

Health-Related Quality of Life in older adults with Kidney Failure

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Disclosures

Dr Li has received speaker fees from CSL Seqirus
and travel funding from BI

Non-commercial

Dr Li is a member of ISN KSC/CKM working
group and leads a KSC services at St George
Hospital in Sydney

Mary

Mary – aged 84

Stage 5 CKD

Lives alone

Functionally independent

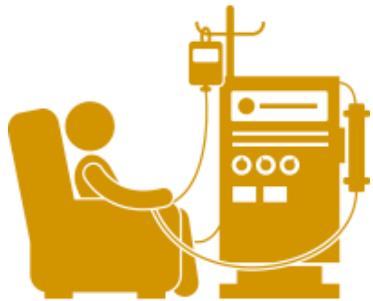
Stable chronic diseases. No other life-limiting illness.

Suffers from grief and loss.

Enjoys crafts. Travels to visit children/grandchildren



Shared decision making



Dialysis is possible

HD & PD both accessible, logically feasible, and medically suitable



Conservative kidney management offered through kidney supportive care service

Active treatment by a multidisciplinary team, includes symptom management, psychosocial support, advance care planning, and end of life care

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“I want quality of life. That's important to me”



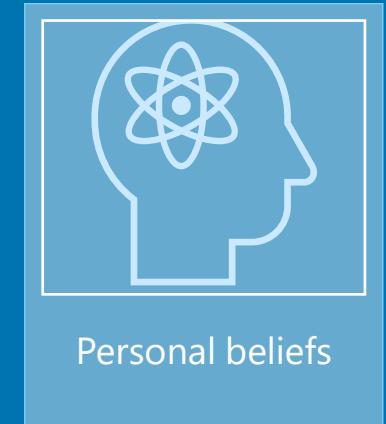
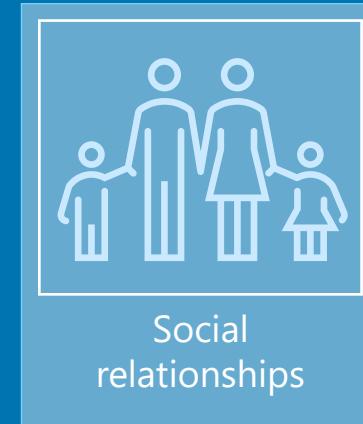
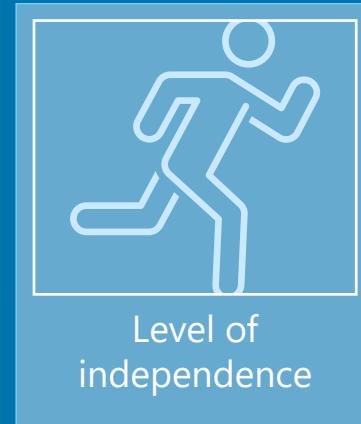
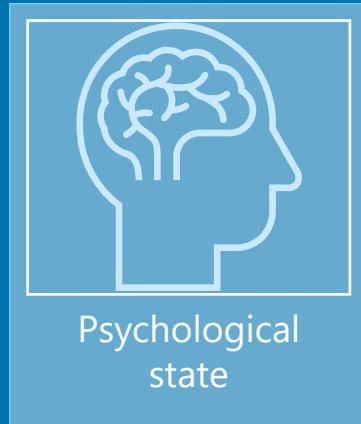
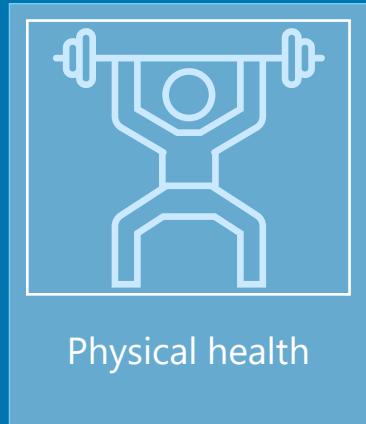
What is meant by quality of life?

It's complicated...

Quality of Life

Individual's perception of their position in life in the context of culture, value systems, goals, expectations, standards & concerns.

Incorporates:



WHO definition

HRQoL

What is Health-Related Quality of Life?

Broadly – individual's health and its impact on their ability to have a fulfilling life –

Validated tools exist to measure health-related quality of life.

Physical domains, mental domains, functional impairment, symptoms, etc

“

“I want quality of life. That’s important to me”

*Enjoys knitting
Socialises with her church community
Travels to visit children*



Does quality of life matter?

“

*“The quality, not the longevity, of
one's life is what is important.”*

Martin Luther King, Jr.

Longevity is not always the priority – there are **trade-offs**

A choice experiment of older patients' preferences for kidney failure treatments.

We aimed to quantify the treatment preferences of older UK adults with advanced chronic kidney disease deciding between treatments for kidney failure.

Participants selected from pairs of alternative treatments, differing in...

Choice experiment developed using qualitative techniques: 'A specialised survey to quantify preferences for kidney failure treatments'

- Paper administration
- 21m/1.73m²

Overall, participants... Were willing to relinquish 13% absolute survival benefit at two years to prevent a halving of their ability to do the things that were important to them.

