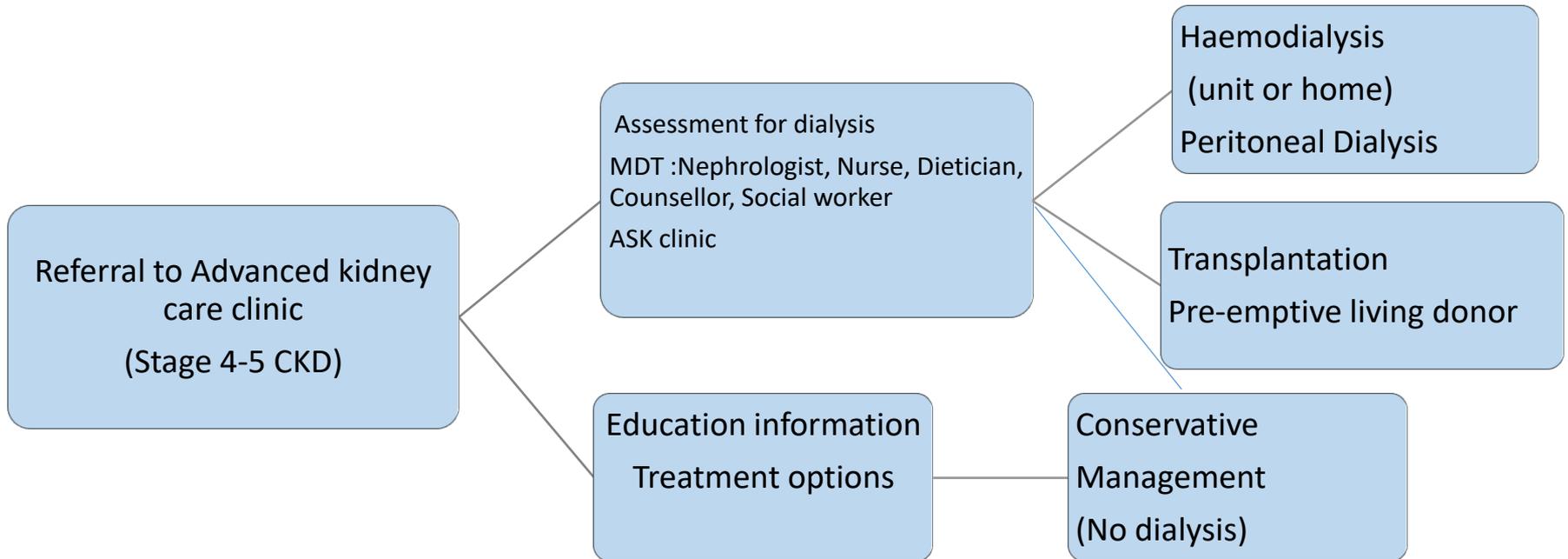
Transplant



No Dialysis

An Equal Treatment Choice ?

Pathway to Renal Replacement Therapy





“The aim of dialysis is not only to prolong life but also to restore quality by permitting a sufficiently independent existence with minimal support”

Impact of Dialysis



I don't care what day it is.
Four hours is four hours.



The Need for Conservative Care

- People with advanced CKD often have complex medical problems
- Ageing population with multi-morbidities
- Not all patients are suitable for dialysis/can tolerate dialysis
- Dialysis is a life saving treatment, but can sometimes be harrowing and futile
- Coping with the dependency of a permanent treatment
- Patients choose not to have dialysis
- Withdrawal from dialysis/transplant failure
- Importance of quality of life



