

## AUDIT OF THE CONSERVATIVE CARE OF PATIENTS WITH SEVERE RENAL FAILURE.

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**PROBLEM.** Not all patients with ESRF may benefit from dialysis and this centre has a multidisciplinary team dealing with the counselling and the delivery of palliative care to these individuals. The decision to initiate conservative care (CC) is prompted by age, functional disability and co morbidity. Such decisions may be made by the patients or by the nephrologists in charge.

**PURPOSE.** To assess the outcome of all these patients in comparison with a cohort of patients who had received dialysis.

**DESIGN:** A prospective cohort of incident patients commencing dialysis (RRT) or being managed by the CC team were selected and observed for at least one year.

**FINDINGS:** Between 2000 and 2002, 128 CC and 276 RRT patients were selected and observed. The CC patients were significantly older (77 V 65 years) and were more co morbid (84% high risk V 44% high risk ) as compared with the RRT patients. Late presentation to a nephrologist was commoner in the CC patients (median 1 month prior to a CC decision V 6 months prior to RRT commencement). Patient follow up occurred over 47 months. CC patients faced a greater risk of death with a hazard ratio of 3.5, 95% CI of 2.6 to 4.5,  $p < 0.005$ . By one year, 35% of CC and 75% of RRT patients were alive. By 3 years, 20% of CC and 55% of RRT patients were alive. 8 CC patients received dialysis, but their survival did not differ significantly from the remaining cohort of CC patients. Co morbidity was an independent risk factor for mortality in the RRT patients, but not in the CC patients. Although the CC patients suffered from a high mortality rate, a number of patients remained alive after a year and had received ongoing support from the multidisciplinary team. In addition, erythropoietin has been used in 26% of the CC patients and 87% of the RRT patients.

**CONCLUSIONS:** In high risk, highly dependent patients with renal failure, dialysis may not offer a significant advantage. A conservative approach in these individuals has been used and the patients have benefited from an effective palliative care service.

**RELEVANCE.** Most renal units will have to deal with a growing number of elderly and co morbid patients, where dialysis or a trial of dialysis would not be appropriate. A mechanism must be present to care for these individuals, catering for the short and long term.