Required a 16% increase in absolute survival at two years to accept a three-times a week hospital-based dialysis regimen.

Had greater preferences for survival if partnered, but lesser preferences for survival if they expected to lose their ability to do the things that were important to them.

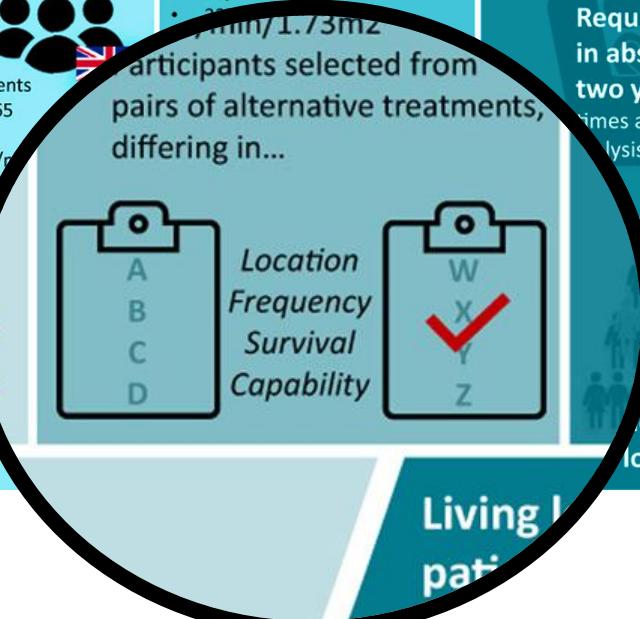
Willing into three groups with disparate preferences for location of care and willingness to trade-off survival to preserve their ability to do. However, only planned treatment predicted which group a person was likely to be in.

The sole determinant of older peoples' decisions: better chances of survival, but only if their capability is acceptable.

Living I pat

Hole et al., barnaby.h...

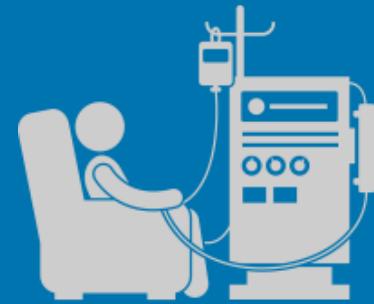
kidney INTERNATIONAL **ISN**
INTERNATIONAL SOCIETY OF NEPHROLOGY



Living longer is not the sole determinant of decision-making

Also valued:
Capability
Location and
Frequency of care

Dialysis or CKM



What does that mean for HRQoL?

“

“I want quality of life. That’s important to me”

