



Decision-making around commencing dialysis

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Mr.H



Mr. H was an 86-year-old man with diabetic and ischemic nephropathy, otherwise well.

He was followed in a CKD Clinic for several years, with slowly worsening kidney function.

He was provided with detailed information about dialysis and nondialysis options, and these were discussed with him periodically, but he was extremely anxious about these discussions and could not make a choice.

Mr.H



At eGFR 9 ml/min/1.73 m², he developed symptoms of volume overload and decided to have peritoneal dialysis (PD).

He was admitted to the Nephrology service to get a PD tube placed rapidly, but his dyspnea worsened and he required urgent hemodialysis.

He developed chest pain on his first run of hemodialysis, was diagnosed with a myocardial infarction and died a week later in the ICU.

Timely initiation of dialysis

eGFR <6 ml/min/1.73 m² with a reversible cause of renal failure

eGFR >6 ml/min/1.73 m² with a complication of CKD requiring conservative treatment

- Volume overload or uncontrollable HT
- H₂O retention, metabolic acidosis, hyperkalemia
- Uremic encephalopathy, pleuritic, pericarditis
- Nausea, vomiting, wt loss, malnutrition

Is it different between 30 YO and 86 YO CKD patients?

Average Life Expectancy



Age, y	Prevalent Dialysis Population	General Population
65-69	4.6	15.5
70-74	3.9	12.1
75-79	3.3	9.1
80-84	2.7	6.5
>85	2.2	3.4

KDIGOs: definition of conservative kidney management

Planned holistic patient-centered care for CKD G5 (No dialysis)

- 1) Interventions to delay progression of kidney disease and minimize risk of adverse events or complications
- 2) Shared decision-making
- 3) Active symptom management
- 4) Detailed communication including advance care planning
- 5) Psychological support
- 6) Social and family support
- 7) Cultural and spiritual domains of care

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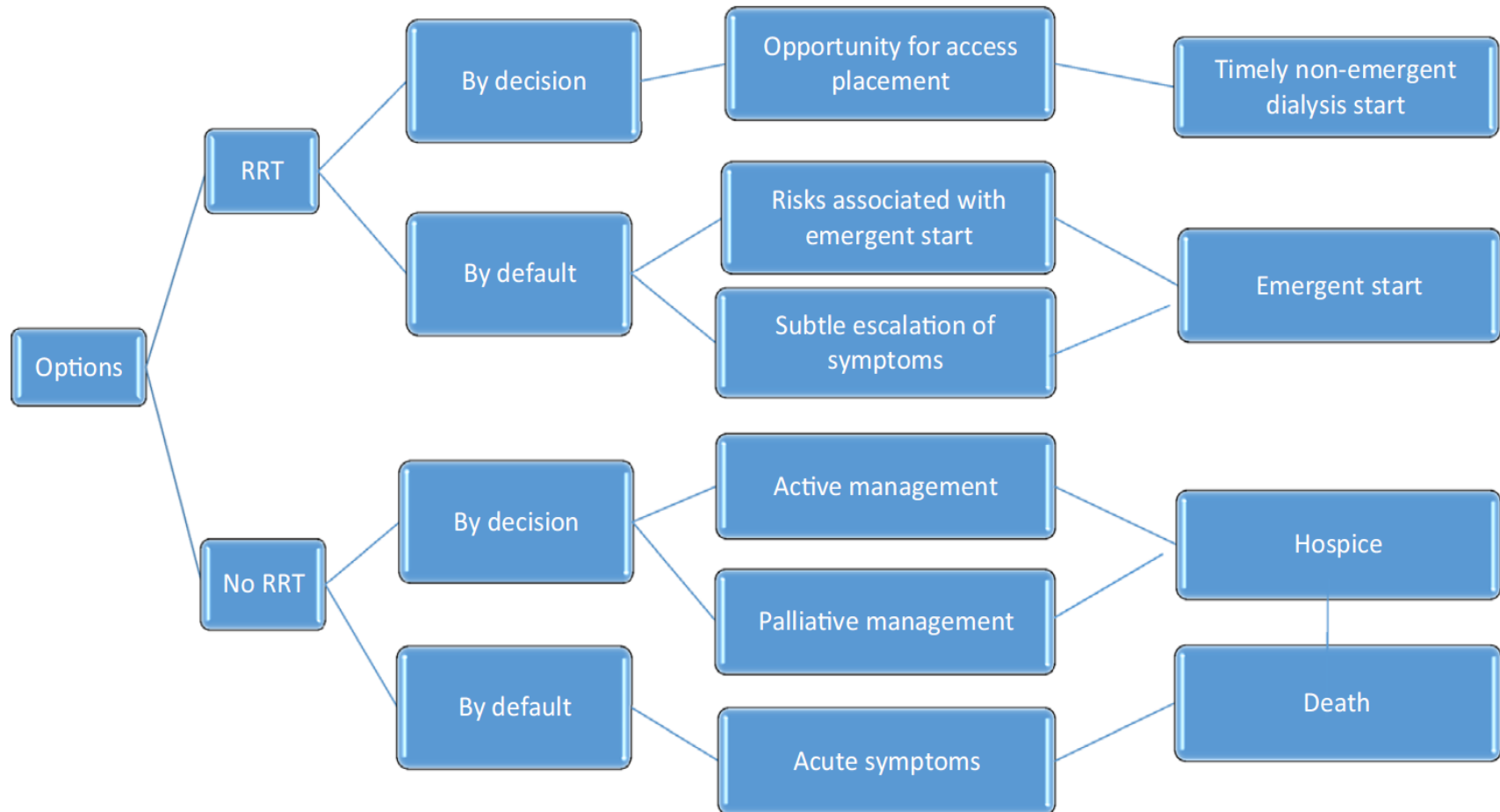
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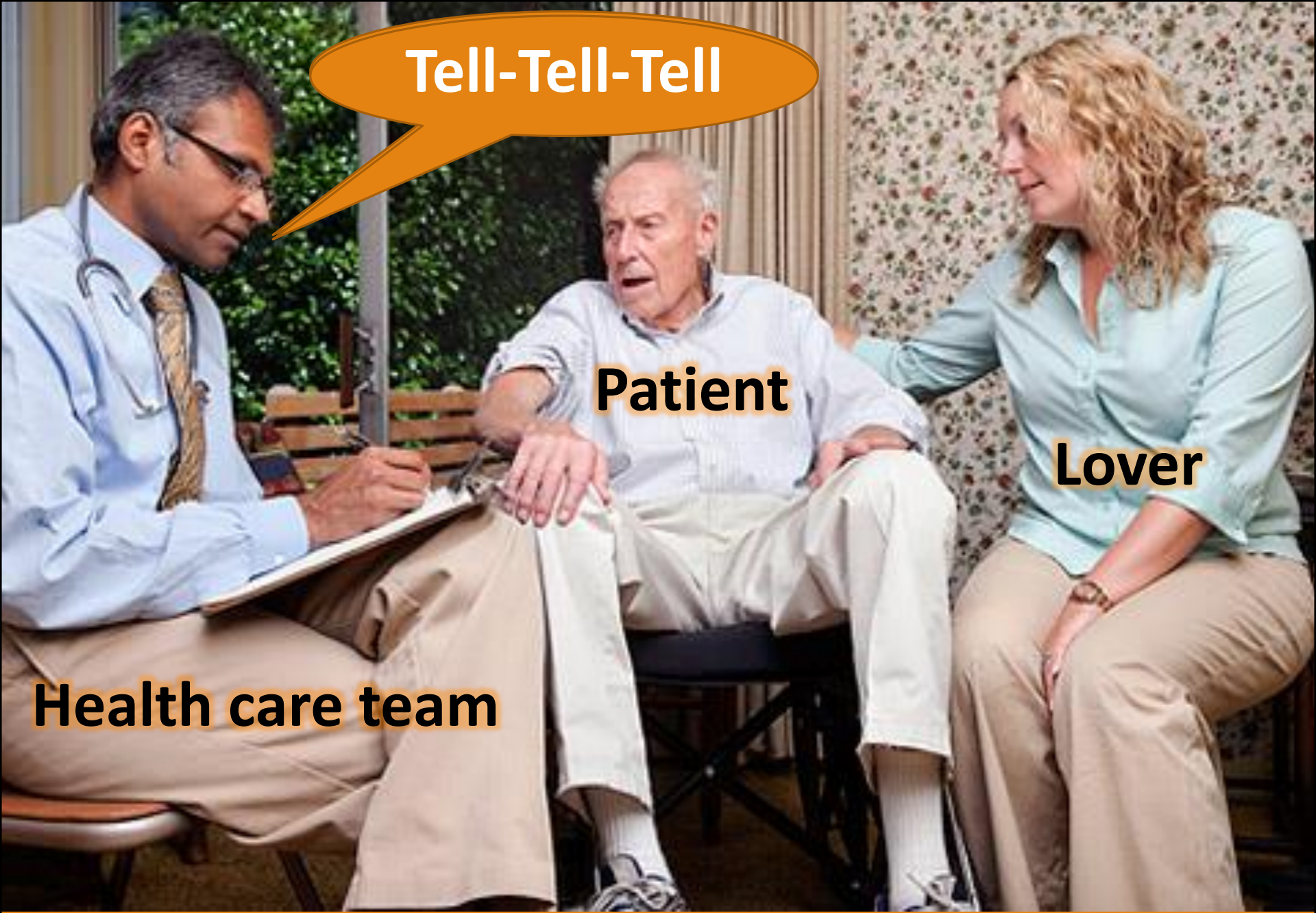
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Advance care planning allows for deliberate decision making





