

Measuring What Matters In Kidney Disease: The Influence Of Treatment Modality On Quality Of Life

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Introduction and Aims

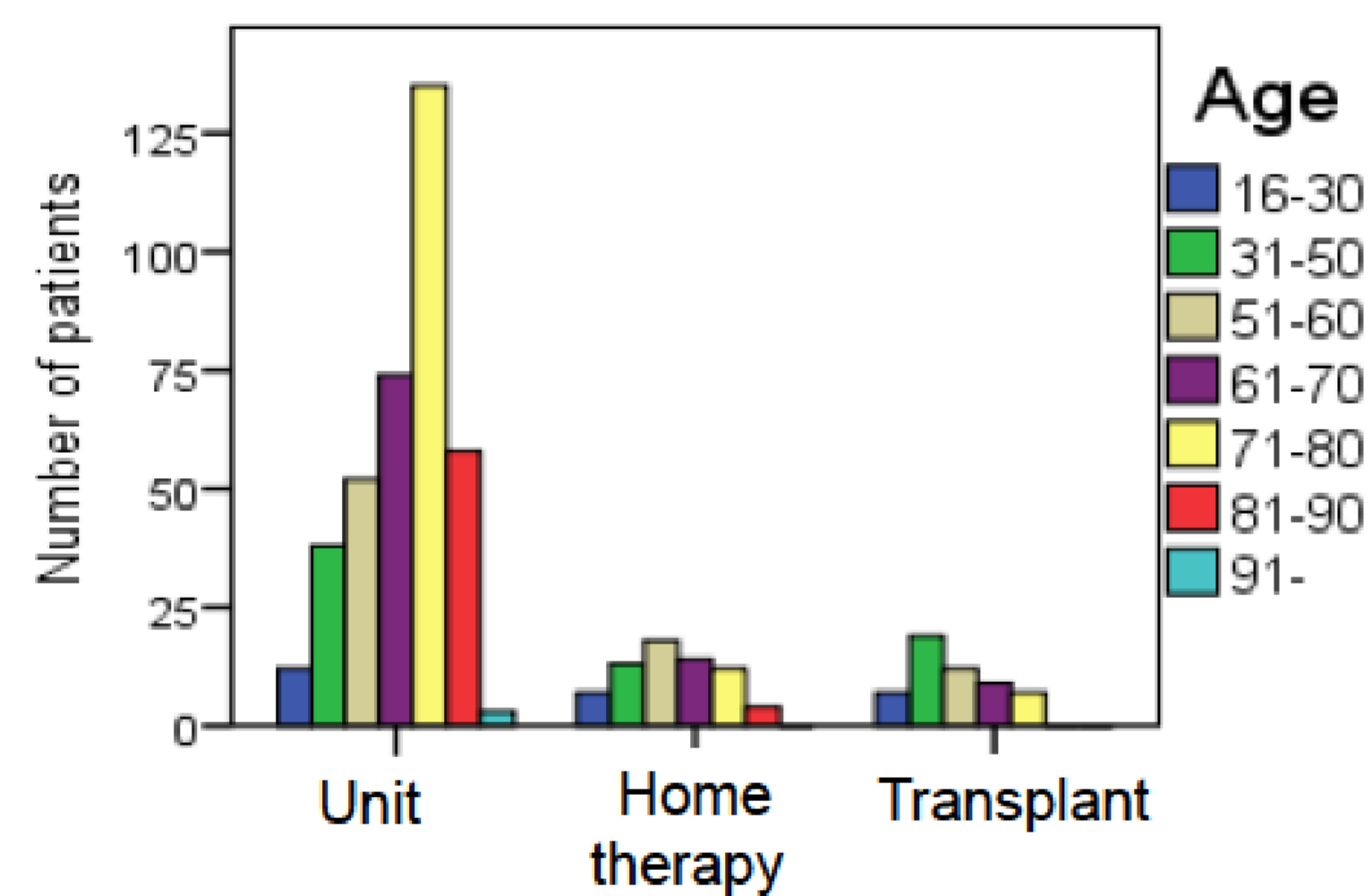
Patients and physicians may have differing views on what constitutes a good outcome measure, with the former focussing on general well-being or functional status, and the latter more on laboratory values or mortality figures. Quality of life (QOL) scores incorporating more patient-centred measures are likely to play an increasingly prominent role within the future NHS. Given how we often discuss quality of life benefits of various treatment modalities, it is surprising how little robust data exists describing QOL in patients on renal replacement therapy.

