CKD – planning for the future: referral, dialysis and palliative care

Key Facts:
- In CKD 4/5 it is important to think about what can be achieved
- CKD is not curable, but it is controllable – most patients with CKD will die of cardiovascular disease and *not* renal failure. Someone with stable CKD 5 may live for several years.
- Careful counselling with the patient and their family is required
- Dialysis is not a perfect solution and there is need to consider both the financial cost and quality of life
- Comprehensive conservative management is often more appropriate

When to refer to a nephrologist

Patient choice – if someone can afford it, they may prefer to see a nephrologist
Consider especially if: younger patients (<50y) with progressive CKD (25% change in creatinine/eGFR over 3 months) or renal failure of unknown cause
However, unless dialysis or transplant is being pursued, there may not be much more a renal specialist can offer over what we can do at Kijabe Hospital – and it will cost much more
Ask:

- **Does this person have a reasonable life expectancy, except for their CKD?** i.e. good heart and lungs? If so, dialysis is a *possibility* – see discussion below
- **Is this a frail person with other comorbidities?** e.g. significant heart failure, COPD or terminal cancer; do not refer if the patient is frail, if life expectancy is <2 years or if this is an end-of-life event (dialysis will not change life expectancy)

Consultant review:
If considering referral to nephrologist/dialysis discuss first with OPD consultant

Consideration of dialysis for CKD

- Discuss the possibility of dialysis versus comprehensive conservative management.
- Explain what hemodialysis is
- Patients need to be well enough to benefit from dialysis
- Explain hidden costs (financial, time, quality of life) – even if dialysis itself is covered, how will they travel to and from the center? They will need someone with them, 4h session three times each week – so up to 8h per day total with travel etc; fistula formation first
- Risks - infection, thrombosis, hemorrhage, for those on dialysis there is a 20% mortality per year, 75% mortality at 5 years.
- Dialysis is not a cure, it is life-long
- Refer *before* very symptomatic as will need fistula formation which can take up to 3 months to be ready

Comprehensive conservative management of CKD

- CKD is not curable but there is much that can be done
- Actively manage CKD and any co-morbidities
- Symptom control
- Consider palliative care referral – especially if progression of disease / deterioration in condition (pain control, psychological and spiritual support, advanced care planning and support for the family)

References:
Consultation with Dr Joe Watlington, visiting nephrologist February 2022
2019 Clinical Guide Primary Care International *(adapted for this context and location. PCI have not been involved in, nor hold responsibility for any adaptations. Original can be found at:* https://www.ncd-training.org/open-source-field-guide/)