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P335 -Single centre experience of Conservative Kidney Management (CKM) for End Stage Renal Disease (ESRD) in elderly patients.

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It has become clearer that long term Renal Replacement Therapy (RRT) as a life sustaining measure, does not benefit elderly patients with End Stage Renal Disease (ESRD). Therefore, Conservative Kidney Management (CKM) as an alternative to RRT, for patients above 75 years of age with comorbidities, is gaining more acceptance. 22 patients commenced on CKM between 2014 –2018, were randomly chosen from our renal database. The primary team responsible for management were 2 nephrologists, and a specialist renal nurse who provided monthly dialysis education sessions. Information given to these patients regarding CKM was based on current observational studies.

The mean age in our cohort of patients was 83.1 years (range 63 - 92 years) with an equal number of males and females (M: F= 1:1). The average eGFR at decision for CKM was 13.6 ml/min/1.73m² (range 7-21 ml/min/1.73m²). 41% of patients attended formal education sessions on RRT prior to accepting CKM. The remaining 59% declined these sessions, choosing CKM following discussions with the consultant. 32% of these patients had active or treated malignancy. 95% of the patients had comorbidities affecting at least one other organ system.

Average maintained haemoglobin was 94.3 g/L (range 85-132.5 g/L). 36% received intravenous or oral iron supplementation and 63.6% received erythropoietin. Frequency of renal follow up varied between 1-4 months depending on the clinical needs of the patient.

68% of the patients were referred on to palliative care. 40.9% of the patients continue CKM to date. Overall survival on CKM was 20.18 months (range 2-69 months). 77% of the patients who passed away had end of life care plans in place. 31% of the patients who died did not report any significant symptoms on renal follow up, until the end.

The survival advantage observed with RRT range from 4 - 24 months in various studies. (Carson et al; Chandna et al). The experience of our unit indicates similar survival with CKM. These patients made an informed decision regarding the management of their ESRD and are successfully managed together with the palliative care team.