Methods

- Cross-sectional survey as part of the Welsh Renal Network's 2014 audit programme
- KDQOL-SF used in dialysis patients and SF-36 questionnaires used to assess the physical (PCS) and mental (MCS) QOL in transplant patients
- SF-36 normative data for 10,000 members of the general population in Wales was available from a Swansea University study (*Burholt, J. Pub Health, 2011*)
- Multiple linear regression analysis was used to study factors associated with SF-36 composite scores
- The response rate was 52%

Results

Modality	N
Unit HD	68
Satellite HD	307
Home HD	49
PD	19
Transplant	54



	Unit HD	Home therapies	Transplant	p
PCS	32 ± 9	31 ± 8	43 ± 11	<0.001
MCS	42 ± 11	41 ± 12	46 ± 10	0.03

• On regression analysis corrected for age and gender, transplanted state and less co-morbidities were significantly associated with higher PCS [transplant B = 9.30 (95% CI 6.30-12.30) and co-morbidity B = -2.53 (-3.61 - -1.46)] and higher MCS [B = 5.70 (2.09 - 9.31) and B = -2.20 (-3.50 - -0.90)] respectively.

• There were no significant differences in KDQOL disease-specific scores between unit HD, home HD and PD.

• "QOL gap" between dialysis patients and the general population was particularly marked in younger patients. Younger transplant patients reported lower QOL than their general population peers. Older recipients' scores were similar to those of the general population, especially the mental domain scores (Figures).