Patients with multiple co-morbidities may not benefit from dialysis

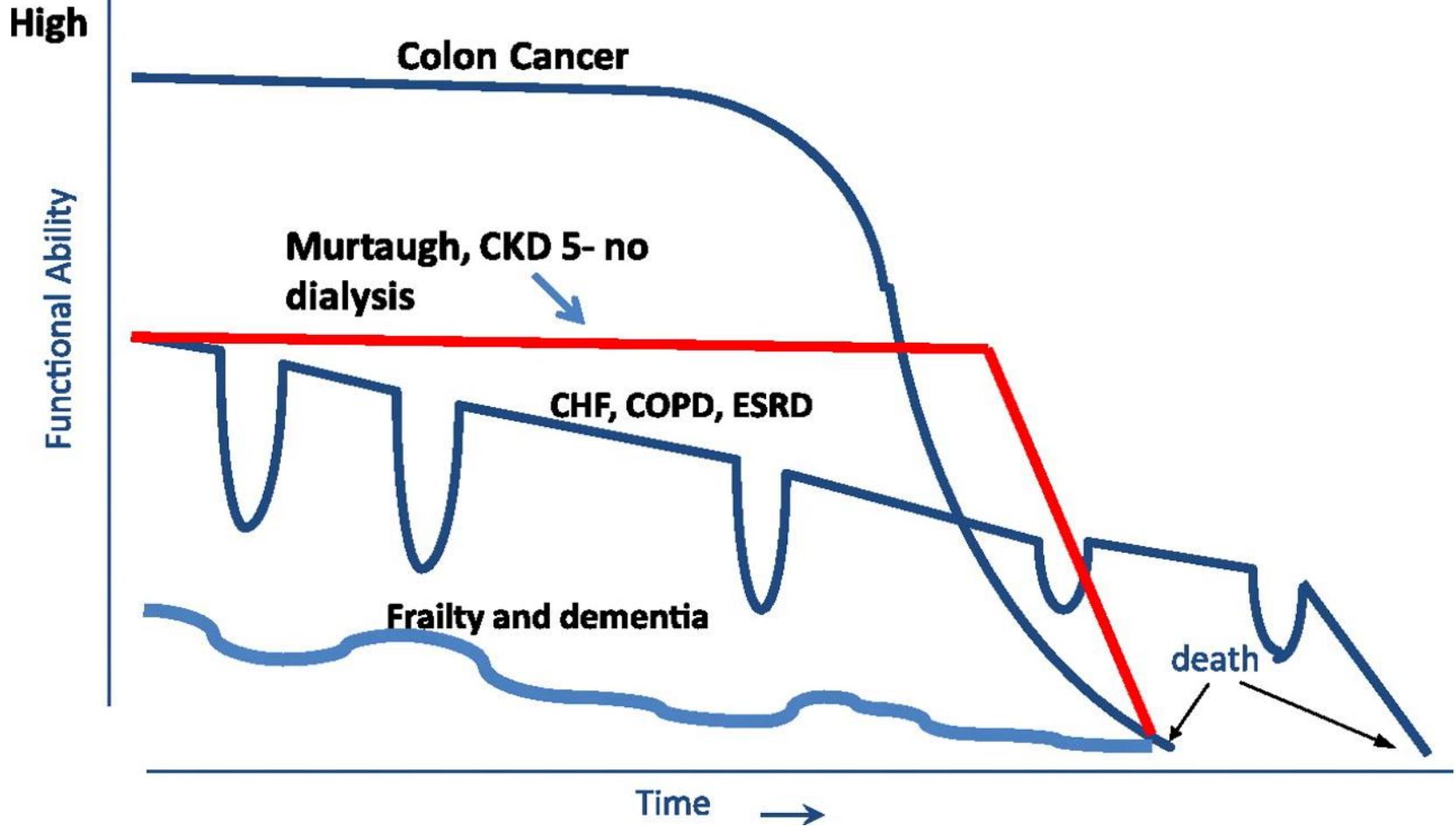
- Can we predict those who are likely to do poorly?
- UK Renal association and The Gold Standards Framework suggest
 - “ if patient should have at least 1 core and 1 disease specific indicator then they may benefit from a palliative care approach”
 - Core indicators are likely to be
 - Recent, significant functional decline (loss of ADL)
 - Dependency in 3 or more ADL
 - Frailty
 - Inability to transfer
 - History of falls
 - Multiple co-morbidities
 - High Charlson co-morbidity scores
 - Weight loss
 - Serum albumin < 25g/L
 - Karnofsky score ≤to 50%



