



Managing Symptoms in PD Patients

23rd Asian Pacific Congress of Nephrology
December 6, 2025

UNIVERSITY *of* WASHINGTON



Patients' Lived Experience



Dialysis dose ✓

Potassium ✓

Calcium ✓

Phosphate ✓

Hemoglobin ✓

Albumin ✓

PTH ✓

But I feel like c***

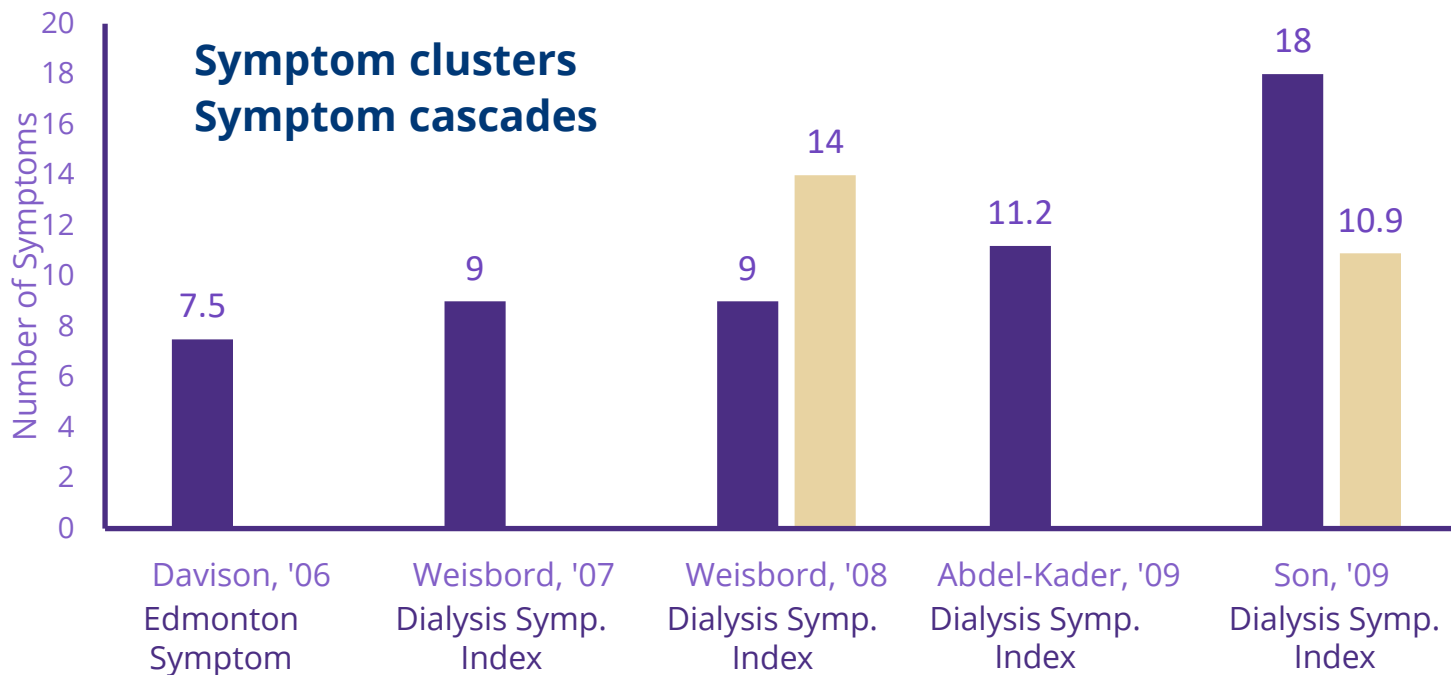
Case I wish to make

- > That we should expand the focus of dialysis care to include management of symptoms experienced by patients

- > At the very least, it will include:
 - Incorporating symptom assessment in routine care
 - Engaging with patients to understand their priorities for symptom relief
 - Increasing research to expand treatments for symptom management
 - Overcoming system barriers to make treatments available to patients

- > Virtually all published literature on symptoms and their treatment is in patients undergoing in-center hemodialysis

Many Symptoms!!

