

PROSPECTIVE COMPARISON OF QUALITY OF LIFE ASSESSMENTS IN PATIENTS WITH END STAGE RENAL FAILURE TREATED CONSERVATIVELY AND THOSE ON RENAL REPLACEMENT THERAPY

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INTRODUCTION: There is some evidence that patients who reach end stage renal failure (ESRF) in the context of significant co-existent extra renal co morbidities, may not benefit from the introduction of dialysis therapy, at least in terms of prolonged survival. This has prompted a continued interest in conservative management (cm) and an acceptance in nephrology of this approach being a viable and accepted treatment option for patients who have major diseases of other organ systems in addition to their kidney problem. However there are still concerns about the lack of comparative prospective quality of life (QoL) data.

PURPOSE: We report the analysis of data from three year prospective study of QoL in patients with stage 5 CKD. During the study three groups of patients emerged, those who chose and commenced on dialysis, conservative management and those still to decide on a preferred treatment modality. We are able to present and compare changes in QoL assessments over time in each of these patient groups.

DESIGN: QoL assessments were carried out 3 monthly in a cohort of patients approaching ESRF and continued, in those commencing dialysis for 6 months post initiation and a smaller group 12 month post initiation, as well as those entering a conservative management programme for as long as appropriate. In addition to clinical and biochemical data the following QoL assessment tools were used: Short Form 36 (SF-36), Hospital and anxiety Depression Score (HADS), Satisfaction with Life Score (SWLS), Functional Assessment of Chronic Illness Therapy- Spiritual (FACIT-Sp), and Karnofsky Performance Score (KPS). Co-morbidity scores were completed by a senior doctor.

FINDINGS: Patients initiating dialysis experienced a fall in a number of QoL scores during the first 6 months of treatment which recovered towards predialysis values by 12 months. This is exemplified by a fall in SWLS scores from 25.5 ± 8.1 (n = 68), to 20.1 ± 7.6 at 3 months (n = 62), 20.4 ± 8.5 at 6 months (n= 59) and 23.9 ± 7.0 at 12 months (n= 22). This early fall was more marked in those starting haemodialysis. In contrast SWLS scores were similar in those intending to follow a conservative pathway and tended to remain stable during the course of the follow-up period from 23.0 ± 7.5 (n= 25) at baseline to 24.0 ± 7.6 at 6 months (n = 16), 25.5 ± 6.4 at 12 months (n = 13), and 23.3 ± 5.7 at 18 months (n = 7).

CONCLUSION: Some aspects of QoL may fall in the early months of dialysis, though tend to subsequently improve. Whilst a temporary reduction in QoL may be acceptable for patients with reasonable survival expectations, it may be less so for those with limited life expectancy due to high comorbidity burdens.