Figure 1 – SF-36 scores in recipients <60 years old

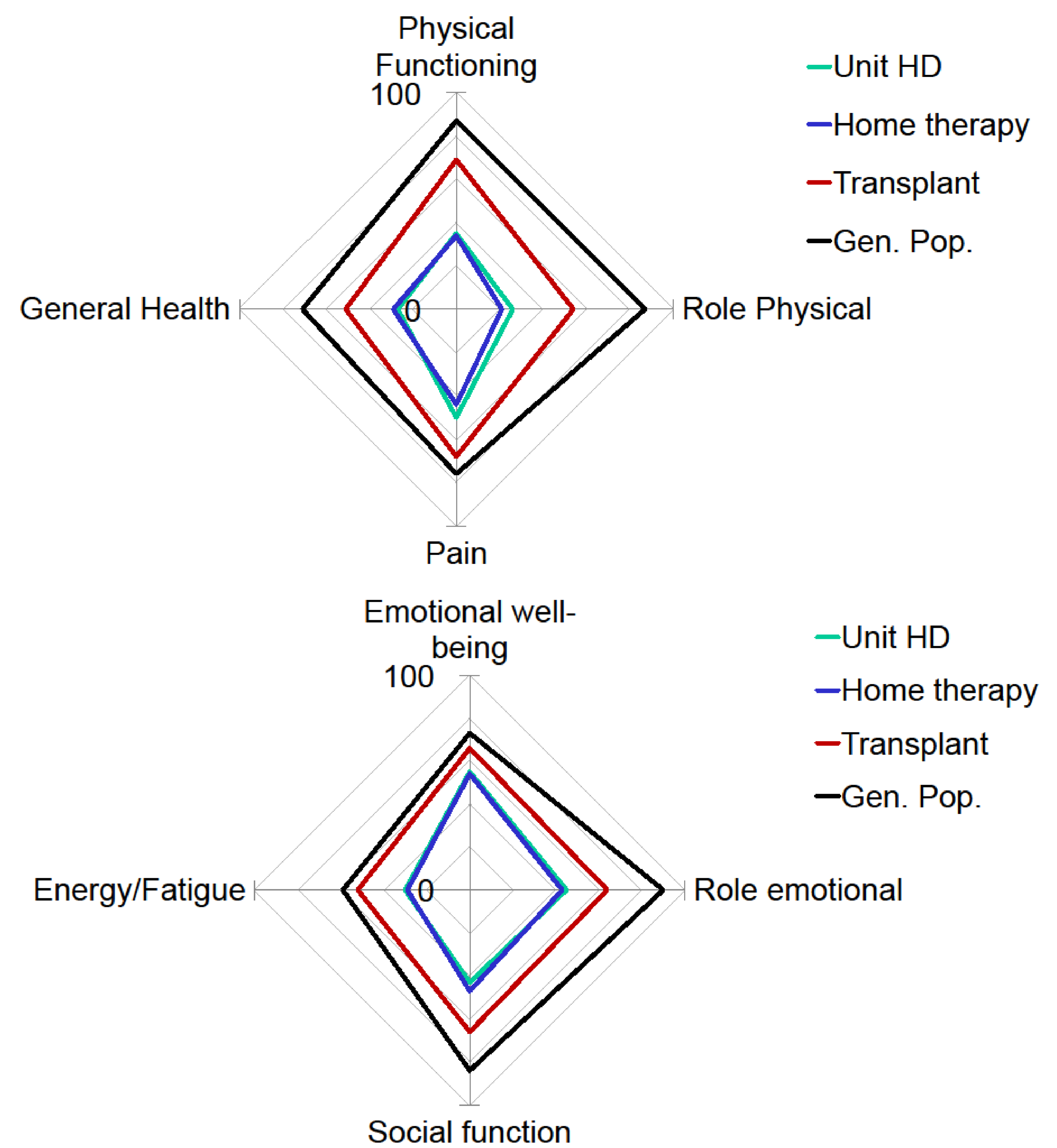
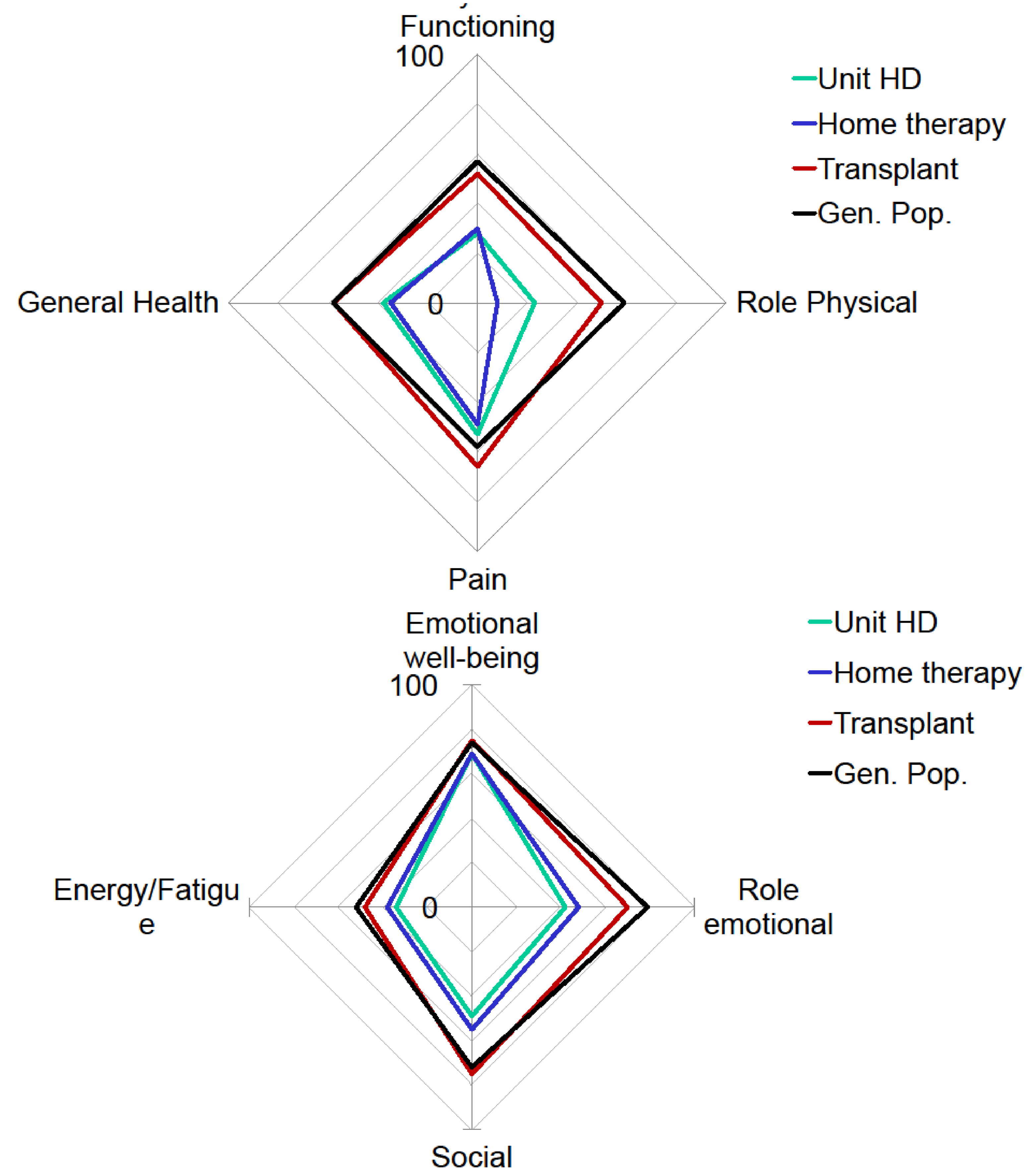


Figure 2 – SF-36 scores in recipients >60 years old



Conclusions

Transplant patients reported better QOL as compared to patients on dialysis. The younger dialysis patients in particular report low physical and emotional well being. Unexpectedly, patients on home therapies did not report better QOL than those on unit based dialysis. This study has potentially important implications for future service development (such as the role of psychology/physiotherapy support) and for patient decision making.