Tell-Tell-Tell

Patient

Lover

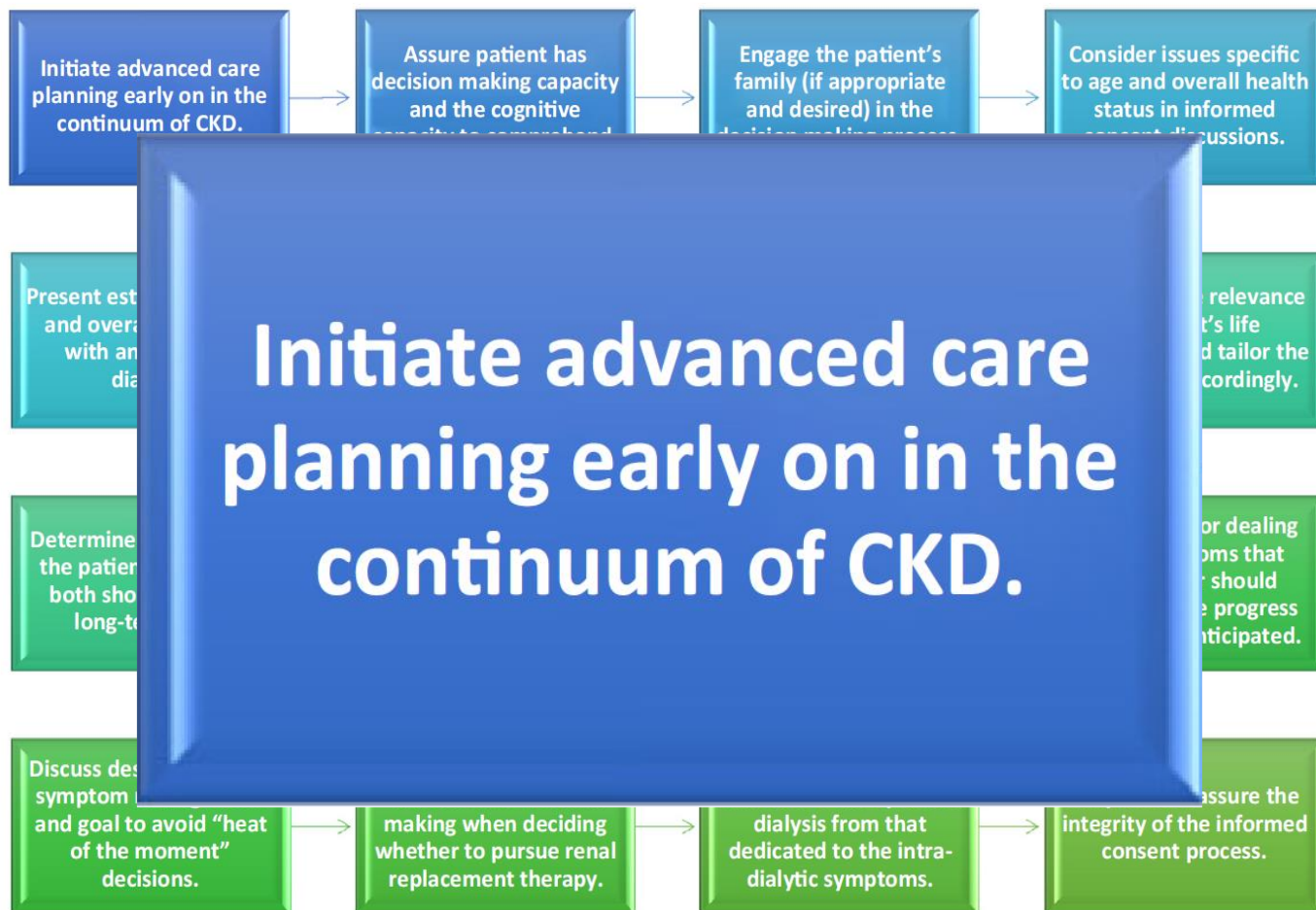
Health care team



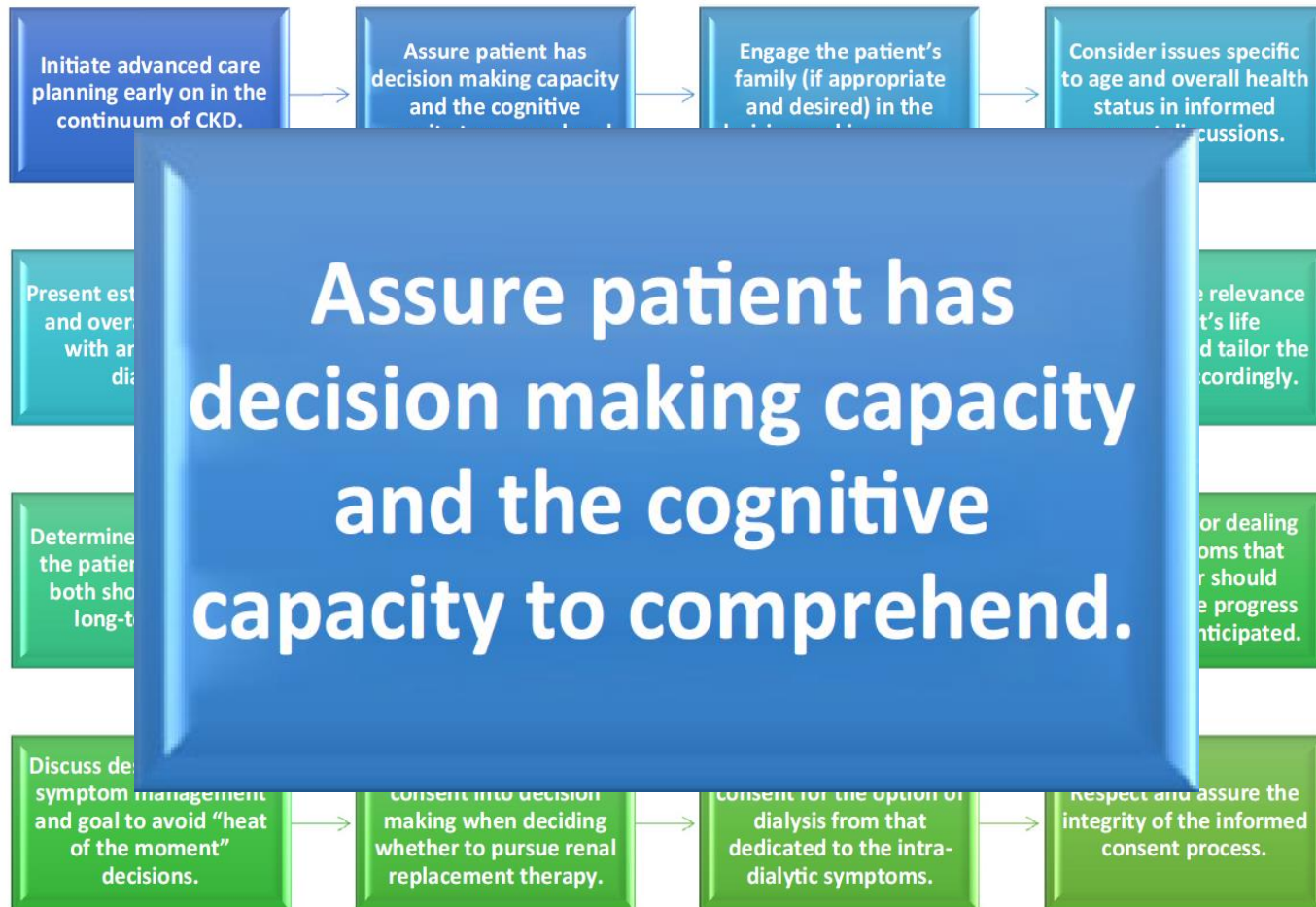
Shared decision-making for the advance care planning process in ESRD



