

ASSESSMENT OF THE EFFECTIVENESS OF ANAEMIA MANAGEMENT IN OUR PRE DIALYSIS AND CONSERVATIVE MANAGEMENT PATIENT GROUPS.

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PROBLEM: Part of the responsibility of the Renal Liaison Team is to manage anaemia within Pre Dialysis and planned Non-Dialytic Management, (Conservative Management (CM) of patients with CKD). Part of our philosophy is to keep our patient's symptom free for as long as possible either prior to starting dialysis or in the terminal phase of CKD. The Dialysis Outcomes and Practice Patterns Study (DOPPS) has shown that in France, Italy, Germany, Spain and the UK the mean Hb when starting (HD) is 9.4 g/dl and that it takes approximately 6 months of HD to establish Hb target levels. Our impression was that our Pre Dialysis patients were receiving more brisk and timely anaemia correction, likewise with coordination of a CM program since 1996 part of the challenge with this patient group was to establish a shared care program in symptom control, one major component being anaemia management.

PURPOSE: Currently all planned Pre Dialysis and CM patients have established links with the liaison team which consists of a team of Specialist Renal Nurses and a Renal counsellor this team has been established for 10 years. Our Nephrologists refer to us for anaemia management, our aim is to normalize haemoglobins Pre dialysis, and reduce hospital visits and admissions for symptom control in our CM group.

DESIGN: An in house audit was undertaken looking at the number of patients entering the HD program. Hb at commencement of HD was compared with Hb levels in patients already established on the program as reported by our unit to the UK Renal Registry (UKRR). Whilst in the CM group, the aim was to establish a planned pathway with Primary Care.

FINDINGS: The Partnership with Primary Care has enabled us to closely manage our patients anaemia and symptoms with CKD not only CM patients but also Pre Dialysis. Early intervention of symptoms, from Primary Care to Liaison, often avoiding admission with associated complications of anaemia. With our Pre dialysis group our mean Hb at commencement of HD was 11.5 g/dl. In prevalent HD patients the UKRR report a mean HB level of 11.3 g/dl in patients from our unit.

CONCLUSION: Our results compare favorable with DOPPS data in our Pre Dialysis group and show that mean Hb is already corrected to target level when patients start dialysis. Our mean in CM after 6 months treatment is 12.3 g/dl, although this is an important part of symptom control it also enables us to achieve early primary care involvement in this group which ensures an established relationship before the terminal phase and helps towards a supportive death.

RELEVANCE: We encourage this approach to the management of anaemia within our Pre Dialysis and CM patients using guidance from the NSF part 1 Dialysis and Transplantation, National Renal Workforce planning and Kidney Alliance. It allows us to plan both optimal well being in both Dialysis and working towards a planned death in Conservative Management.