

## P091

### P091 -Renal clinic – who is discharged and what are the outcomes

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#### Introduction

Increasingly the NHS is shifting patient care away from hospitals. Concerns that patients may not get appropriate follow up in primary care may deter nephrologists from discharging patients with stable chronic kidney disease (CKD). In the current analysis we sought to explore the characteristics, renal outcomes and primary care monitoring of patients discharged from nephrology clinics in our region.

#### Methods

A retrospective study was undertaken on all adult patients (n=2,236) who were discharged from renal clinic back to primary care over a 5-year period (2013-2018).

#### Results

Of the 2,236, the median age at discharge was 75 (IQR 63-84) and the median eGFR prior to discharge was 44 ml/min (IQR 34-63 ml/min).

The commonest primary renal diseases were grouped as CKD of unknown cause (23%) and cardiorenal/ischaemic (21%). Less than a quarter (21%) of patients discharged from the clinic had any history of significant proteinuria (based on ever having laboratory quantification).

The first blood test after discharge from renal clinic (censored at death and end of follow-up) predictably occurred sooner with higher stage CKD (data not shown). By one-year post-discharge, over 80% with CKD stage 3 still alive had had a blood test. Only five patients with CKD 4 or 5 were alive at one year with no blood test, three having been discharged for failing to attend and two who were aged over 80 – and they all had a blood test in the second year of follow-up.

There was only a small median change in eGFR from discharge to the most recent blood test (-2ml/min; IQR -8 - +3) and the majority of patients did not progress into a higher stage of CKD (table 1).

Table 1 Renal progression of discharged patients by CKD class

132 patients had a new finding of an eGFR < 20ml/min at their latest blood test (median age 85yrs, IQR 77-90). Of these, 53 (40%) were explicitly documented as being for a conservative approach if deterioration occurred, while a further 47 (36%) developed worsening eGFR as a result of an episode of AKI (figure 1). Eight patients ultimately started renal replacement therapy – six of whom had been discharged for failing to attend clinic.

Figure 1 Reason for discharge and median age in patients who developed new eGFR < 20ml/min

#### Discussion

Our data suggest that the majority of patients discharged from renal clinic are older, with stable non-proteinuric kidney disease. The risk of progressive renal deterioration or needing dialysis appears to be low. The exception is the subgroup of patients discharged for failing to attend clinic who made up the majority of patients starting dialysis. Strategies to engage such patients and prevent disease progression may be cost effective. However, discharging patients from renal clinic to primary care transfers a significant burden of testing and evidence is needed for its effectiveness.