*Enjoys knitting
Socialises with her church community
Travels to visit children*



QoL

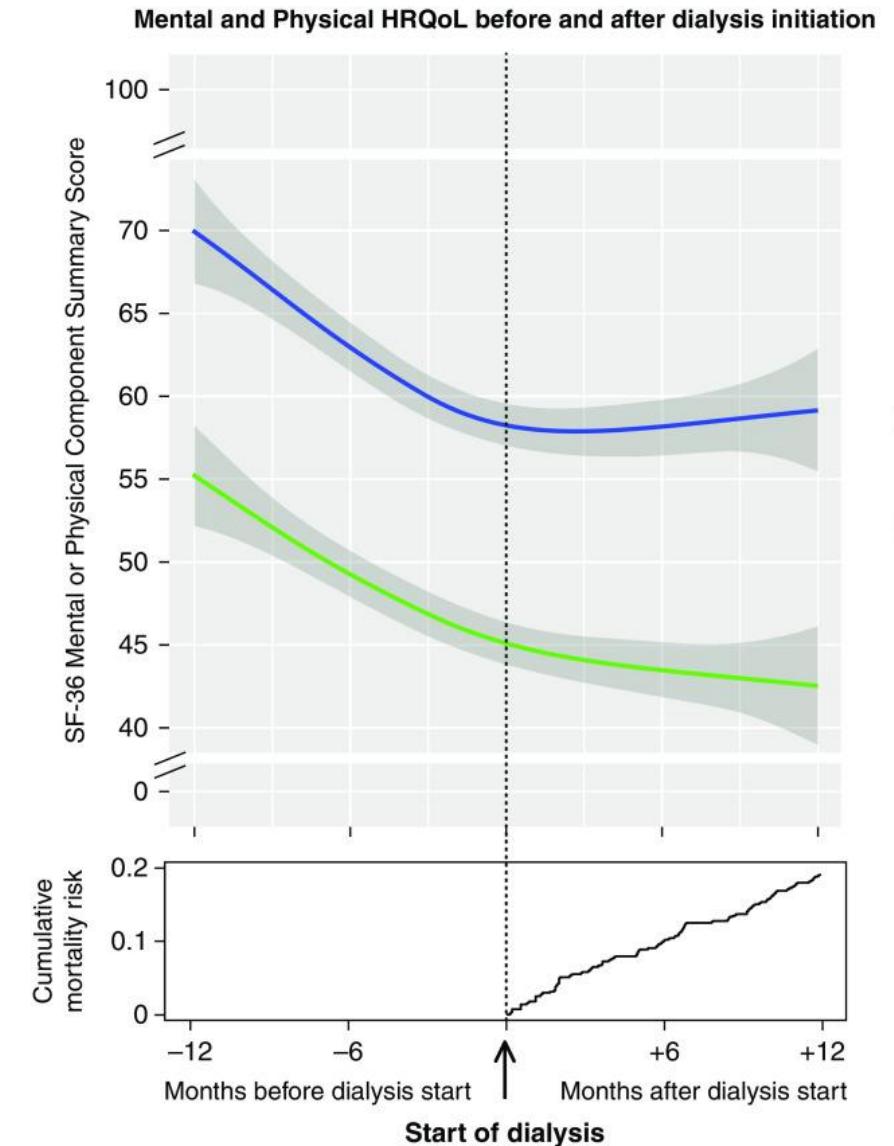


Dialysis

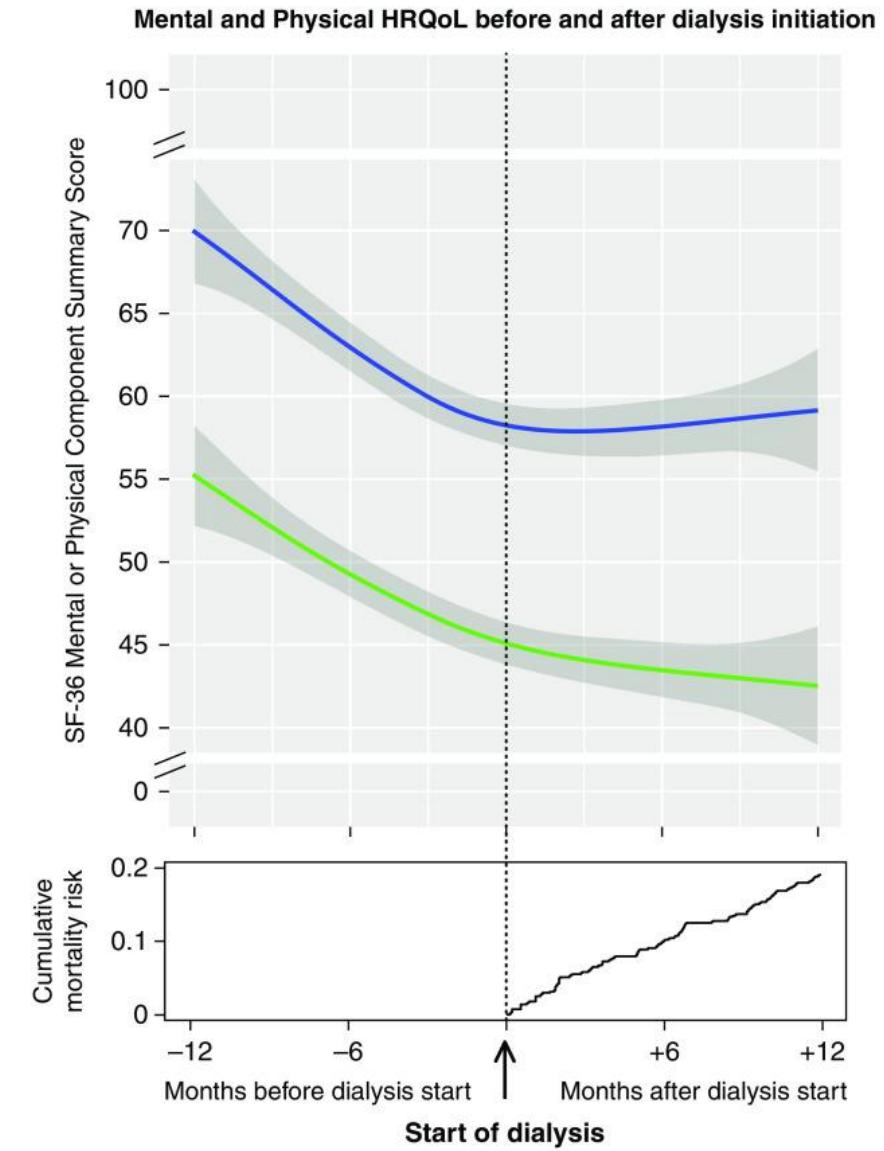
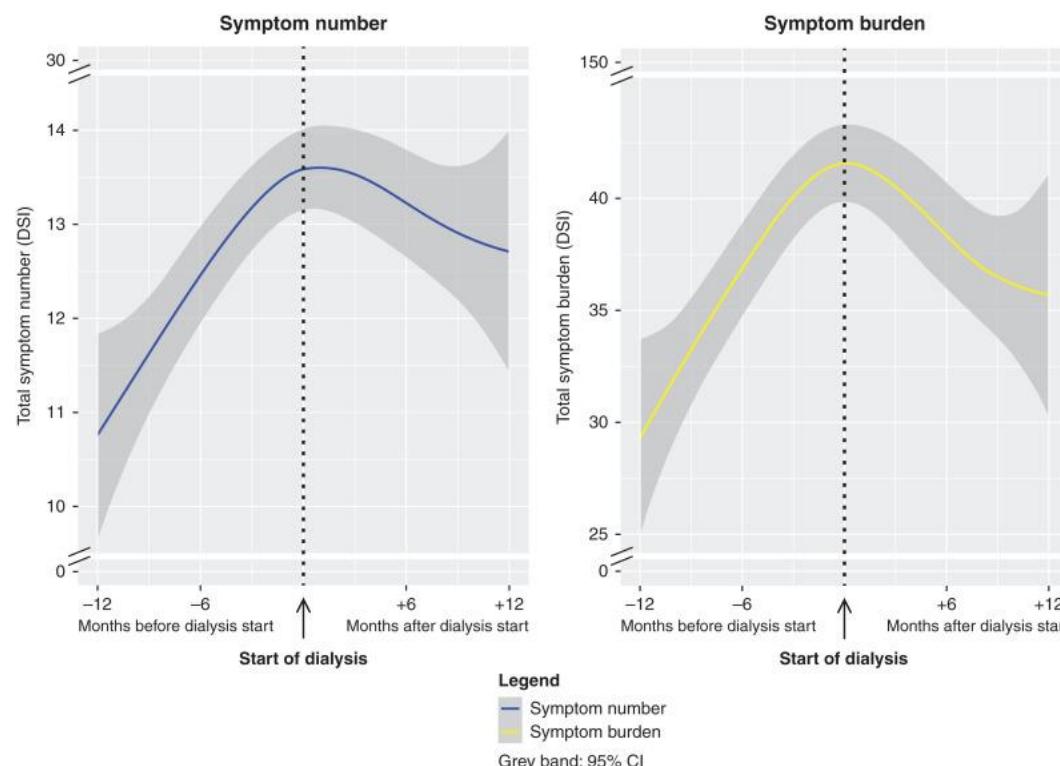
EQUAL study