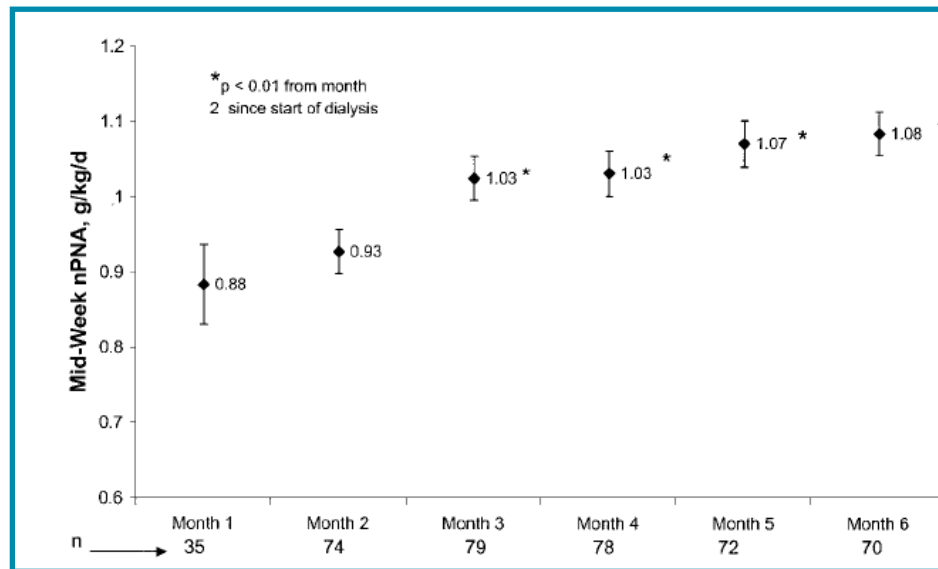


We start dialysis for symptoms



- > “Uremic symptoms” are a part of the uremic syndrome
- > Clinical practice guidelines recommend waiting for the appearance of symptoms before starting long-term dialysis
- > But not all symptoms experienced by patients are from uremia:
 - And some treatments (dialysis, medications) lead to new symptoms

