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P212 -Optimising outcomes for older patients: are adult children an underutilised ally in transplantation?

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Introduction

Living donor (LD) transplantation is the optimal form of renal replacement therapy for suitable patients with end-stage renal disease (ESRD). The mean age of incident patients with ESRD continues to rise, in line with the changing demography of the general population. However in the UK there is age-related inequity of access to LD transplantation¹.

One barrier to older ESRD patients receiving LD transplant may be reluctance to accept older potential LDs, (due to concern about perioperative risks), as their peer and potential donor group is also older.

There may also be an averseness to consider adult children as potential donors for their parents reflecting medical paternalism (a presumption that the potential benefit of a LD transplant to an older recipient is not substantial enough to outweigh the risks of living donation).

The proposed change in the allocation of deceased donors (DD) in the UK is likely to result in older patients being offered poorer 'quality' kidneys, with potential for greater morbidity and mortality in this recipient cohort.

We reviewed the pattern of transplantation in older recipients in our region and considered the profile of the living donors for this group.

Methods

The records of all consecutive renal transplant recipients in this region from 01 January 2010 until 31 December 2018 were interrogated. Recipients older than 65 years at time of transplant were identified. Data were extracted from NI Renal Transplant Database and Electronic Care Record.

Results

There were 896 transplants in the study period. The recipient age range was 3-79 years, and 156 (17%) recipients were >65 years old. Of these 70 (45%) received a LD kidney. This proportion is comparable to the 50-64 yr. cohort (143/289, 49%), lower than the 35-49 yr. group (175/276, 63%), with highest proportion of LDs being in the 18-34 yr. (109/140, 78%) and paediatric (26/ 35, 74%) patients. Adult children accounted for half of the living donors for the older recipients, details in Table 1.

(Table 1 attached separately)

Discussion

In our region older (>65 yr.) recipients have comparable access to LD transplantation to those aged 50-64 years. This may reflect the absence of prejudice against adult children or their spouses being living donors. The disparity in outcomes between LD and DD transplantation is likely to become more pronounced in older recipients with the change in DD allocation in the UK in 2019. As the physical risks to a LD are equivalent irrespective of the recipient demographics, this group represents an important opportunity to optimise the care of the older patients with ESRD.

(References attached separately)