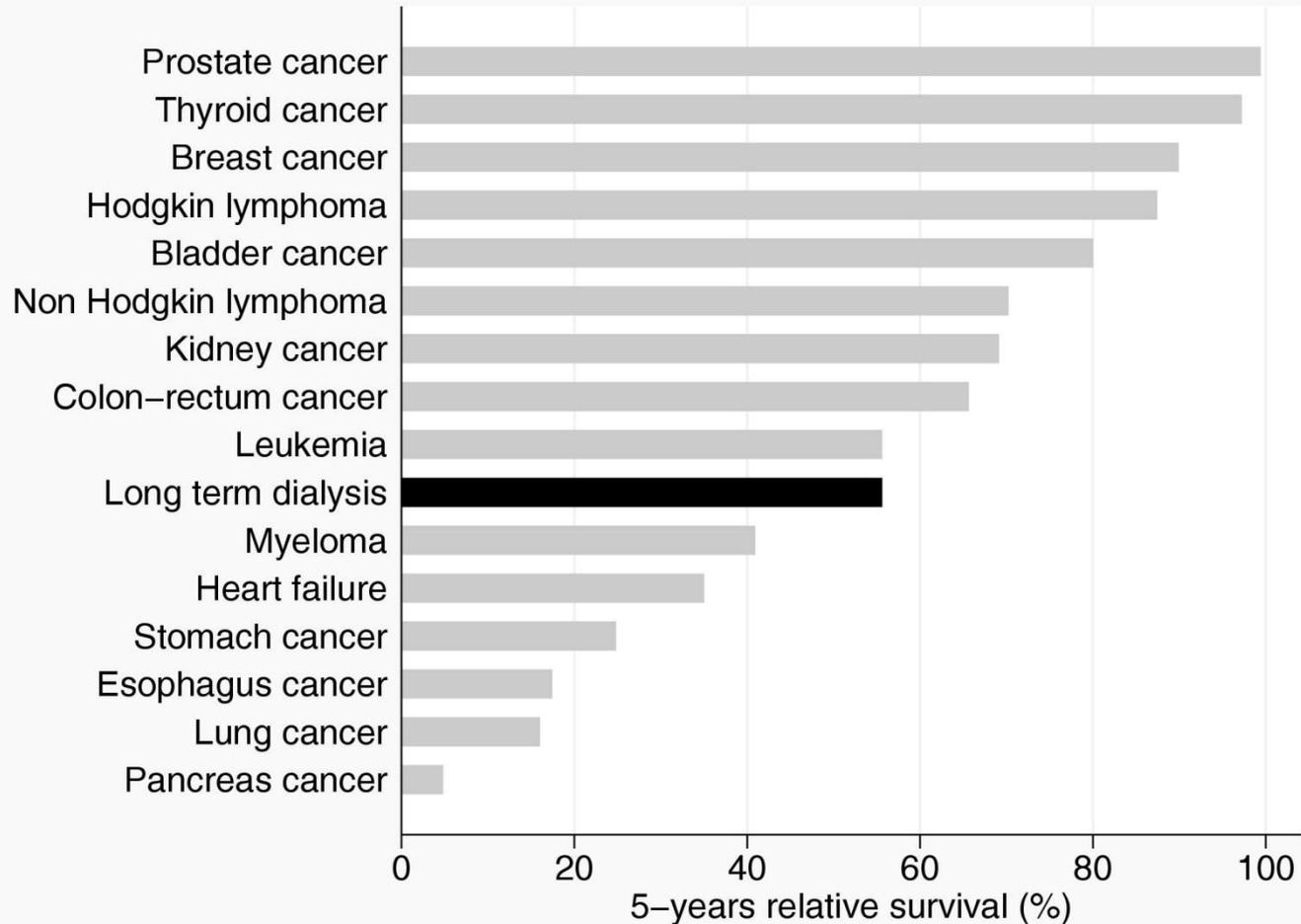
Rationale for considering no dialysis

- Survival continues to be poor for ESKD
 - Impact of co-morbidities
- Dialysis impacts quality of life on many levels.
 - Life on dialysis entails burdens likely to detract from quality of life.
- Likelihood of functional decline once starting dialysis is high
- Dialysis may not be the best form of therapy for every patient

Trajectories of Illness



Relative Survival by Illness



Nordio et al. [American Journal of Kidney Diseases 2012; 59:819-828](#) (DOI:10.1053/j.ajkd.2011.12.023)

Impact of Dialysis on Survival

Impact of dialysis on survival

- Survival benefit for selected sicker patients choosing dialysis over palliative care is small
 - not uniform
- No survival benefit to dialysis in the sickest
 - Better survival with dialysis unless CVD or co-morbidities
 - More of those on dialysis died while hospitalized (65%) than those choosing no dialysis (27%).