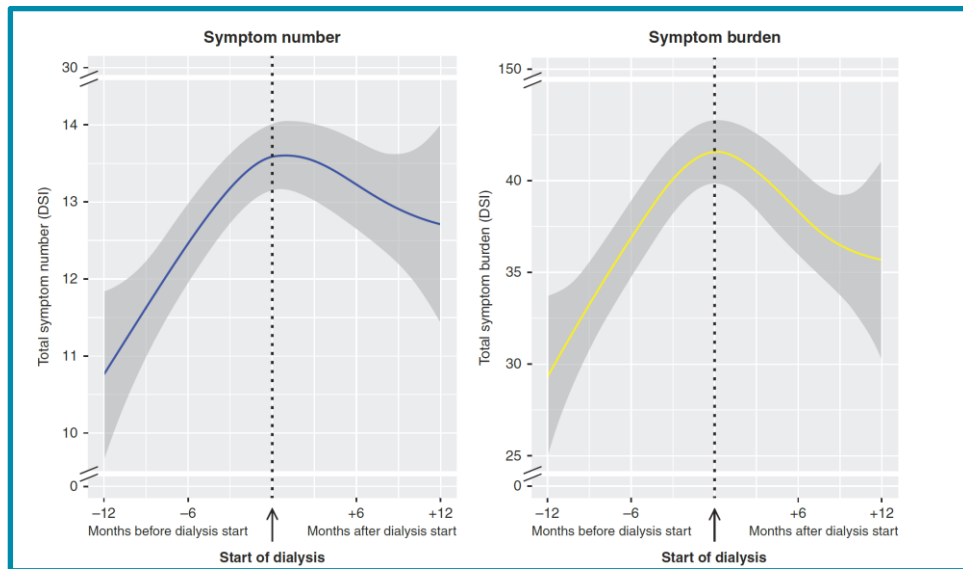
Dialysis for some symptoms



- Shortness of breath
- Chest pain from pericarditis
- Low energy

Anorexia

Partial improvement



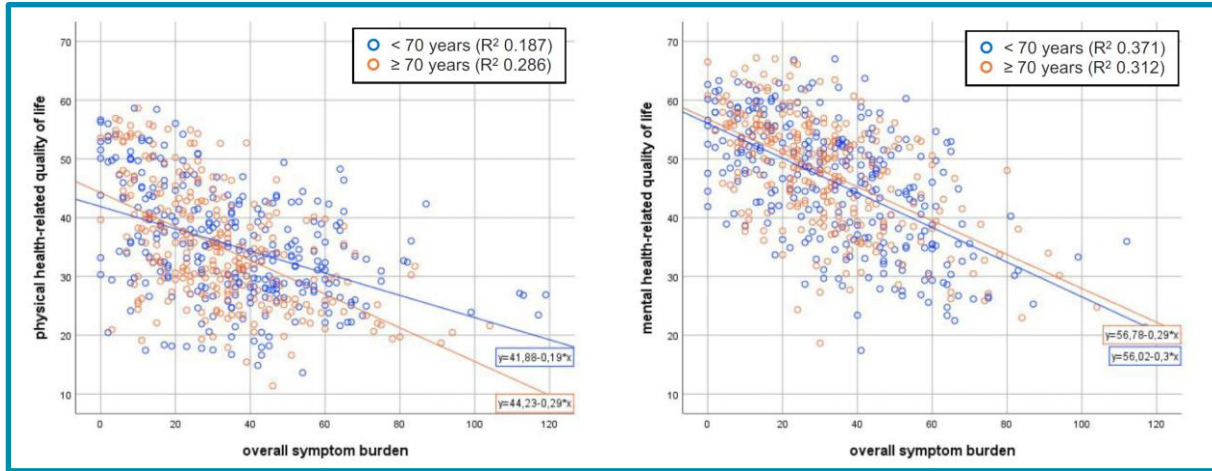
EQUAL, longitudinal prospective multicenter cohort study of patients ≥ 65 years of age, with $\text{eGFR} \leq 20 \text{ ml/min/1.73 m}^2$

Data from 456 patients from the cohort that started dialysis and were followed for up to one year