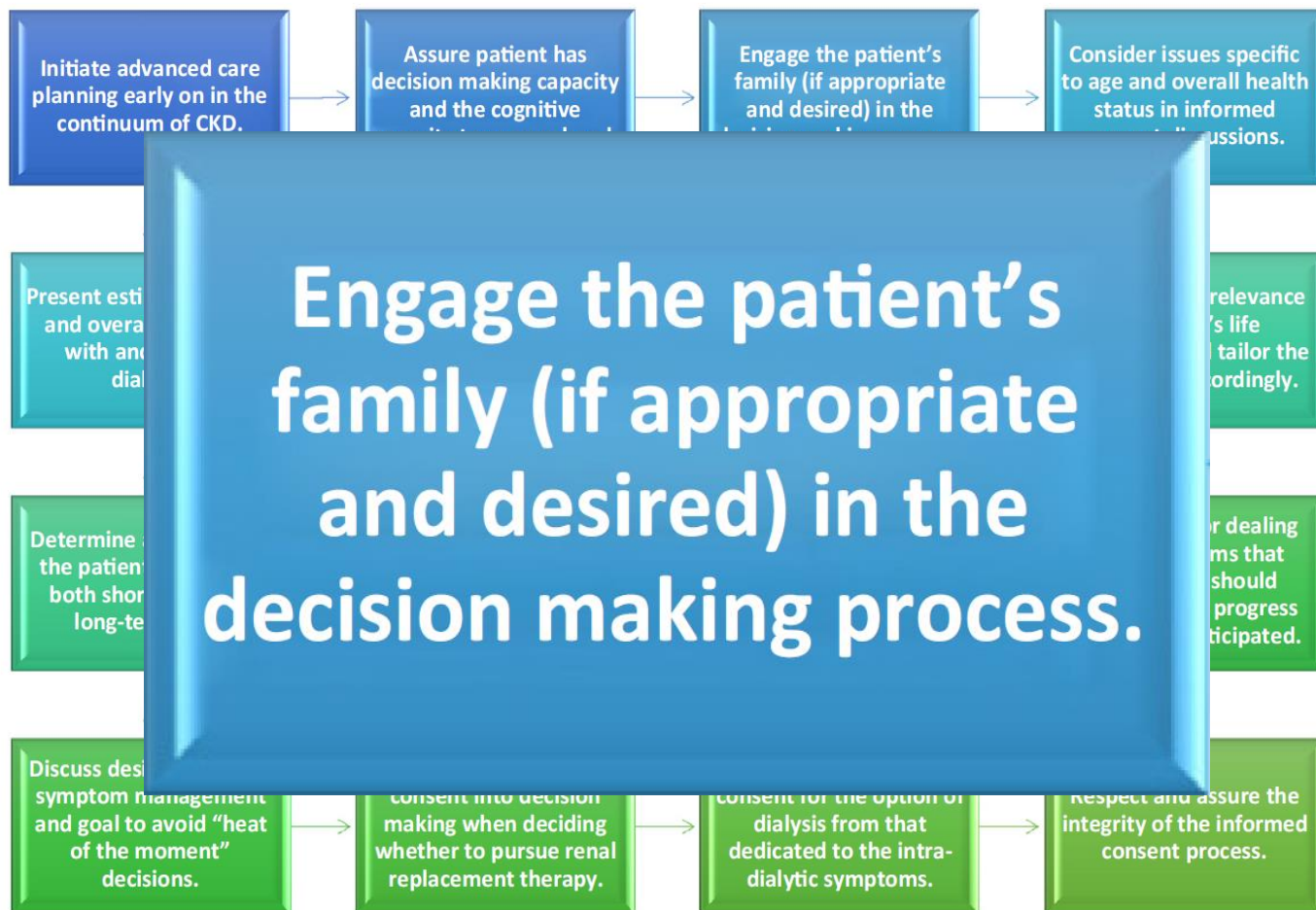
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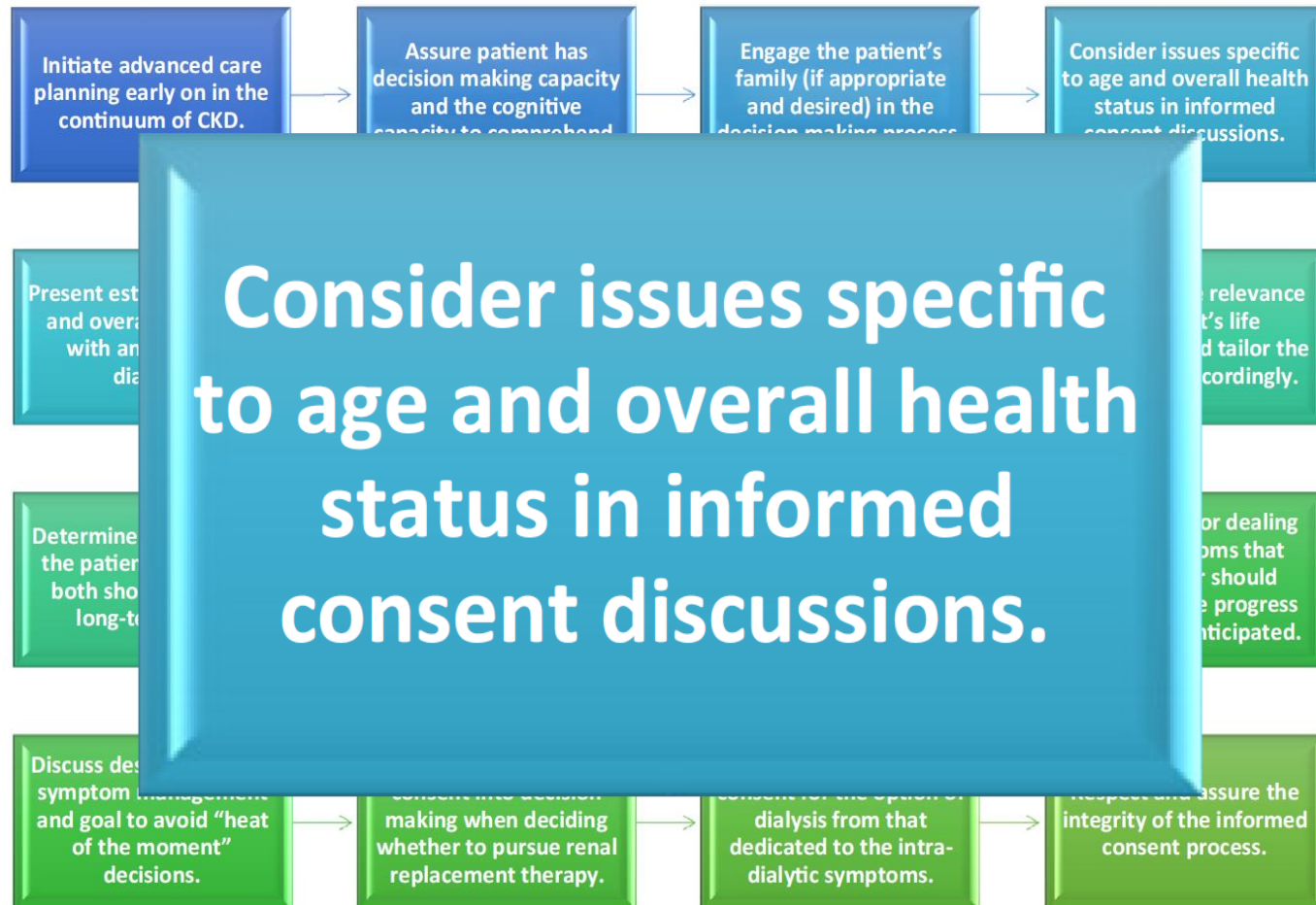
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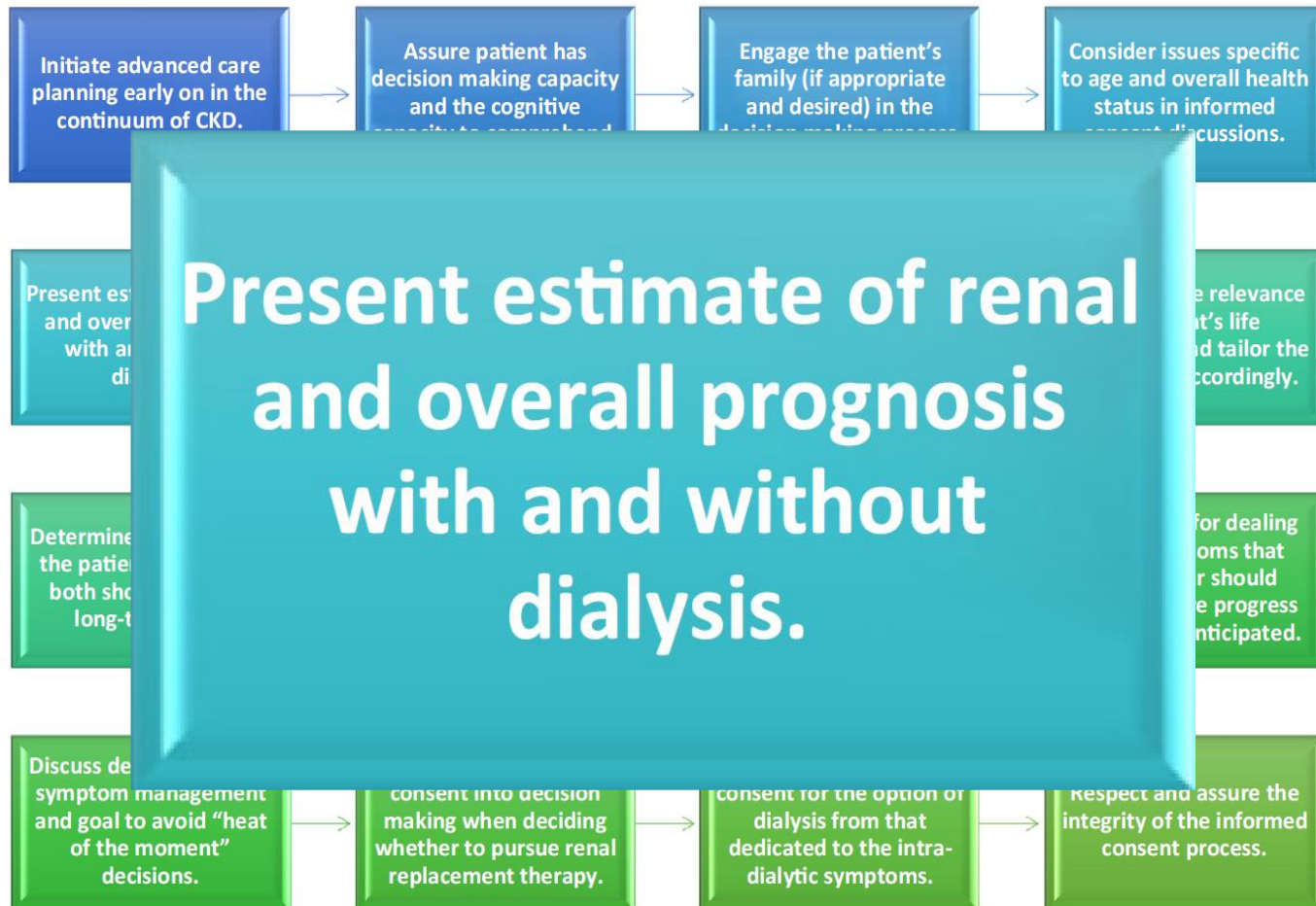
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Surprise Question

