

# Disease knowledge, information and therapeutic decision in patients with chronic kidney disease in the CKD-REIN Cohort

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## Introduction and objective

Because of the medical and socio-economic burden of chronic kidney disease (CKD), improved patient empowerment is expected.

The improvement of the patient's knowledge and disease understanding can allow this empowerment, but remains poorly documented. The CKD-REIN cohort will be able to highlight this question.

Our aim was to assess the level of patient's CKD knowledge, information or therapeutic educational status and their determinants.

## Methods

- The national CKD REIN cohort included a representative sample of 3,000 CKD patients followed-up in nephrology departments. The patients received a self-administered questionnaire and have been interviewed at baseline and during the 5 years of follow-up.
- Among the CKD REIN cohort patients, 2,679 had responded to baseline questionnaire and interview and could be included in the analysis.
- For this analysis, the inclusion data were used.
- The determinants have been explored, using logistic regression model.

## Results

- 90%** were able to date the beginning of CKD, **35.2%** admitted to know their CKD stage, agreement between declared and measured stage was **0.65** (Kappa coefficient).
- 25%** declared having received proposition to participate in information or educational sessions about CKD.
- Less than 30%** declared having discussed treatment options with their practitioner and **34.5%** having made their choice.

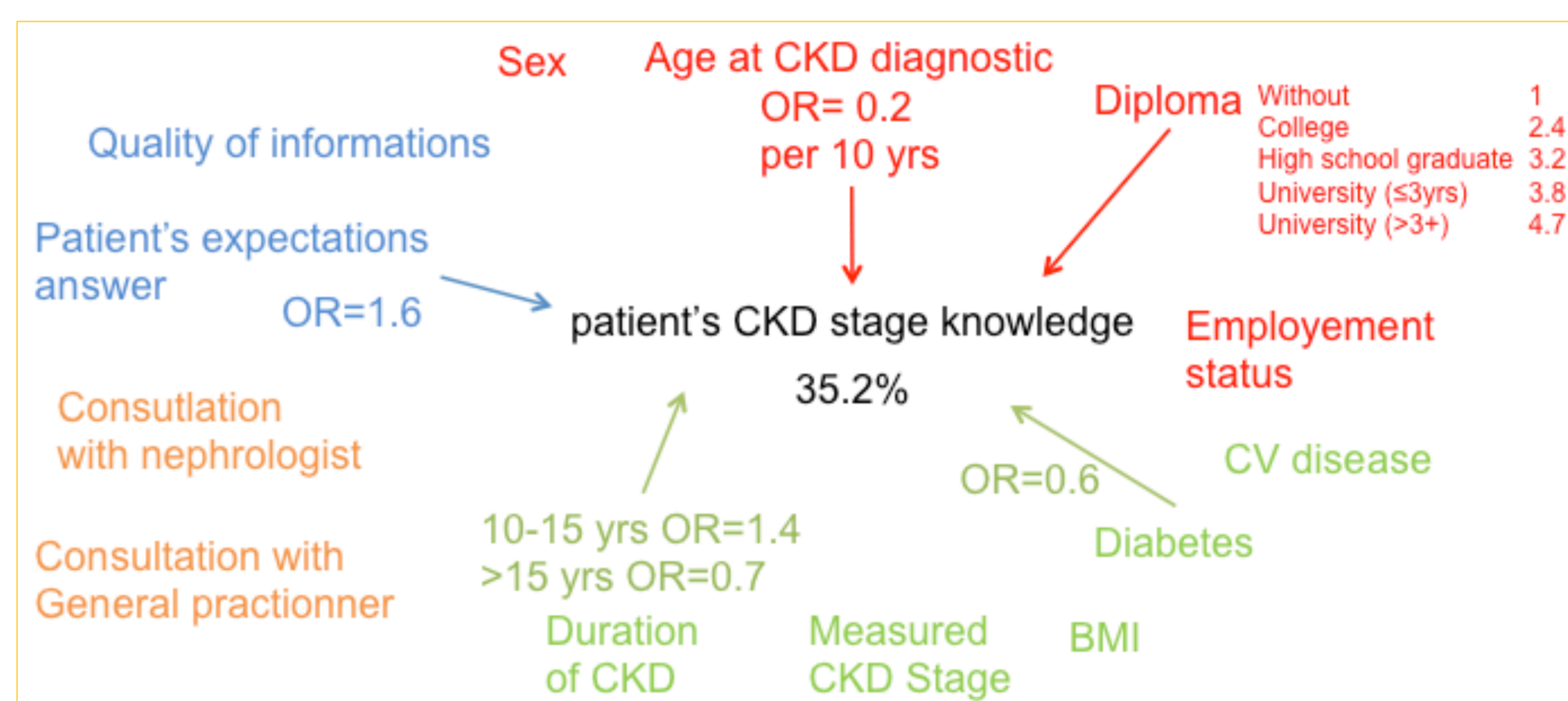
	N	% / mean
Men (%)	1,759	65.7
Mean age	2,679	67.2
Duration of disease (yrs)	2,508	8.1
Educational level		
Without diploma	435	16.2
High school graduate or some college	1,292	48.2
University graduate	952	35.6
CKD stage		
Stage 3	1,479	55.2
Stage 4	1,093	40.8
Stage 5	107	4.0
Patient's disease knowledge about		
The date of the beginning of CKD	2,376	90.4
Their creatinine level	1,083	41.2
Their stage of CKD	922	35.2
Proposition to participate in information session or educational program	695	25.9
About renal treatment options if ESRD*	351	13.1
About renal prevention	339	12.7
Discussion with their practitioner about treatment options if ESRD*	782	29.2
Choice of renal treatment if ESRD* made	925	34.5
Feeling of having chosen his/her renal treatment if ESRD*		
Agree	441	16.5
Disagree	329	12.3

