

## **WHAT INFLUENCES PATIENT CHOICE OF TREATMENT MODALITY AT THE PRE- DIALYSIS STAGE?**

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**PROBLEM:** There is little evidence on the factors that influence patient choice of renal replacement modality in the U.K. Pre-dialysis education programmes have been associated with an increased uptake of self-care modalities in other countries; however their relevance in informing patient choice within U.K. centres has not been extensively studied.

**PURPOSE:** To investigate how the choice of treatment modalities (haemodialysis - HD, peritoneal dialysis - PD, conservative management - CM) is influenced by personal and educational parameters.

**DESIGN:** Questionnaires were sent to 242 pre-dialysis consecutive patients from a single centre. Patients were asked to rate factors affecting their treatment choice from 0 to 5. Patient information day attendance and demographic data were collected. Statistical analysis was conducted by the use of one-sample and two-sample t-tests for percentages and standard deviation and confidence intervals for means.

**FINDINGS:** We have received 100 replies to date. The initial findings show the distribution of treatment choice to be: HD 69% PD 19% and CM 11%. Mean age of patients choosing PD is 56 (SD 10.9, CI 0.15) compared to HD: 70 (SD 12.8, CI 0.05) and CM: 82 (SD 9.2, CI 0.2).

53% of patients choosing PD attended an education day compared to 35% of the HD group ( $p = 0.05$ ). The education day was deemed important in 63% of PD responses compared to 39% of HD replies ( $p = 0.02$ ).

Important factors common to both HD and PD groups were: verbal/oral information, lifestyle and written information. Ability to cope with treatment and family/home/work circumstances and commitments were important for people choosing PD whereas factors highlighted by the HD group included home visit by member of pre-dialysis team and distance to travel to hospital. Factors influencing the choice of CM were distance to travel to hospital and ability to cope. There was a strong association ( $p=0.01$ ) between having another person living at home and choosing PD.

**CONCLUSION:** Younger age, attendance at pre-dialysis education days and presence of other people in the household is associated with greater uptake of PD. Many factors informing choice of treatment modality were common amongst the different groups.

**RELEVANCE:** The preliminary results of this study highlight the important factors that inform patient choice of treatment modality. More emphasis on structured pre-dialysis education may be important in enabling willing patients to choose PD as their treatment of choice.