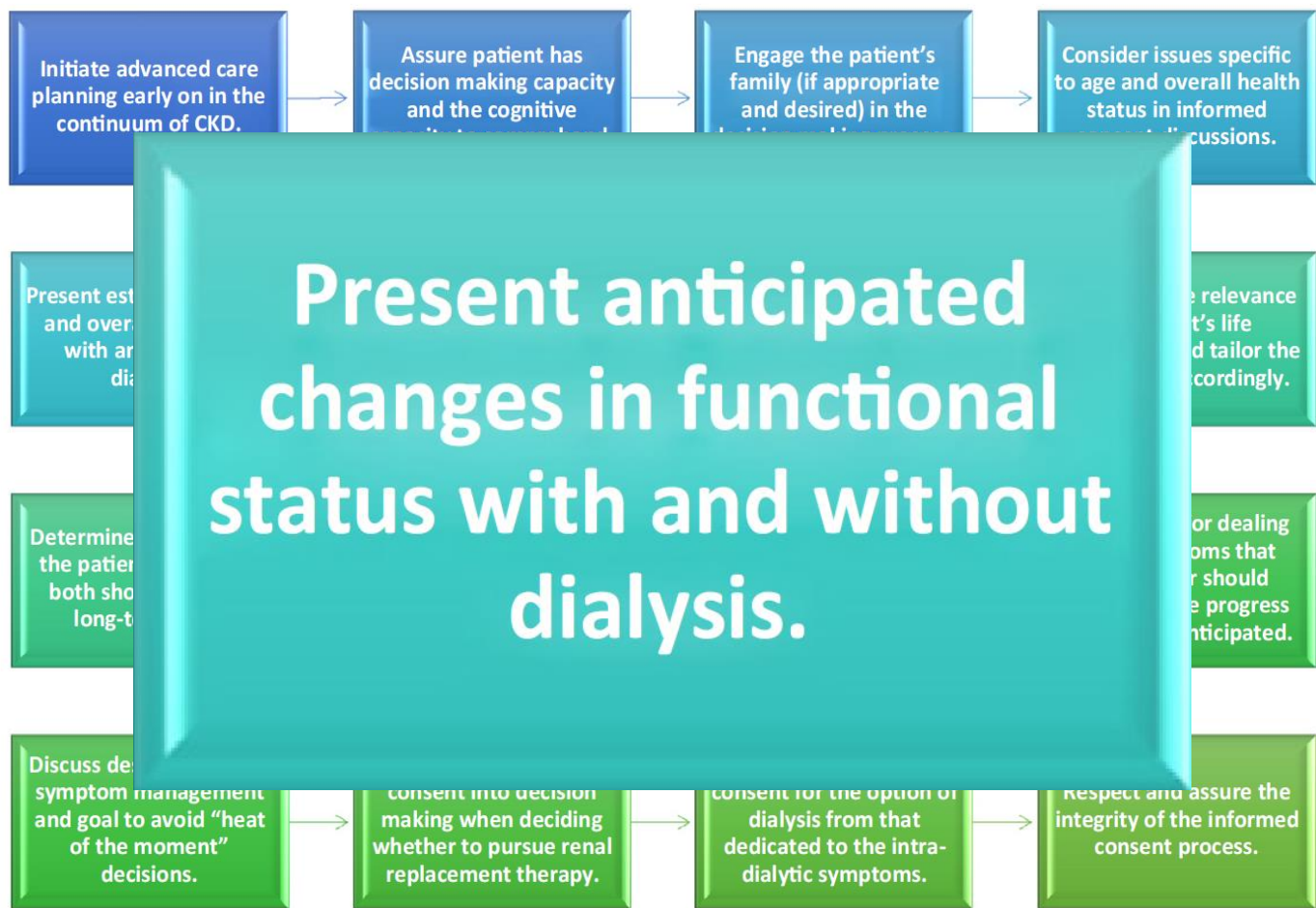
“Would I be surprised if this patient died in the next year?”

