THE POSITIVE BENEFITS OF A CONSERVATIVE CARE PROGRAMME UPON REDUCING PATIENT MORTALITY

Nicholas, J, Shears, J, Clemson, S, Bate, J, Andrews, K
New Cross Hospital, Wolverhampton

PROBLEM: Elderly and frail patients with ESRF may not tolerate or choose to have dialytic therapies. A conservative care programme (CCP) has been established to cater for the needs of these individuals.

PURPOSE: The overall benefits of the CCP on patient survival had to be evaluated to further enhance the service and to ensure an effective delivery of care at the highest standard.

DESIGN: The CCP was established in 2000 and a dedicated team have dealt with the processes of counselling, patient monitoring, managing patients symptoms and end of life care. All nursing activity, functional status, co-morbidity and mortality rates of CCP patients have been analysed.

FINDINGS: 462 CCP and 854 RRT incident patients have been managed in this centre over an eight year period. The incident rates of CCP patient peaked in 2007 at 117 pmp compared to 105 pmp in RRT patients in the same year.
The total CCP cohort were older 78 ± 10 years V 61 ± 16 years (RRT patients), had a shorter pre dialysis follow up: median of 1 month V 8 months ($p<0.05$) . Pre dialysis follow up of CCP patients over the 8 year period had increased from a median of 0 to 3 months in 2008. Comorbidity burden was significantly greater in CCP patients (Stoke Co-morbidity Score: $p<0.05$). Karnovsky scores in CCP patients were lower : median of 50 compared to 80 in RRT patients ($p<0.05$). Patients' eGFR at entry into the CCP was at a median of 15ml/min/1.73m2. CCP patient follow up increased from 53 patient months in 2000 to 761 in 2008.
Many of the CCP patients had received an increased level of support from the chronic renal failure nurses in the community and patient hospitalization had been minimized.
In total, 62% of CCP and 21% of RRT patients had died by December 2008. Of the incident CCP patients, the 1 year survival changed from 21% in 2000 to 38% by 2007 ($p<0.05$). Of the prevalent CCP patients, the annual mortality rates fell from 226 to 86 episodes/ 100 patient years by 2008. Following stratification of all CKD stage 5 patients by age bands, all elderly (age >=80 years , with a number being prepared for RRT) noted a mortality rate of 64 episodes/100 patient years in 2008.
Multivariate modeling of covariates noted that an increased nephrological follow up prior to entry into the CCP indicated a positive benefit: HR 0.994 (0.990 to 0.998 95% CI, $p<0.01$).
Management of biochemical parameters in CCP patients were comparable with RRT patients.

CONCLUSIONS: The CCP has managed a growing number of patients whose morbidity and mortality was high as a result of their age and disabilities. However, the survival of these elderly patients has been improved as a result of earlier referral to the renal services, patient counseling, the availability of a dedicated team to deliver care and the application of a MDT approach.

RELEVANCE: The number of people choosing not to have dialysis is increasing and the direct benefits of a patient centred, multidisciplinary and coordinated conservative care programme has been demonstrated. A CCP should be considered as an active method of offering patient care and should be utilised by all renal units.