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Comprehensive conservative kidney care clinic in a university teaching hospital - a service overview.

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BACKGROUND

The number of multi-morbid elderly patients who develop End-Stage Kidney Disease (ESKD) continues to rise. Comprehensive conservative kidney care (non-dialytic therapy), is often the preferred choice of management in these patients, as dialysis in this group of patients does not provide a significant survival advantage. Patients who are not for dialytic therapy are invited to attend a multidisciplinary clinic, either once their Estimated Glomerular Filtration Rate (eGFR) is ≤ 15 mL/min/1.73m2 or higher, if there is a clinical need. This study aimed to determine the current provision of Comprehensive conservative kidney care in our hospital.

METHODS

A retrospective analysis of all the patients attending the Comprehensive conservative kidney care clinic between 01/01/2015 to 31/12/2019 was performed. Variables included gender, age at referral, age at death, eGFR on referral and at death, first clinic date, date when left the clinic, Stoke Comorbidity score, number of hospital admissions and place of death. Descriptive statistics and Kaplan-Meier survival analysis were used to examine the data.

RESULTS

Over the 5 years, 124 patients were seen in the clinic. 69 (55.6%) patients were male. The mean age at referral was 83.2 years (95% CI 81.9-84.4, range 62-96). Mean eGFR on referral to the clinic was 13.3ml/min/1.73m2 (95% CI 12.6-13.9, range 5-25). Five patients (4%) had a Stoke Comorbidity score of 0, 73 patients (58.9%) had a score of 1 and 46 patients (37.1%) had a score of 2 at referral. They had a median of 4 hospital admissions (range 0-20).

Of the 124 patients, 111 patients continued to be followed up in the clinic over the 5 years. Of the other 13 patients who had left the clinic, 3 patients transferred to Chronic kidney disease clinic, 6 patients transferred to the care of their GP and 4 patients commenced renal replacement therapy.

Figure 1 shows the survival of patients.

Of the 72 patients who died whilst under follow-up of the Comprehensive conservative kidney care clinic, the average age at death was 85.4 years and the average eGFR at death was 10.9ml/min/1.73m2. 34 patients (47.2%) had died in hospital, while the remaining 38 patients died either at home, in a Nursing home or in a Hospice. The mean length of survival was 15.3 months from entry in to the clinic (range 4-1326 days).

DISCUSSION

The characteristics of our cohort are elderly, with a higher comorbidity score. The mean length of survival from entry in to our clinic was just over 15 months, showing the importance of forming an early individualised care plan with a holistic approach to address the needs of our patients, carers and their families. We have previously demonstrated that a multidisciplinary team approach is an ideal way to achieve this. Moving forwards, we aim to integrate formal tools in to our assessment to identify care needs. To improve conversations about our patients' goals and priorities, we plan to integrate the Serious Illness Care Programme.