150 hemodialysis patients,

“no” group 29.4% had died at 1 year

“yes” group 10.6% had died at 1 year

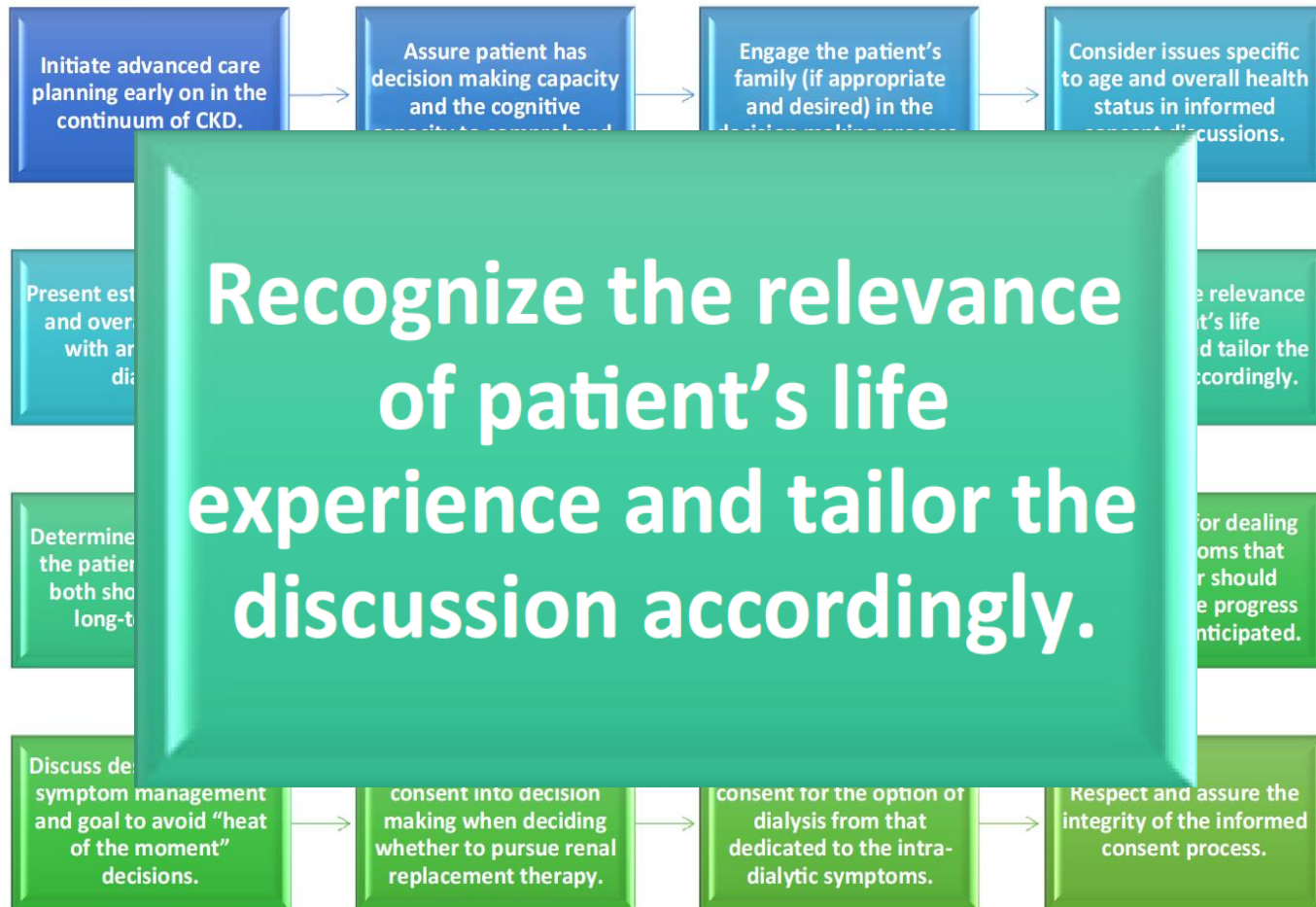
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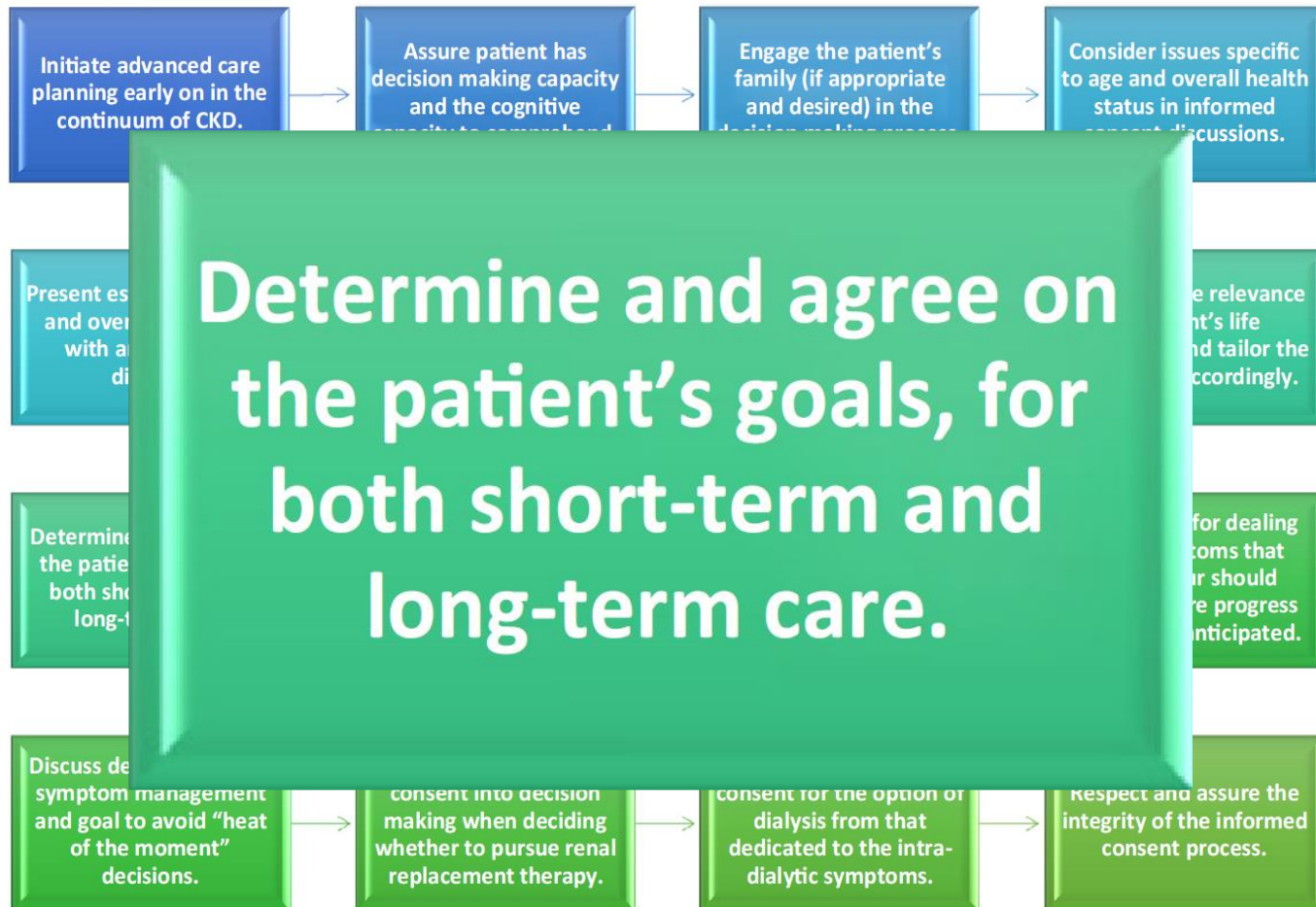
Integrating informed consent into the advance care planning process



