

Patient values towards vascular access across differing age groups

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Current guidance strongly supports the arteriovenous fistula over a catheter in all patients regardless of age. However, an increasing proportion of the prevalent haemodialysis population is now made up of older and comorbid patients who may require a greater healthcare burden to achieve a fistula. It has been demonstrated in other areas of healthcare that this patient group have distinct healthcare values, defined as fixed general preferences regarding treatment goals, when compared to younger patients. The role of values in vascular access preference has not been studied.

METHODS

Structured interviews were conducted in a group of prevalent haemodialysis patients, all unaware of the purpose of the study. Questionnaires described a set of non-renal healthcare scenarios, with patients asked to make a trade-off decision for each. Priority scores for four treatment goals were determined by weighted analysis of the decisions. The treatment goals were: longevity, comfort, aesthetics and convenience.

RESULTS

From 106 patients enrolled across 4 dialysis satellites, 104 patients (aged 16-94, 56% male) completed interviews for analysis. Questionnaires revealed the most important values in order of descending priority score (mean+/-se): convenience 3.7+/-0.8, comfort 2.6+/-0.7, aesthetics -1.2+/-0.7, and longevity -5.0+/-0.8.

Compared to those under 55, older patients (over 70) unconsciously assigned higher priority scores to convenience (7.9 vs -1.3, $p<0.001$) and comfort (6.5 vs -2.9, $p<0.001$), and lower priority scores to aesthetics (-5.2 vs 4.6, $p<0.001$) and longevity (-9.2 vs -0.4, $p<0.001$).

Access choices similarly predicted priorities: compared to those with a fistula, patients dialysing via catheter assigned higher priority scores to convenience (4.8 vs -0.3, $p=0.007$) and comfort (4.6 vs -4.2, $p<0.001$), and lower priority scores to aesthetics (-2.7 vs 3.7, $p<0.001$) and longevity (-6.7 vs -0.8, $p<0.001$). In a matched group analysis the effect of age and access on healthcare priorities were independent.

CONCLUSIONS

Unconsciously assigned priorities show that amongst older patients, convenience and comfort are more important than longevity and aesthetics, and access choices appear to depend on similar values. Healthcare values should be understood when making access decisions with patients, particularly in older age groups.