Outcomes of referrals of the over 80s with CKD 4&5 to nephrology outpatients in Dorset.

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Introduction.

- GP CKD guidelines advise that all patients with CKD 4 or 5 should be referred to or discussed with a nephrologist.
- From April 2006 all laboratory reporting of renal function included a result for eGFR calculated by MDRD.
- There has been a marked increase in the number of new patient referrals over the age of 80 to nephrology clinics in Dorset.
- Patients over the age of 80 with advanced CKD often have multiple co-morbidities, and in this group renal replacement therapy often adds little in additional quantity of life but has a huge impact on quality of life.

Aims.

- To Investigate the rate of decline in eGFR in patients over 80 years with CKD stage 4/5.
- To determine outcomes in this group of patients in terms of:
  - Follow-up
  - Renal specific management
  - Need for renal replacement therapy
  - Death

Methods.

- A retrospective review of all new referrals to renal outpatients for patients over the age of 80 with CKD 4 and 5 between April 2006 and March 2007.
- 7 years of follow up data was reviewed to include the above outcomes.

Results 1.

- There were 124 new referrals of patients 80 years and over with CKD 4/5. A 91% increase on the previous year.
- Of these, 66 were followed up and 58 discharged.

Of those patients kept under follow-up (n=66):

- The median eGFR at referral was 22 (IQR 19-27).
- The mean decline in eGFR over the next 7 years was 1.58mls/min/1.73m^2/yr (IQR -3.59 to +0.879).
- The average comorbidity score was 3 (IQR 2-4).

- 12 were commenced on erythropoietin.
- 0 underwent a kidney biopsy.
- 3 were commenced dialysis.
- 55 (83%) died with a median time to death of 2.66 years (IQR 1.14-4.97).

Results 2.

Of those patients discharged (n=58):

- The median eGFR at referral was 26 (IQR 21-28).
- The mean decline in eGFR was 0.357mls/min/1.73m^2/yr (IQR -1.96 to +1.16).
- The average comorbidity score was 2 (IQR 2-4).

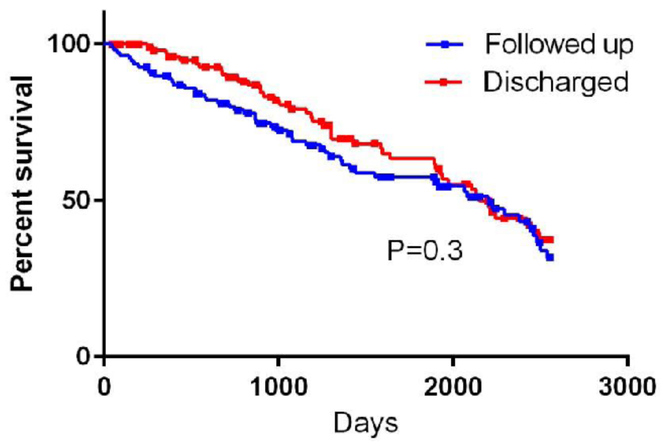
- 3 were commenced on erythropoietin.
- 0 had a kidney biopsy.
- 0 started dialysis.
- 45 (78%) died with a median time to death of 3.57 years (IQR 2.31-5.68).

There was a trend for patients with a lower eGFR being kept in clinic (p=0.051, MWU).

Patients kept in clinic had a significantly more rapid decline in eGFR (p=0.023, MWU).

Kaplan-Meier survival analysis (below) showed there was no significant difference in survival between discharged and followed-up patients (p=0.3).

K-M survival of Follow-up v Discharge patients over 80yrs with CKD 4&5



Conclusion.

These results show that although nephrologists choose to follow up those patients more likely to have a rapid decline in renal function, there was no difference in time to death between patients followed up by nephrology or in primary care.

Few patients underwent renal specific intervention suggesting that in many cases their care could be managed by GPs.

With increasing pressure on new patient clinic slots this study highlights a group of patients, the over 80s, in whom routine referral is not of benefit. Referral of a select group in which a specific intervention is being considered may be more appropriate.

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