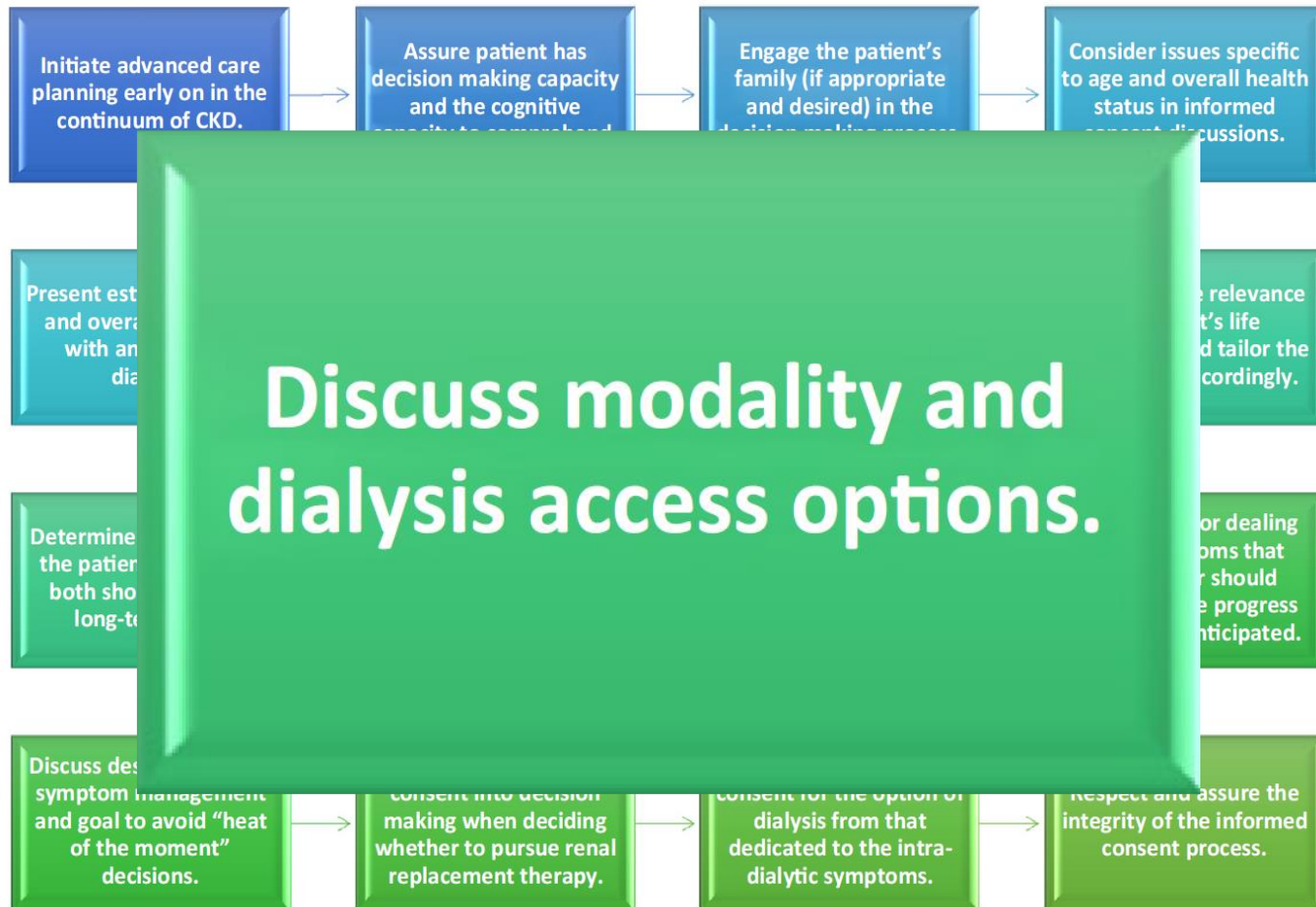
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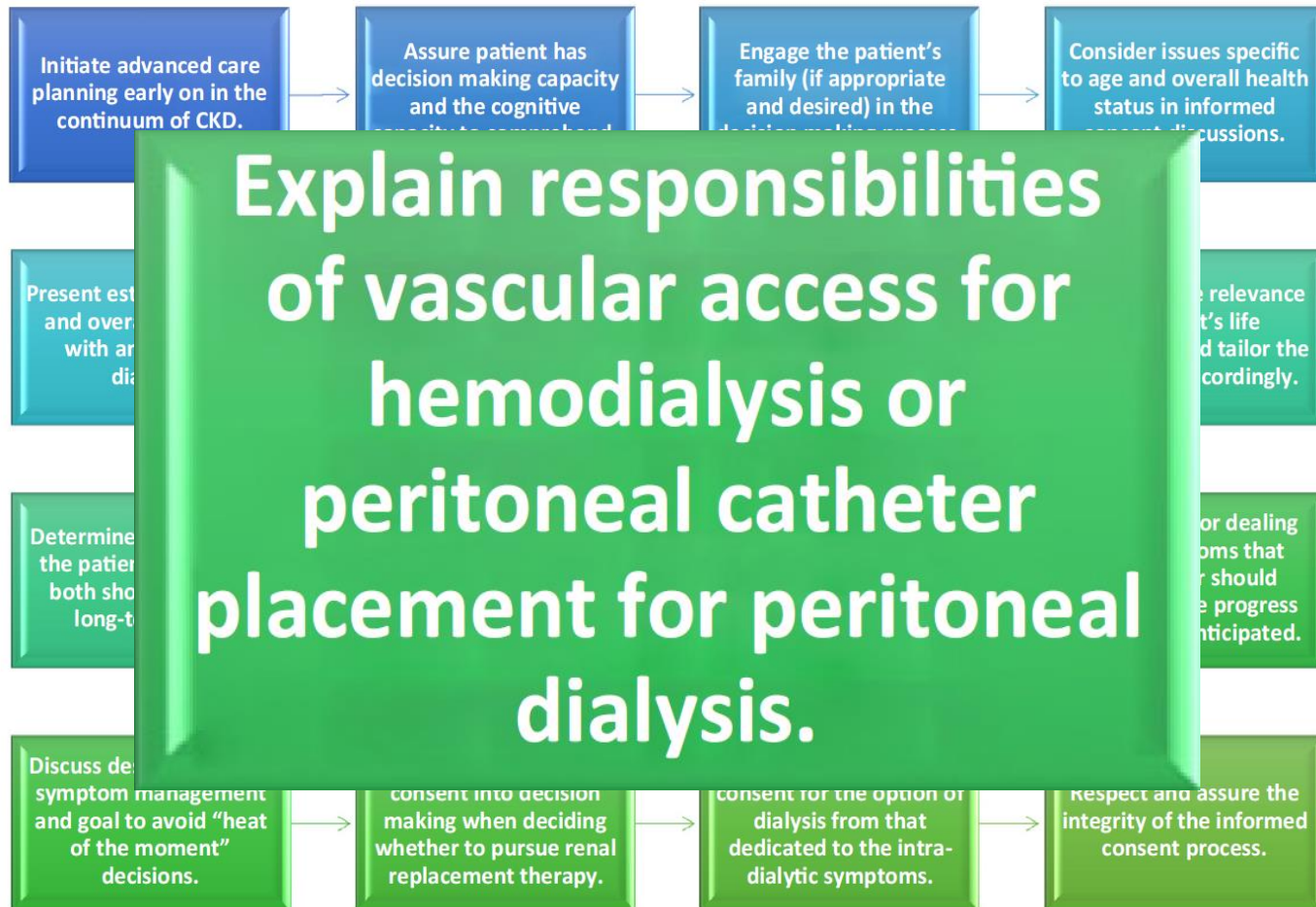
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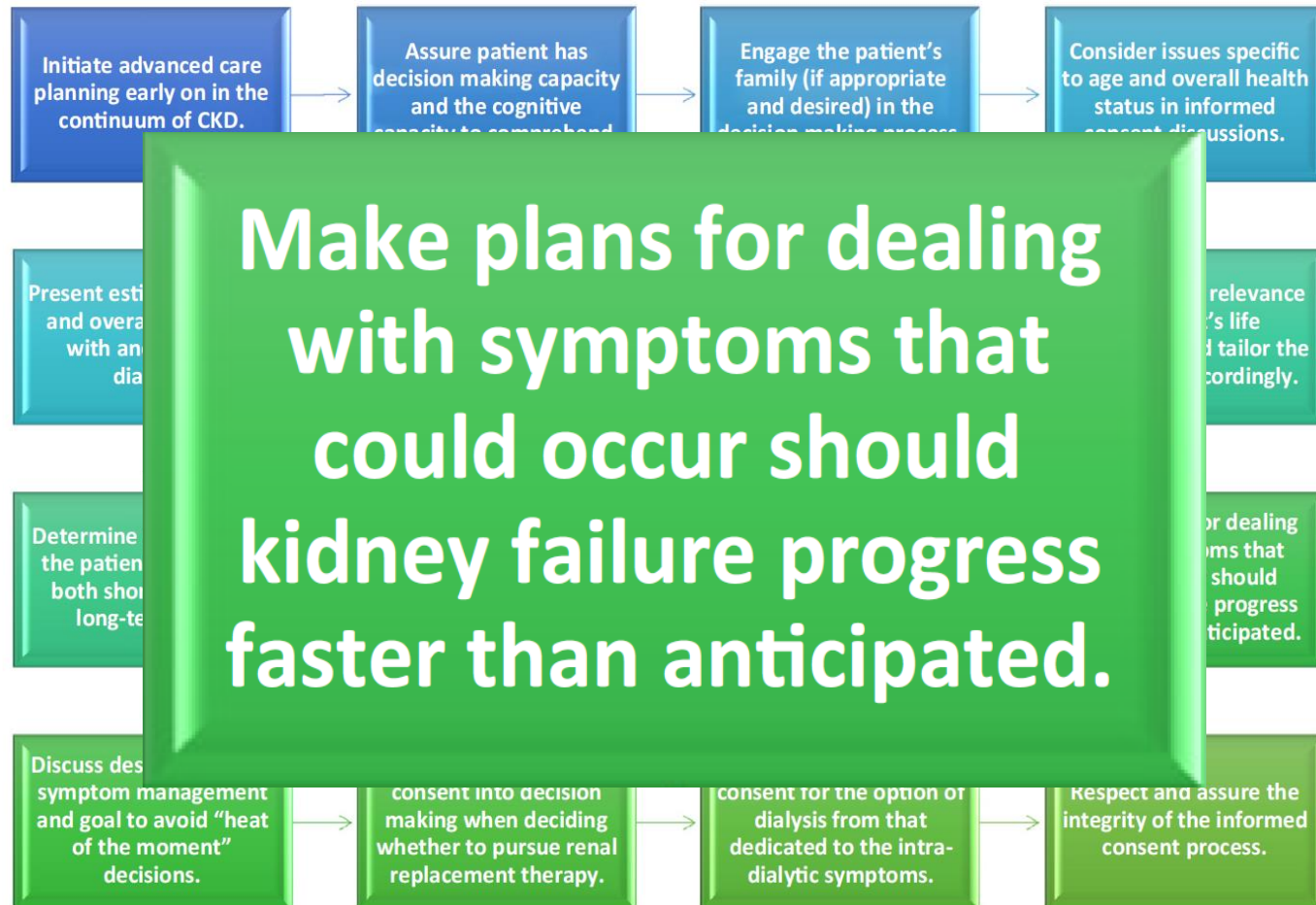
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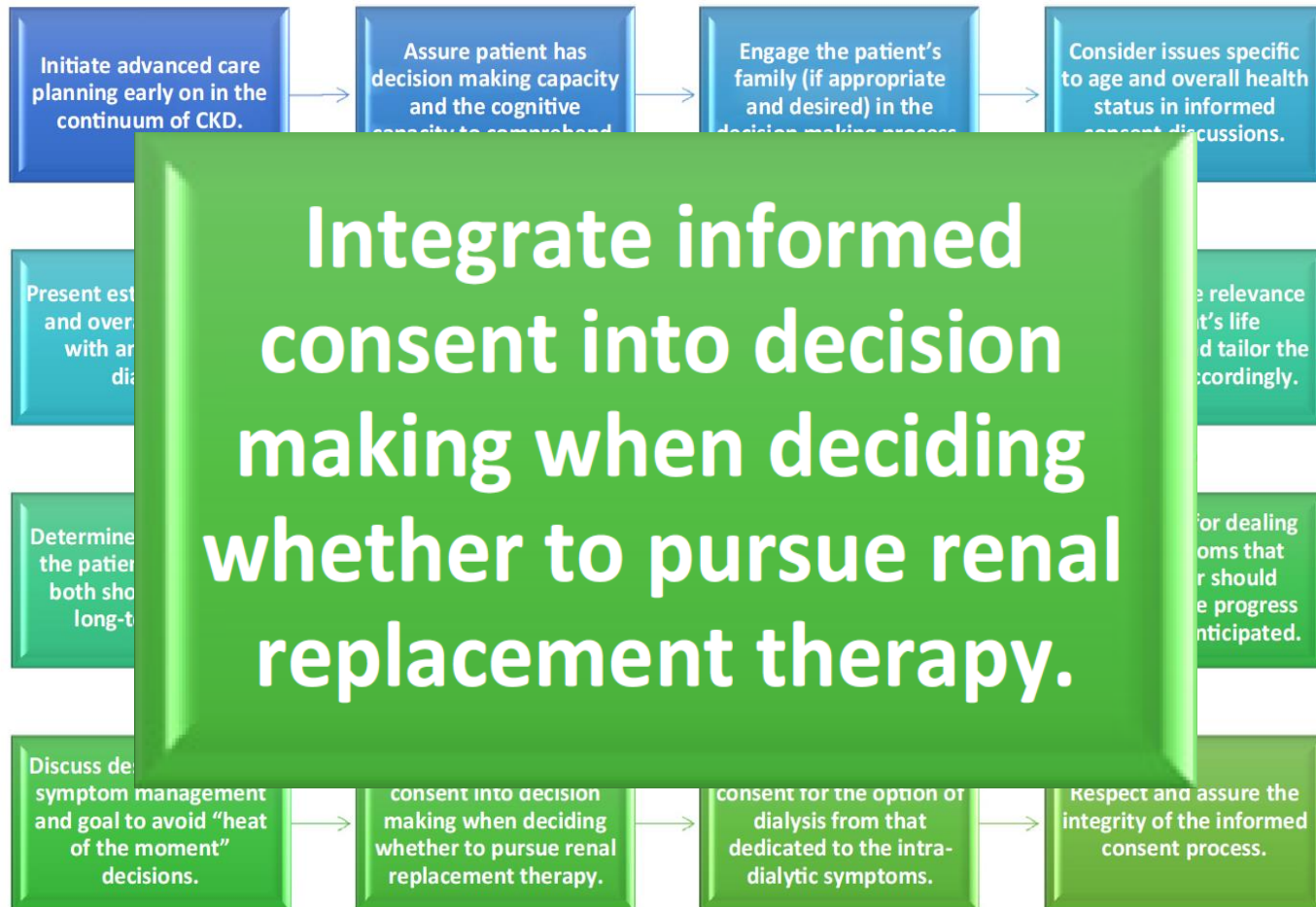