Mental and Physical HRQoL deteriorates as CKD progresses

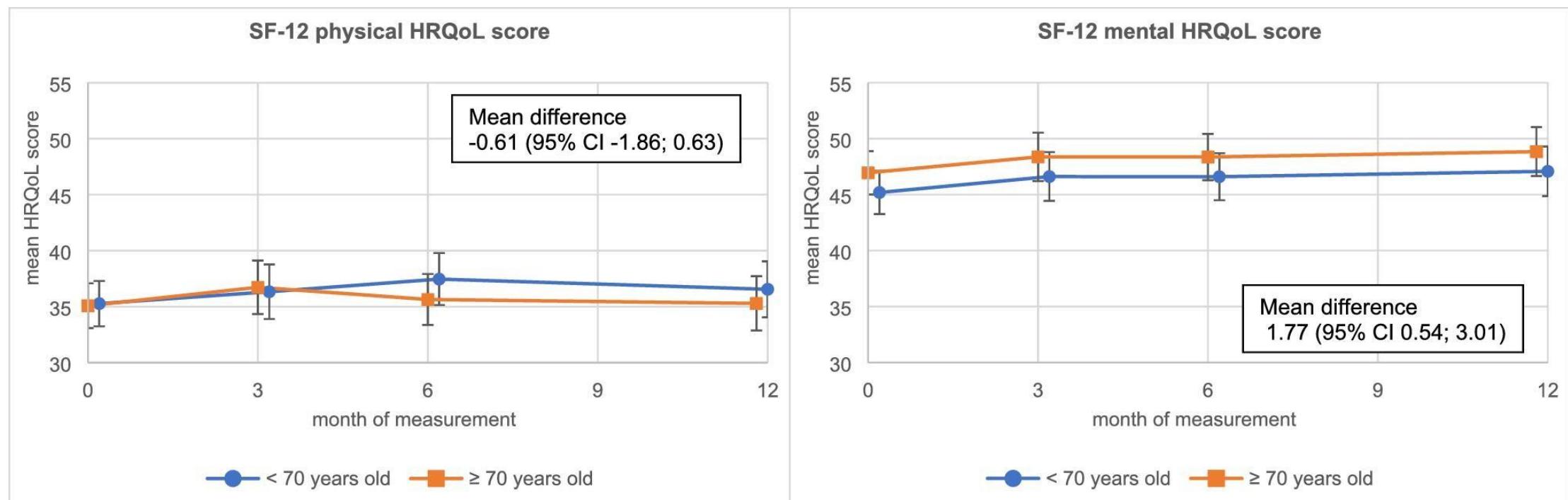
Both stabilise after dialysis initiation
(does not return to baseline)