N=99 (23%) treated with peritoneal dialysis

de Rooji et al, CJASN 2022; 17: 1719-1729

Higher burden, lower QOL



774 patients starting dialysis,
followed for one year

Assessed by DSI and SF-12

Van Oevelen et al, Nephrol Dial Transplant 2024; 39: 436-444

Higher healthcare utilization

Depression

Non-adherence, missed treatments,
hospitalizations

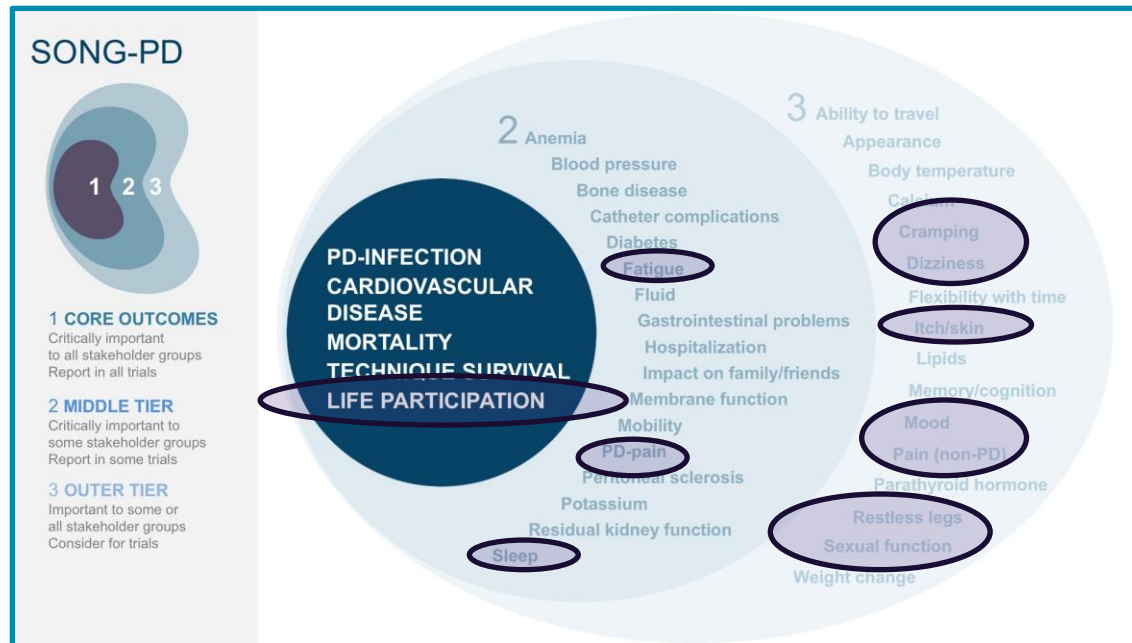
Chronic Pain

Opioid prescribing with resultant falls,
fracture, altered mental status

Insomnia

Daytime sleepiness, falls, fractures

Patient/Provider Priority

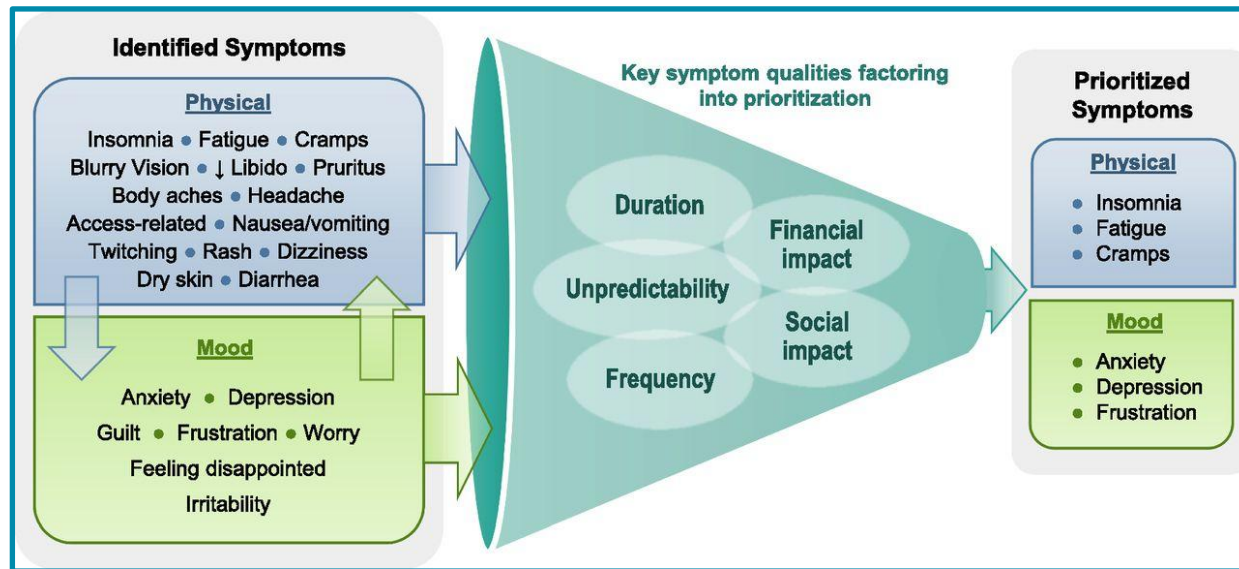


Patients want relief



Mehrotra et al, Kidney Int 2023; 104: 441-454

Some have higher priority



These are helpful to set priorities for research

For clinical care, elicit symptom relief priorities for individual patients

Flythe et al, CJASN 2018; 13: 735-745

Symptom Mx: Barriers

- > How do we incorporate symptom assessment in routine care such that it improves patients' self-reported sense of well-being?
 - In the United States, KDQOL and depression screening done annually; results unsatisfactory