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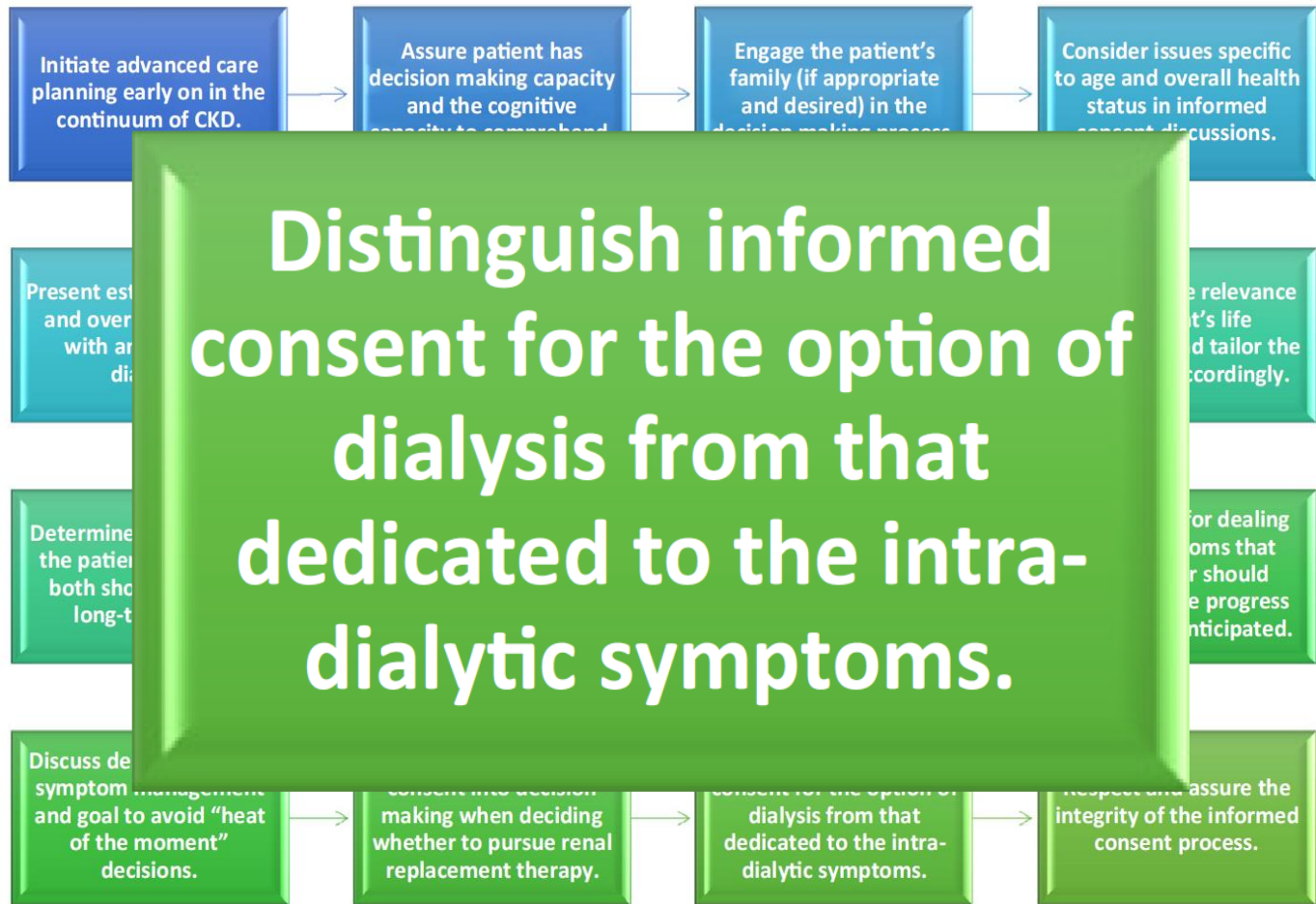
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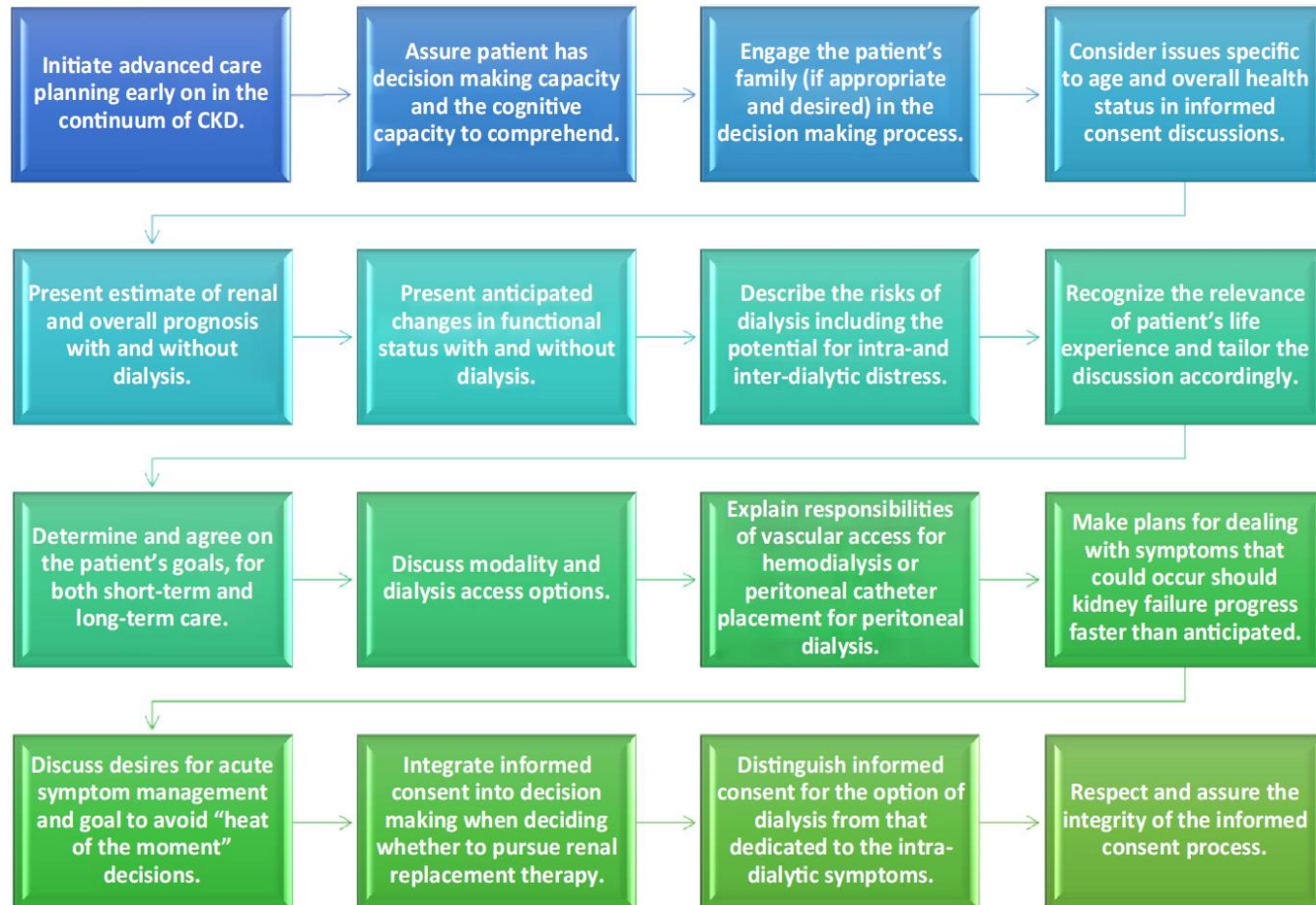
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Current patient decision aids for RRT decision-making