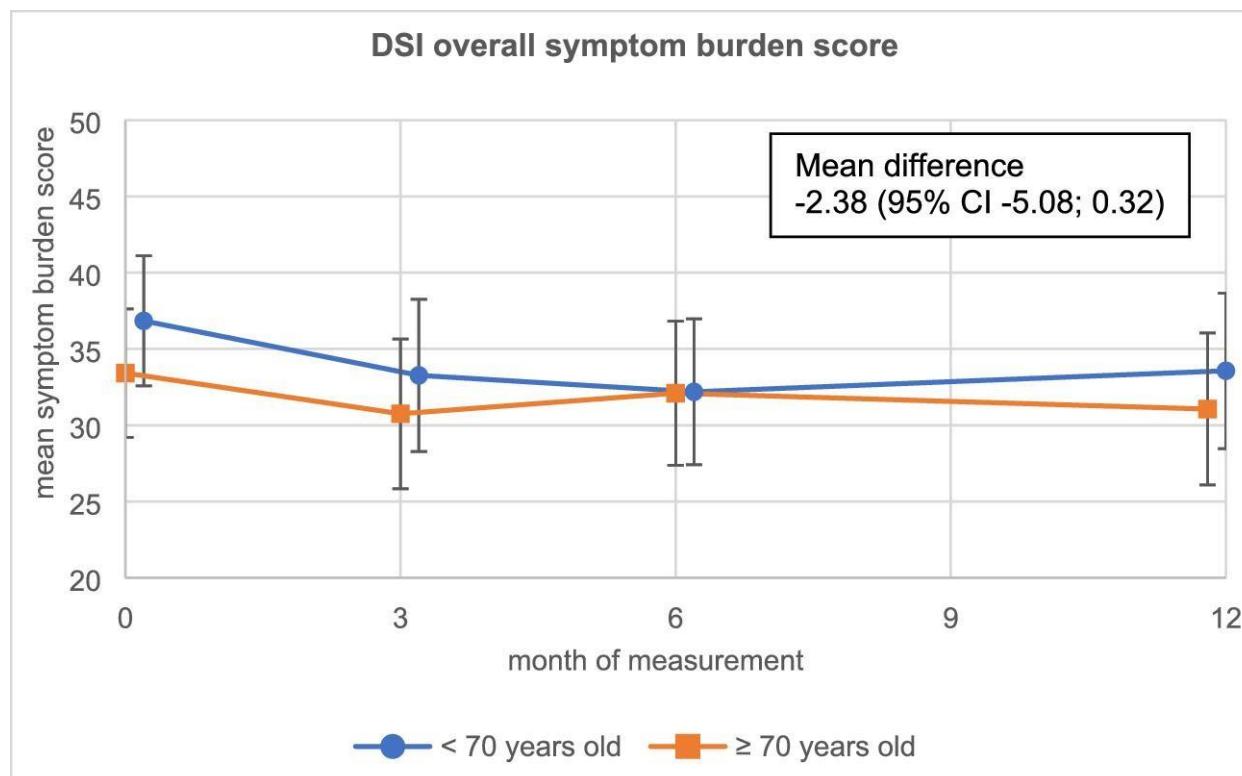
EQUAL study



Older patients are not different



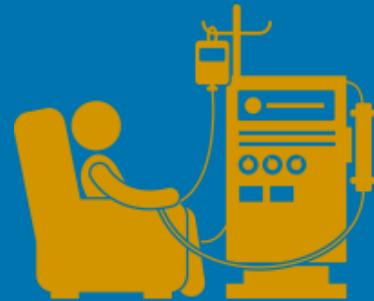
Older patients are not different



Patients aged <70 and >70 in the first year after dialysis

- **Similar physical and mental QoL**
- **Similar symptom score**

QoL

