P270

P270 -What are the determinants of a late dialysis modality decision or decision change? A retrospective analysis

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Background
Starting dialysis in a planned fashion is the optimal scenario but this requires significant patient engagement in the decision making process. Patients who have a planned start are more likely to receive a renal transplant or home therapy. However patients sometimes find it hard to engage with the decision making process and this can lead to an unplanned dialysis start. Despite the importance of this area there is little in the published literature describing this phenomenon. We aim to explore what the determinants of late decision making and late modality change are in our population.

Methods
Retrospective analysis was carried out of all patients at a large urban centre who started renal replacement therapy (RRT) in 2017, and who had been known to the renal service for at least 3 months prior to starting dialysis. 171 patients were identified, and data collection completed including patient characteristics, choice of dialysis modality 3 months prior to starting, actual modality at start then 6 months later, and renal function (as measured by eGFR) at time of starting dialysis. Qualitative data was also collected from clinical correspondence to further explain the reasons for changes in modality.

Results
Baseline characteristics showed that this cohort was majority male (60%, n=103), with a high proportion of non-white ethnicities (56%, n=96). There was a high level of deprivation, with 31% patients (n=53) in the lowest decile as measured by the Index of Multiple Deprivation (IMD) score.

11% of patients (n=19) did not have a plan for RRT documented 3 months prior to starting; of these 74% were male, 62% were of non-white ethnicity and 32% were from the most deprived decile. This group of patients were 4 times more likely to start RRT with haemodialysis via tunnelled catheter than those who had made a dialysis decision, regardless of whether that decision changed (63.2% vs 13.8%, P=0.17).

After excluding patients whose modality choice change was due to pre-emptive transplantation, 6 remaining patients made a late modality change (3 had wanted PD and 3 conservative care; all ultimately started HD via a tunnelled catheter). Of these, 50% were male, 83% were of non-white ethnicity and 50% were from the most deprived decile.

Conclusions
Most patients who made a planned choice of modality 3 months prior to starting RRT successfully started and remained on their chosen modality. Failure to make a timely decision was associated with a fourfold higher likelihood of a dialysis start using a tunnelled catheter. There are many reasons why a patient may be unable to start RRT with their chosen modality and some of these are medically unavoidable. However, these data suggest that late modality decisions are associated with male gender and non-white ethnicity. Further work will identify the structural, cultural or behavioural factors that lead to late decision making or late modality change in order to improve patient experience and outcomes.