Approach to Symptom Mx

Use of Patient Reported Outcome Instruments

Directed questioning during clinical encounters

Empower patient to report bothersome symptoms

That goal of dialysis care is more than making numbers
look pretty

PROM vs. Usual Care

EMPATHY (NCT03535922):

- 3933 participants enrolled
- Primary outcome: Patient-Clinician Communication
- Projected completion date: Dec. 2025

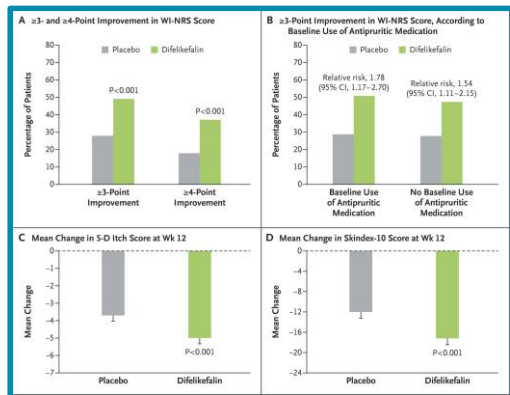
SWIFT (ACTRN12620001061921):

- Cluster RCT; target enrollment, 2422
- Every participant completes EQ-5D-5L and SONG-HD Fatigue; intervention group also completes IPOS Renal. Results sent to dialysis nurse manager and nephrologist
- Outcome, health-related quality of life EQ-5D-5L

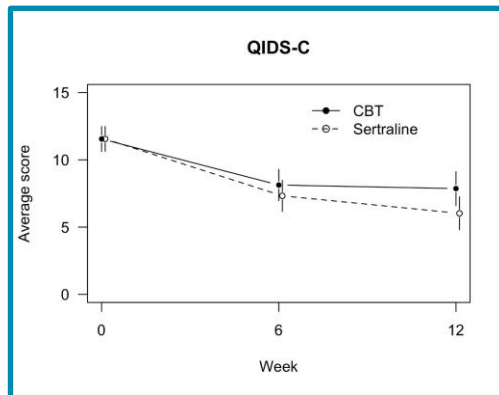
SMaRRT-HD Trial (NCT0578330):

- Pragmatic cluster RCT including 36 HD units; full cohort, 2400, PRO assessment, 1200
- Primary outcome: symptom severity using Dialysis Symptom Index
- Projected completion date: Sep. 2027