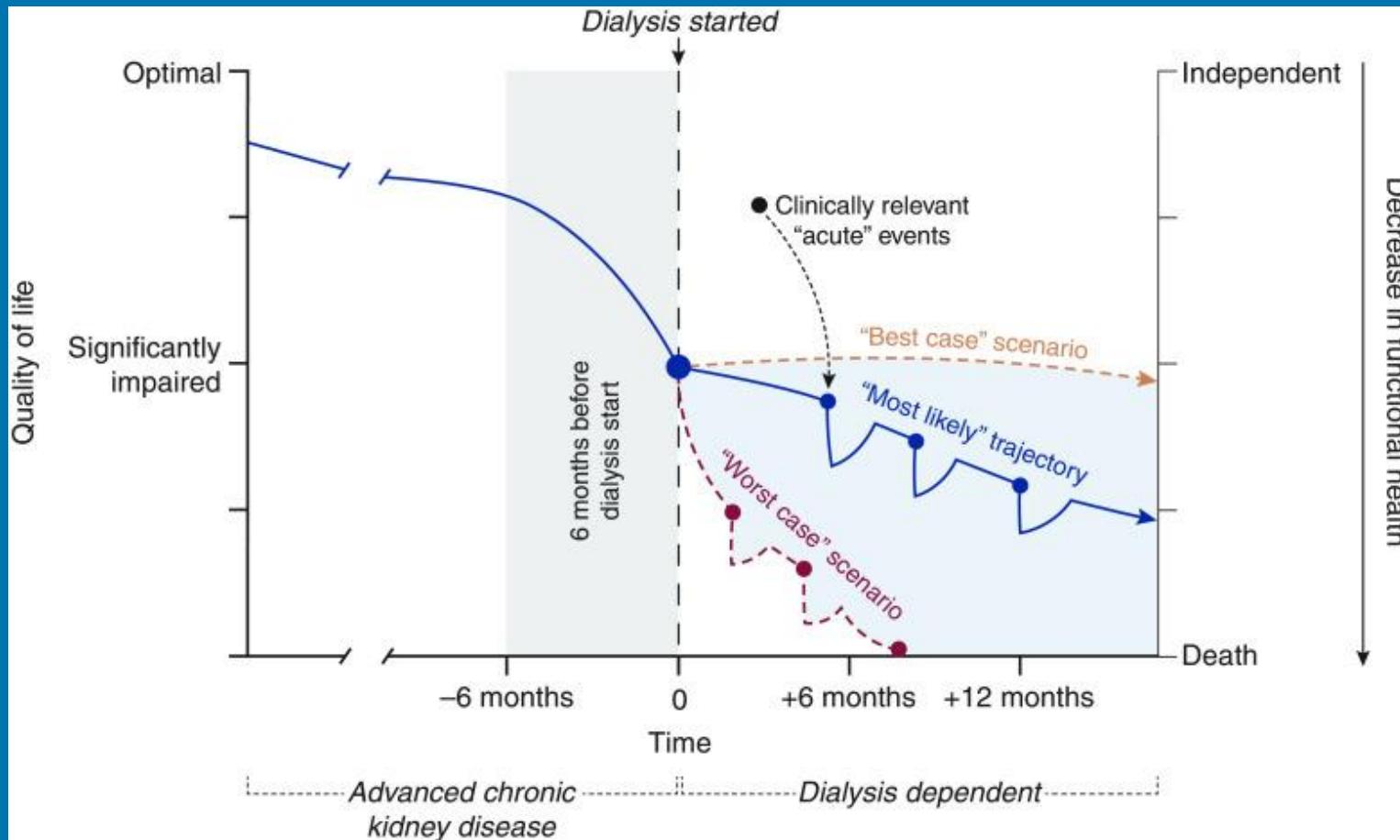


Dialysis

Symptom burden and QoL deteriorate as patients approach dialysis

After dialysis initiation – stabilises but has limited improvement

Older patients are not different



QoL



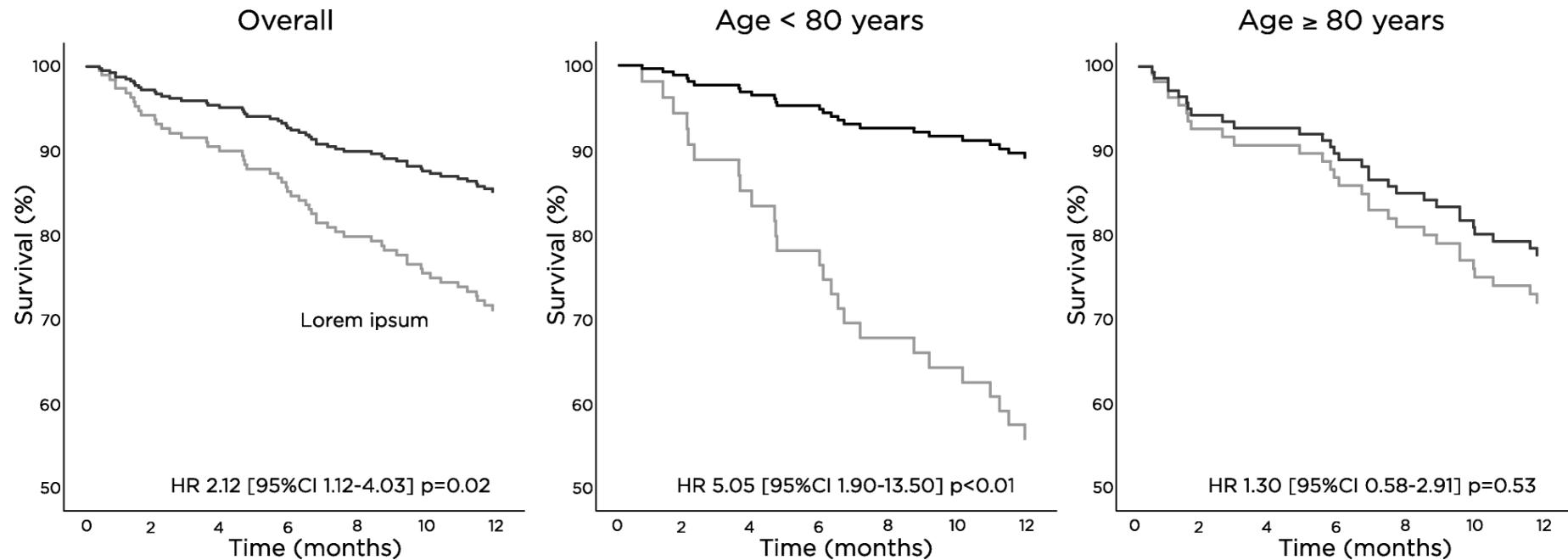
CKM

How does CKM compare?