\* End Stage Renal Disease

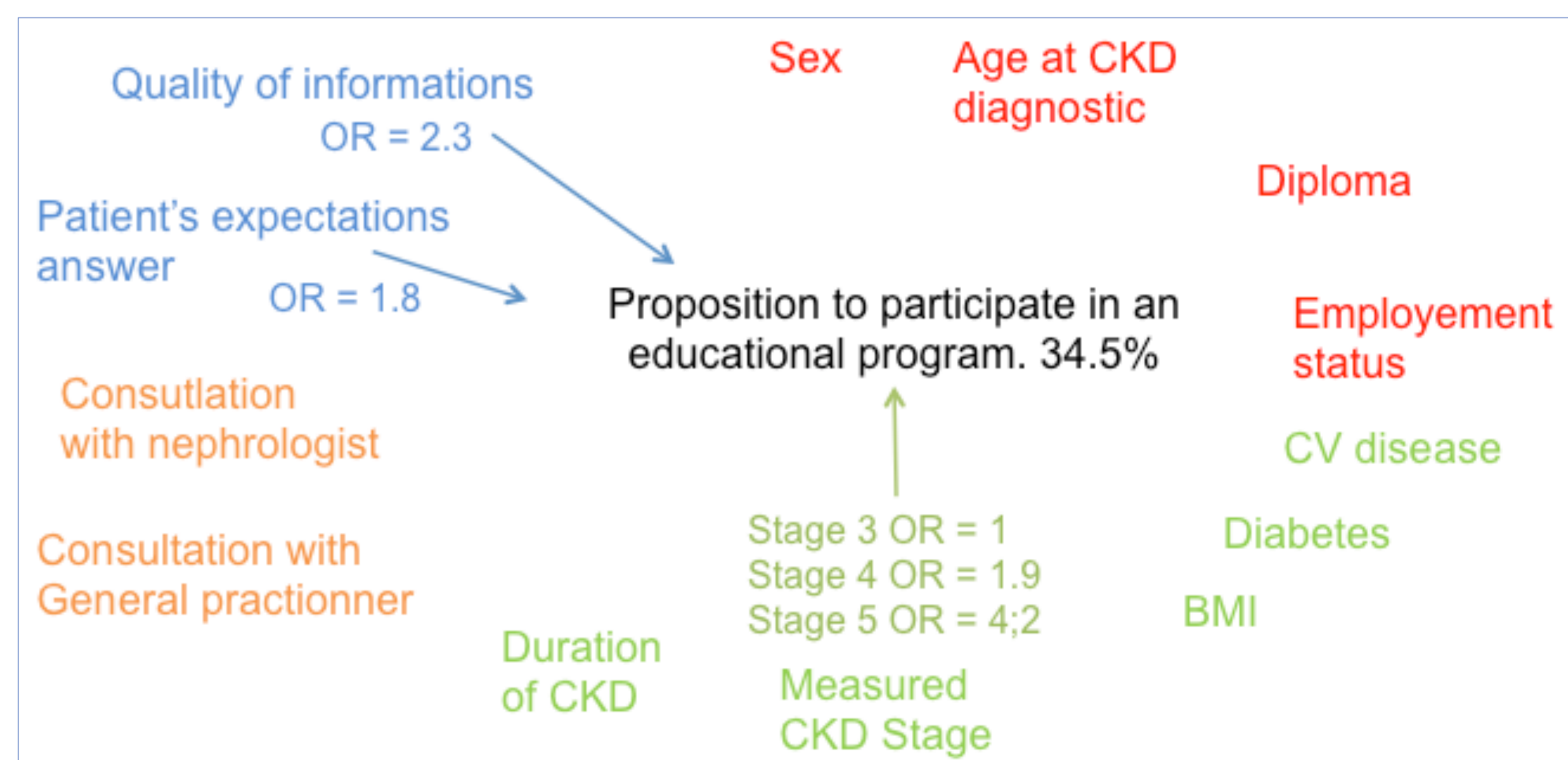
## Conclusions

- Patient's CKD knowledge and information are weak, and the educational program proposition is uncommon.
- Therapeutic educational program allow patients to improve their disease understanding and their compliance, reduce complications and slow disease progression.
- The choice of treatment option by the patient should improve the transition to end-stage renal disease, reduce complications during this step and improve quality of life and satisfaction with care.
- Some of factors associated with information, educational program and patient's treatment choice are modifiable. So we need to improve and to promote information and educational program in primary care and nephrology departments.

### Factors associated with the patient's CKD stage knowledge



### Factors associated with the proposition to participate in information session or in an educational program



### Factors associated with the patient's choice of treatment options