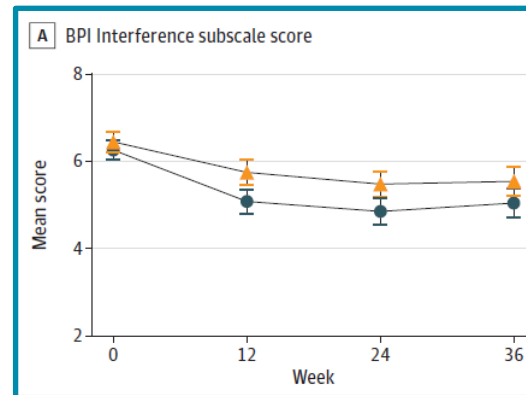
Some symptoms have Rx



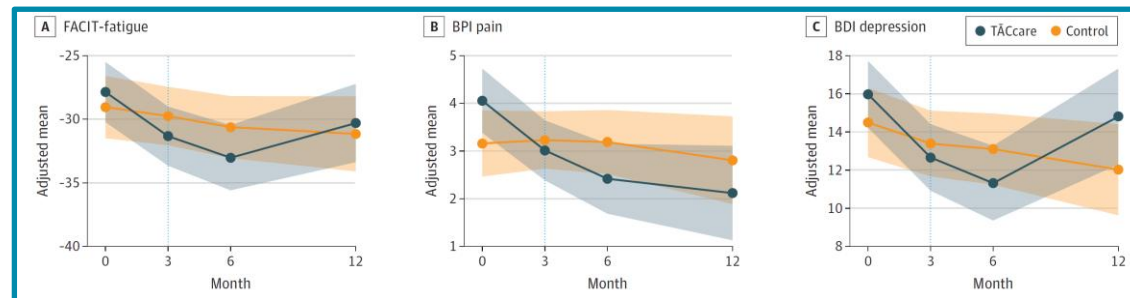
Pruritus



Depression



Chronic Pain



Symptom Clusters

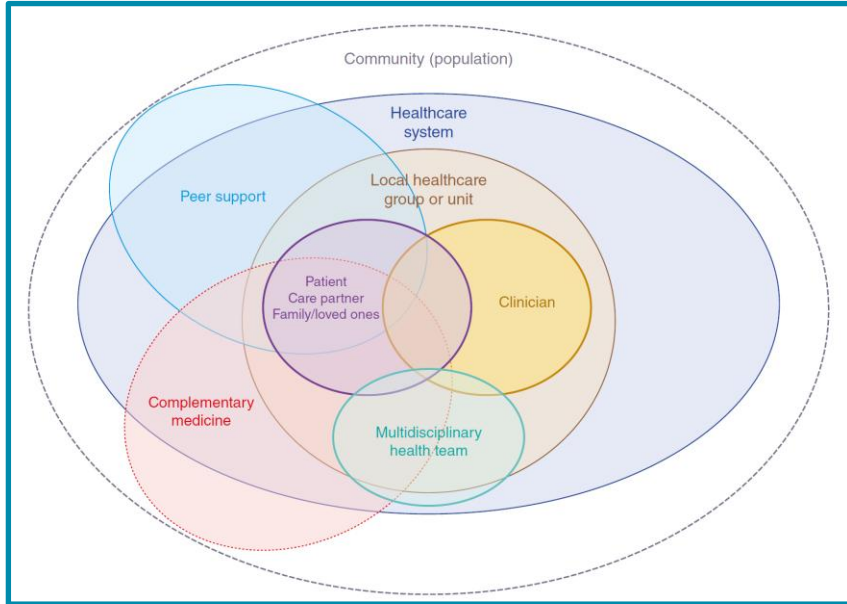
Fishbane et al, NEJM 2020; 382: 222-232
Mehrotra et al, Ann Intern Med 2019; 170: 369-379
Jhamb et al, JAMA Internal Med 2023; 183: 795-805
Dember et al, JAMA Internal Med 2025; 185: 197-207

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Symptom Mx: Barriers

- > How do we incorporate symptom assessment in routine care such that it improves patients' self-reported sense of well-being?
 - In the United States, KDQOL and depression screening done annually; results unsatisfactory
- > How do we make these treatments available to patients?
 - Whose responsibility is it?

Whose responsibility?



Consensus:

Nephrology multidisciplinary teams should take the lead in symptom management, with holistic care as goal

Mehrotra et al, Kidney Int 2023; 104: 441-454

How do we make Rx available?

Depression Care

Unit Social Worker

- Screen patients for depression with PHQ-9 annually
- In those with depressive symptoms, shared decision making to select Rx
- Make referral based on treatment choice
- Reassess, for response to treatment

Therapy SW

- Some social workers trained to provide CBT via telehealth
- Patients can choose to receive CBT on dialysis or at home