Survival

Patients aged ≥ 80 may not live longer with dialysis

**192 dialysis
(mean age 75)
and 89 CKM
(mean age 82)**



HRQoL – EQ5D at 6 months

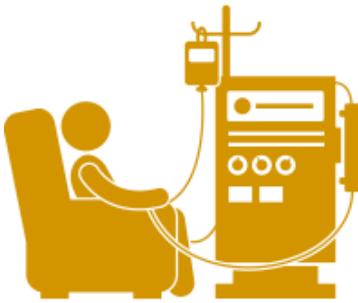


CKM

Small decline in QoL

$\frac{1}{2}$ stable/improved QoL

24% hospitalised



Dialysis

No improvement in QoL (stable)

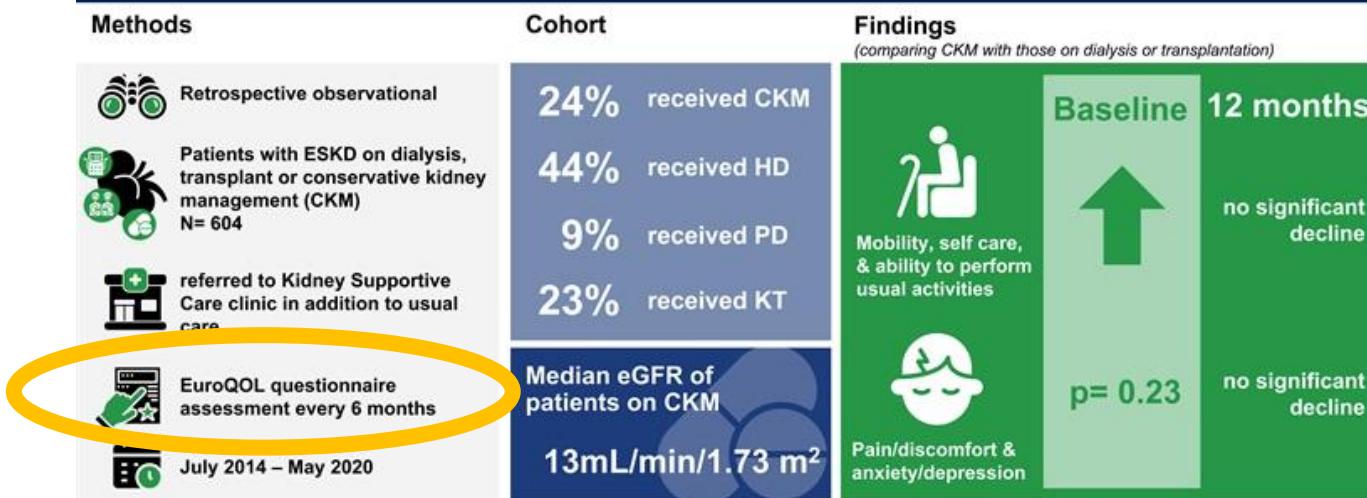
$\frac{2}{3}$ stable/improved QoL

50% hospitalised

CKM (supported), St George Hospital, Sydney

What is the quality of life (QOL) trajectory in patients with ESKD managed with or without dialysis?