Shared End-Stage Renal Patients Decision Making (ShERPpa-DM)

My Kidneys, My Choice

Yorkshire Dialysis Decision Aid (YoDDA)

Shared Decision Making

My Life, My Dialysis Choice

Kidney failure: What Type of Dialysis Should I Have?

Current patient decision aids for RRT decision-making (cont)

Kidney Failure: Should I start Dialysis

A Decision Aid for Patients: The choice of dialysis for the older person with End Stage Kidney Disease

Chronic kidney disease: treatment options (Option Grid)

'All of the Facts' Dialysis Decision Aid

New conservative kidney management-specific patient decision aids

Conservative Kidney Management
Patient Decision Aid

Ottawa Tool

OPTIONS

Conservative Kidney Management Patient Decision Aid



Patients

Healthcare Professionals

Pathway

Symptoms

Resources

Myths & Questions

Print

Patient Decision Aid (BETA test)

Introduction


As your kidney function declines, one of your biggest choices is whether to get **dialysis** or **conservative kidney management (CKM)**.

Dialysis is not for everyone. Dialysis can't cure kidney failure, but it may help you live longer and feel better. The older and sicker you are, the less likely it is that dialysis will help you. Some people will live as long and feel better with CKM, which does **not** include dialysis.

It's your choice whether to have CKM or dialysis.

This tool is to help you decide if CKM or dialysis is right for you. You can use it to talk with your healthcare team and loved ones about your decision.

It should take 15 to 25 minutes to complete. You can come back to it, or share it with someone you trust by using the email button or printing your responses. How you respond is anonymous and confidential.

Treatment Options 

Next



Conservative Kidney Management Patient Decision Aid

The screenshot shows the website interface for the Conservative Kidney Management Patient Decision Aid. At the top left is the logo for 'CONSERVATIVE KIDNEY MANAGEMENT' featuring a stylized kidney icon. To the right of the logo is a search bar with a magnifying glass icon and a green search button. Further right are navigation tabs for 'Patients' and 'Healthcare Professionals'. Below these are menu items for 'Pathway', 'Symptoms', 'Resources', and 'Myths & Questions'. The main content area is titled 'Patient Decision Aid (BETA test)' and contains a 'Back' button. The text reads: 'The following section of this tool will help you determine how CKM or dialysis may benefit you personally.' Below this are two questions with radio button options:

1. How old are you?

- Under 60 years old
- 60 - 69 years old
- 70 - 79 years old
- 80 years or older

2. Do you live in a nursing home or other long-term care facility?

- Yes (<60)
- No (<60)

On the right side of the page, there is a purple sidebar titled 'Email Progress' with the text 'Email your progress for future viewing.' Below this are input fields for 'name' (with the placeholder 'Enter your name') and 'email' (with the placeholder 'Enter your email address'), followed by a green 'Send' button. At the bottom right of the sidebar is a small version of the kidney logo.

Conservative Kidney Management Patient Decision Aid



Patients

Healthcare Professionals

Pathway

Symptoms

Resources

Myths & Questions

hospice.

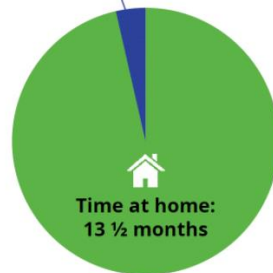
Older than 70 years

Low kidney function
(GFR 8-10 mL) from time of needing dialysis

LIFE EXPECTANCY

Conservative Kidney Management

H Time in hospital:
½ month



Total Life Expectancy:
14 months

Hemodialysis

(Dialysis every other day)

H Time in hospital:
2 months



Total Life Expectancy:
34 months

Email Progress

Email your progress for
future viewing.

name

email

Send



Mr.P

Mr P was a 74-year-old man with a solitary kidney, DM2, CAD and an ostomy after colon cancer resection.

His eGFR was 7 ml/min/1.73 m² with symptoms of fatigue and anorexia.

He had a fistula created several years prior, and he was advised to start hemodialysis.

He was very anxious about the prospect of dialysis, particularly as he lived on a farm, which was a 30-min drive from the closest hemodialysis unit.

Mr.P

He met with a nurse who had received training in decision coaching, and they used a CKM-specific PDA.

Among the values and preferences that were elicited were his desire to avoid travel, his belief that he had lived a full and good life and his desire to 'die naturally'.

He chose not to start dialysis and palliative care was consulted. 2 years later, his eGFR was 5 ml/min/1.73 m², and he was increasingly symptomatic, so palliative care was provided in his home.

He died at home 1 month later.

Take Home Message

Shared decision-making is widely held to be the new standard of patient centered care in nephrology.

There are gaps in how well it is applied, especially in the context of decision making around RRT choices.

There is increasing development and use of Patient decision aid to facilitate shared decision-making around RRT choices.

Thank you