Impact of Age, Clinical Status and Dialysis on Survival

Older age and co-morbid conditions are key prognostic indicators

- Likelihood of progression to ESKD prior to death is an important consideration
- Dialysis may not confer a survival benefit over active non-dialytic management in patients with a poor prognosis



Time-Limited Trials of Dialysis?

- Should we consider in patients
 - requiring dialysis who have an uncertain prognosis
 - for whom a consensus cannot be reached about providing dialysis
- If Yes then agree in advance on the length of the trial and parameters to be assessed during and at the completion of the trial to determine whether dialysis has benefited the patient and whether it should be continued
- Be aware of impact of dialysis on residual kidney function



Decision making- older people

- Options and ethical issues
- Likelihood of renal disease progression before death
- Impact of age, functional status, co-morbid conditions and dialysis on survival
- Burdens of dialysis and risk to quality of life
- Informing prospective dialysis patients about the contingencies of their consent
- Specific issues to address in informed consent discussions with older patients
 - Mental capacity



Management Model

- Referral for conservative care when eGFR <15ml/min and received education about treatment choices
- Seen 3-4 monthly in clinic, Renal Palliative Outcome Symptom Score (POS-s) completed
- Community: 3 monthly review
 - Bloods
 - Symptom management POS-s
 - Medication review
 - Virtual clinic
 - Referrals for OT/social services/hospice
 - Visit as needed
- Joint working with community nurses, hospice teams, GP, social services, families/carers

POS-S RENAL – PATIENT COMPLETION

Below is a list of symptoms, which you may or may not have experienced. Please put a tick in the box to show how you feel each of these symptoms has affected you and how you have been feeling over the past week.

	Not at all No effect	Slightly but not bothered to be rid of it	Moderately limits some activity or concentration	Severely activities or concentration markedly affected	Overwhelmingly unable to think of anything else
Pain	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Shortness of breath	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Weakness or lack of energy	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Nausea (feeling like you are going to be sick)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Vomiting (being sick)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Poor appetite	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Constipation	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Mouth problems	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Drowsiness	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Poor mobility	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Itching	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Difficulty sleeping	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Restless legs or difficulty keeping legs still	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling anxious	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Feeling depressed	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Changes in skin	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Diarrhoea	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Any other symptoms:					
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Which symptom has affected you the most? _____

Which symptom has improved the most? _____



Symptom Management

- Local data shows little difference in prevalence of symptoms between dialysis & conservative care
- Reflection of older population particularly in East Kent
- Linked to co-morbidities
- Managing symptoms key in both populations
- Use POS-s to capture data and review response to interventions
- Adjust medication, avoid polypharmacy

Focus of Care

- Symptom management
 - Pain, nausea, pruritis, fatigue, weakness, reduced mobility
- Maintaining QOL
 - Addressing changes in lifestyle
- Maintaining status quo
 - Conserving renal function
 - Anaemia management
 - Bone management
 - Fluid balance
 - Nutritional status
 - Cognitive function
- Prepare for EOL care
 - Advanced care planning, preferred place of care, liaise with family, GP, hospice, discuss resuscitation and ceiling of treatment

Future Thoughts

- Number of patients receiving conservative care not currently recorded on renal registries – true numbers unknown
 - UK registry making plans to collect data
- Numbers likely to increase as ageing population
 - Renal teams need to have a conservative management service in place
- No funding for conservative care
 - Absorbed within existing workload – needs to change
- No agreed model of care
 - Examples of best practice available



For most dialysis patients, the quality of their lives determines their acceptance or rejection of medical interventions to prolong life. Because the quality of their lives changes, their goals for care and treatment change. Thus, advance care planning is a dynamic process and not a single event resulting from one conversation.

Holley J L CJASN 2012;7:1033-1038

Summary

- Dialysis may not confer a survival benefit over active non-dialytic management in patients with a poor prognosis
- Decision making - consider age/co-morbidities
- Not all patients are suitable for dialysis/can tolerate dialysis
- Little difference in prevalence of symptoms between dialysis & conservative care
- Conservative Care **IS** an equal treatment choice
- No one clinical service is equipped to provide for the patient's needs at all stages of their illness trajectory
 - Integrated services and collaborative working needed



Thank you for listening