Kidney360

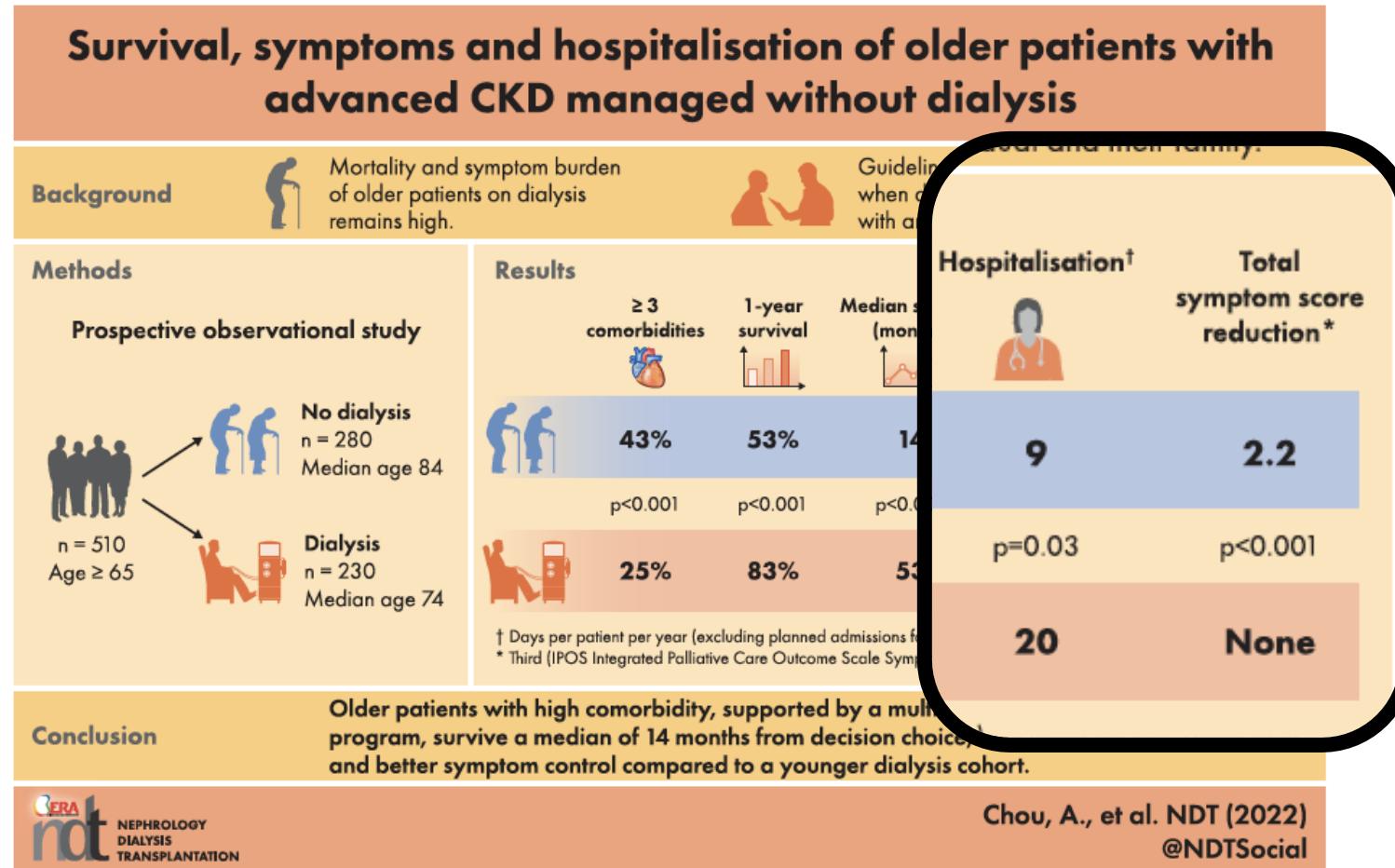


Conclusions QOL scores or symptom burdens did not change significantly in patients receiving CKM compared to with dialysis, suggesting that appropriately supported CKM can maintain patients' QOL.

Sarah So, Kelly Li, Anna T Hoffman, et al. *Quality of Life in Patients with Chronic Kidney Disease Managed With or Without Dialysis: An Observational Study*. Kidney360. DOI: 10.34067/KID.0001602022
Visual Abstract by Dominique Tomacruz, MD

HRQoL
comparable
between CKM
and KRT
groups

CKM program improves symptoms in kidney failure



Dialysis patients 10 years younger, less comorbid, and lived longer

BUT

CKM patients had $< \frac{1}{2}$ hospitalisations, and symptoms improved with KSC despite uraemia

11 Observational studies of dialysis and CKM patients



Compared to dialysis, CKM patients were

- Older
- More co-morbidities
- Worse functional status

Nephrol Dial Transplant (2021) 36: 1418–1433
doi: 10.1093/ndt/gfaa078
Advance Access publication 14 June 2020

Health-related quality of life and symptoms of conservative care versus dialysis in patients with end-stage kidney disease: a systematic review

Wouter R. Verberne  ^{1,2}, Iris D. van den Wittenboer¹, Carlijn G.N. Voorend², Alferso C. Abrahams³, Marjolijn van Buren^{2,4}, Friedo W. Dekker⁵, Brigit C. van Jaarsveld⁶, Ismay N. van Loon³, Simon P. Mooijaart⁷, Gurbey Ocak¹, Johannes J.M. van Delden⁸ and Willem Jan W. Bos^{1,2}

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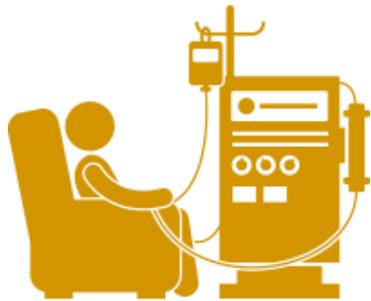
Symptoms and HRQoL in dialysis and CKM



CKM patients

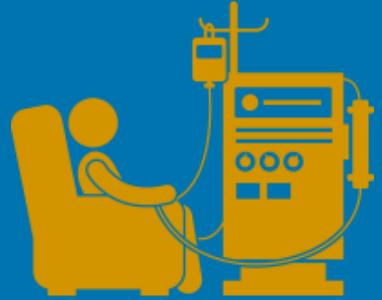
Physical health outcomes worse than PRE dialysis patients but similar to dialysis patients

Mental health outcomes similar to dialysis patients



Dialysis patients

Burden of kidney disease and impact on daily life increased after dialysis start



CKM has comparable QoL to dialysis and is a viable alternative for older patients

“

“I want quality of life. That’s important to me”

*Enjoys knitting
Socialises with her church community
Travels to visit children*



In older adults with kidney failure:

Longevity & Quality BOTH important

Active involvement in decision making

**Thank
you**

Take Home Messages

Contact: ChenleiKelly.Li@health.nsw.gov.au

Survival is not the only consideration for older patients with KF. QoL is important.

QoL and symptoms stabilise but does not return baseline after dialysis start

CKM can achieve similar QoL outcomes and may be preferred for older patients

