



# Conservative management and end-of-life care in Australia: Three-year follow-up of a national incident cohort with end-stage kidney disease

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## Background

- Up to 20% of chronic kidney disease (CKD) stage 5 patients opt for non-dialytic conservative care.<sup>2</sup> However it is unclear what proportion of these patients eventually start dialysis as their disease progresses; or whether specialist palliative care is provided.

## Aims

- (i) To determine the proportion of patients who commenced dialysis, or a time-limited trial of dialysis, within 3 years after confirmed plans for conservative care.
- (ii) To compare specialist palliative care, use of Advance Directives and care in the last week of life for patients choosing conservative care, to those initiating renal replacement therapy (RRT).

## Methods

- Longitudinal analysis of 721 incident dialysis, transplant and conservatively managed patients between 1<sup>st</sup> July and 31<sup>st</sup> September 2009, from 66 Australian renal units entered into the national Patient Information about Options for Treatment (PINOT) cohort study.<sup>3</sup>
- Chi-square tests were used to assess differences in proportions for conservative care versus RRT groups.

## Results

- 102 of 721 patients (14%) elected conservative care, median age 80 years (IQR 75-85), and 619 (86%) elected RRT.
- 8 of 102 patients (8%) subsequently commenced dialysis within 3 years, (95%CI 4%-15%), predominantly for symptom management.
- 47 of 721 patients (7%) had a documented Advance Directive.

Table 1. Dialysis initiation during the 3 year follow-up period among 102 patients who chose conservative care at study baseline

Characteristic	n	%	(95%CI)
Dialysis commenced			
Yes	8	8%	(4%-15%)
No	87	85%	(77%-91%)
Unrecorded	7	7%	(3%-13%)
Reason for commencement of dialysis			
Symptom management	4	50%	(22%-78%)
Time-limited trial of dialysis	3	38%	(14%-69%)
Emergency / Intensive care unit admission	1	12%	(2%-47%)

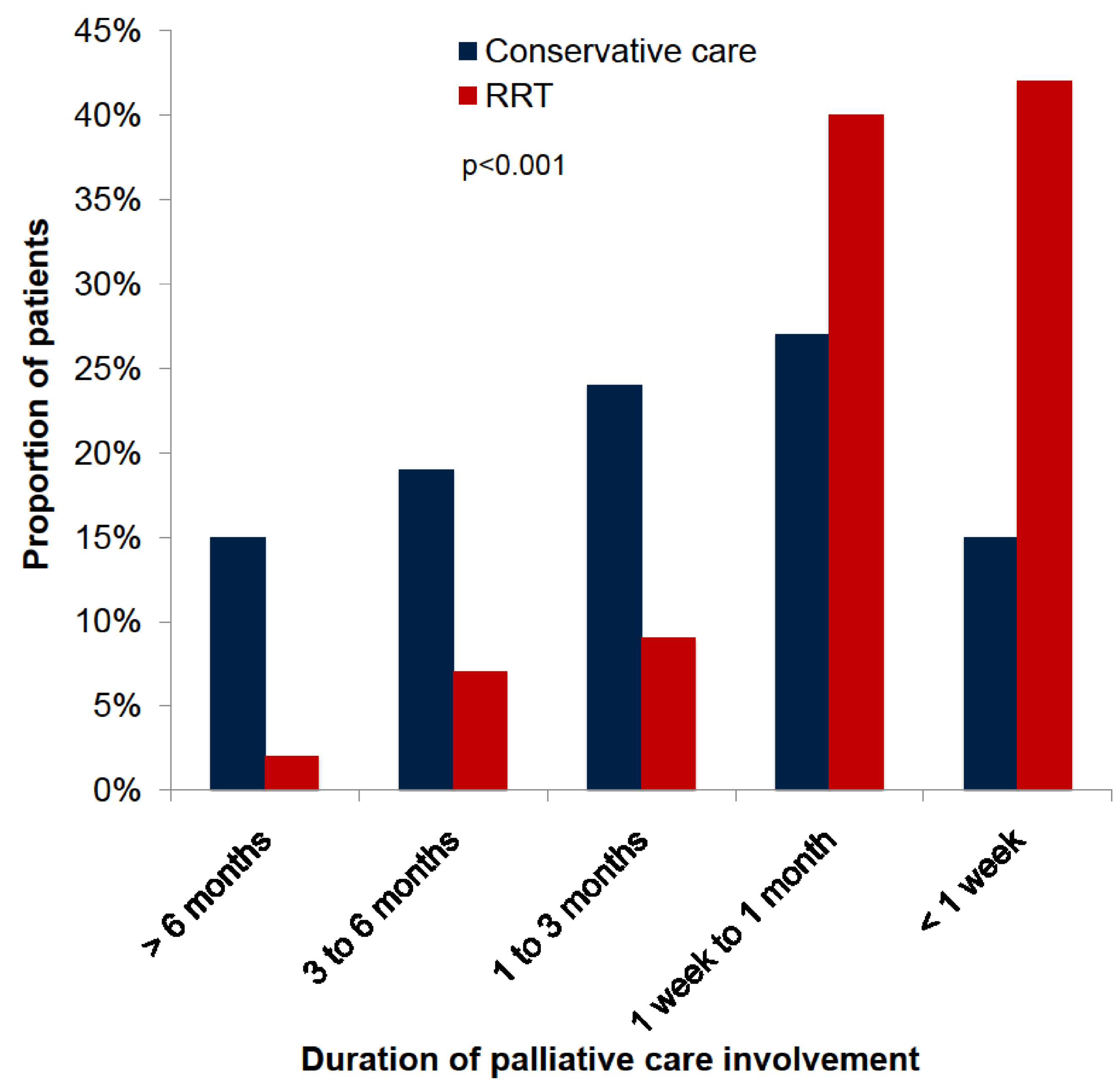
Table 2. Use of Advance Directives

Characteristic	Conservative care (n=102)		RRT (n=619)		p value
	n	%	n	%	
Advance care directive at any time					<0.001
Yes (documented)	21	21%	26	4%	
No (not documented or unknown)	81	79%	593	96%	

## Results – Specialist palliative care

- After 3 years of follow-up, 247 (34%) patients were deceased; 416 (58%) alive and 58 (8%) lost to follow-up
- Of 247 deaths, patients managed with RRT were less likely to receive specialist palliative care (26% vs 57%, p<0.001) and more likely to die in hospital (66% vs 42%, p<0.001) than home or hospice, compared to patients managed conservatively.
- Of those receiving palliative care, patients managed with RRT were more likely than those managed conservatively to receive that palliative care only within the last week of life (42% vs 15%, p<0.001).

Fig 1. Duration of palliative care from first consultation to death by initial treatment type



## Discussion and Conclusions

- Our national prospective study shows relatively few patients switch to dialysis after planned conservative care.
- Advance Directives are not common, even for those on a conservative pathway.
- Specialist palliative care services are utilised more frequently and earlier for conservatively managed patients. Patients managed with RRT may not be able to access palliative care until a decision has been made to withdraw from dialysis.
- Further research is needed to understand the determinants of palliative care service provision and preferences for end-of-life care in a population with advanced CKD.

## References

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