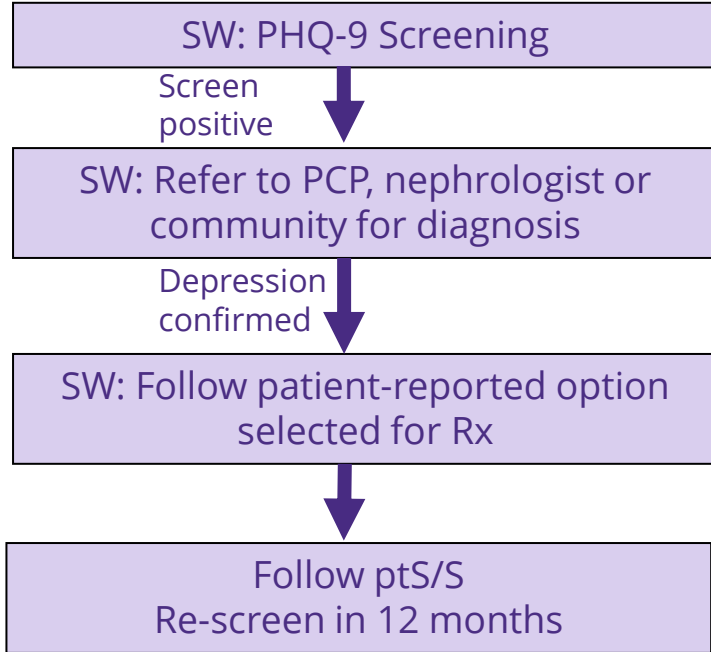
Nephrology Provider

- Training materials made available for nephrology providers to train in prescribing anti-depressant drugs to patients in dialysis unit

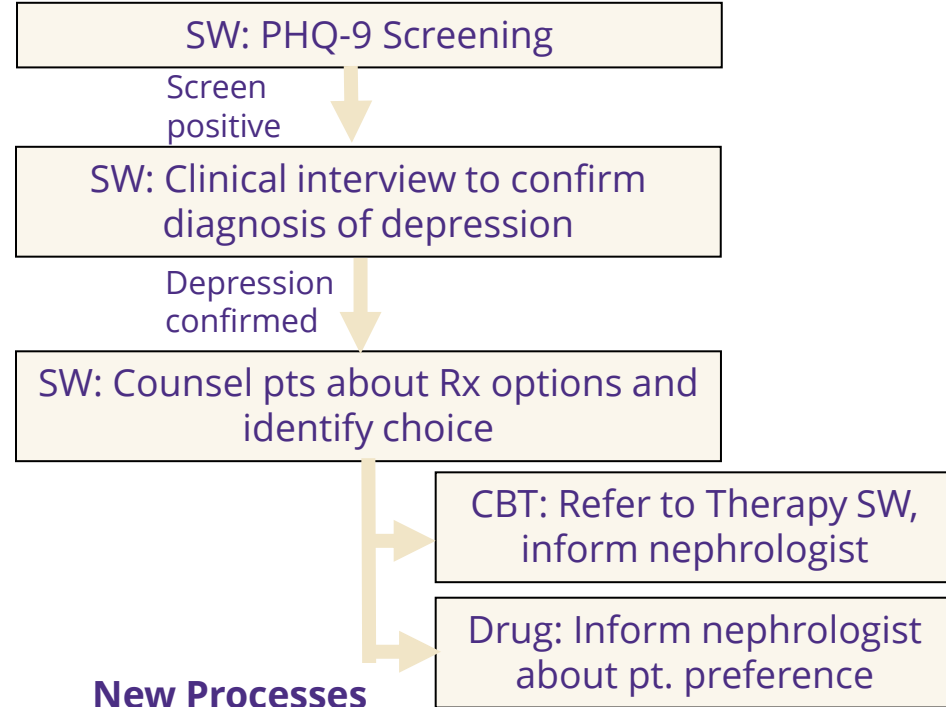
Implementation project funded by PCORI – both in-center and home dialysis

Units operated by Satellite Healthcare in three states

Depression Mx with dialysis car



Previous Processes



New Processes

Status Update

- > Project launched in six phases over 18 months
- > 6561 screenings done in 4846 patients to date:
 - 268 screened positive and engaged in shared decision making

Summary/Conclusions

- > Most patients have multiple symptoms
- > Starting or intensifying dialysis improves some but not all symptoms
- > Untreated symptoms increase healthcare utilization
- > Patients tell us they want us to help them feel better
- > Some symptoms have effective treatments
- > We need to work to invest in research and overcome system barriers to optimize symptom assessment and make treatments available
- > Dialysis care team is key in advancing such care for our patients

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