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Original Investigation

Understanding by Older Patients of Dialysis and Conservative Management for Chronic Kidney Failure

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Background: Older adults with chronic kidney disease stage 5 may be offered a choice between dialysis and conservative management. Few studies have explored patients' reasons for choosing conservative management and none have compared the views of those who have chosen different treatments across renal units.

Study Design: Qualitative study with semistructured interviews.

Settings & Participants: Patients 75 years or older recruited from 9 renal units. Units were chosen to reflect variation in the scale of delivery of conservative management.

Methodology: Semistructured interviews audiorecorded and transcribed verbatim.

Analytical Approach: Data were analyzed using thematic analysis.

Results: 42 interviews were completed, 4 to 6 per renal unit. Patients were sampled from those receiving dialysis, those preparing for dialysis, and those choosing conservative management. 14 patients in each group were interviewed. Patients who had chosen different treatments held varying beliefs about what dialysis could offer. The information that patients reported receiving from clinical staff differed between units. Patients from units with a more established conservative management pathway were more aware of conservative management, less often believed that dialysis would guarantee longevity, and more often had discussed the future with staff. Some patients receiving conservative management reported that they would have dialysis if they became unwell in the future, indicating the conditional nature of their decision.

Limitations: Recruitment of older adults with frailty and comorbid conditions was difficult and therefore transferability of findings to this population is limited.

Conclusions: Older adults with chronic kidney disease stage 5 who have chosen different treatment options have contrasting beliefs about the likely outcomes of dialysis for those who are influenced by information provided by renal units. Supporting renal staff in discussing conservative management as a valid alternative to dialysis for a subset of patients will aid informed decision making. There is a need for better evidence about conservative management to support shared decision making for older people with chronic kidney failure.

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In recent years, increasing numbers of adults 75 years and older started renal replacement therapy.[1-3] In England, the Renal National Service Framework recognized the important role of alternatives to dialysis in older adults with chronic kidney disease (CKD) stage 5 who have high comorbidity and frailty, and conservative care programs have been developed.[3]

The evidence base comparing dialysis and conservative management consists largely of single-center studies with methodological complexities such as selection bias, making results less generalizable. Older adults who initiate dialysis therapy are likely to live longer than those receiving conservative management, although this advantage may be small in patients with comorbid conditions, particularly cardiovascular disease and complications of diabetes.[4,5] The burden of dialysis and its effect on quality of life may outweigh the benefit of longevity for some patients.[6-9] Up to 15% of older adults with CKD stage 5 opt for conservative management,[2,7] with conservative management increasingly being recognized as an acceptable and beneficial treatment option.[5,10,11]

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Qualitative studies have explored why patients opt for conservative management.[12-15] Some patients thought they were too old for dialysis, thought dialysis was too strenuous to undertake, felt well without dialysis, did not want to be a burden on their family, and found it difficult to travel to dialysis.[12-15] One study also identified that some patients were reluctant to think about the future.[14]

To our knowledge, no research has explored the views of patients across different renal units with different conservative management policies and practices about choosing between conservative management and dialysis. This study aimed to explore the experiences of older adults who had made a decision between different treatments for CKD stage 5 in 9 UK renal units. We also compared patient perspectives between renal units that had more or less developed conservative management pathways.

METHODS

Design and Setting

This is a qualitative study with exploratory semistructured interviews with patients recruited from 9 of the 52 adult renal units in England. Renal units refer to nephrology departments situated within acute hospitals that provide dialysis, including in-hospital hemodialysis. Units were selected using nonprobability purposeful sampling[16] to explore specific characteristics of interest, including location in England (Fig 1) and scale of conservative management delivery. The latter was estimated by responses provided to a previous UK Renal Registry survey.[17]

Participants

Staff in each renal unit identified patients 75 years or older who had an estimated glomerular filtration rate (eGFR) < 15 mL/min/1.73 m^2 or who were receiving dialysis. Participants were required to speak English fluently and were judged by their health care professionals to be sufficiently physically and mentally fit to take part in an interview. Participants then were purposively sampled by 3 stages of illness and management pathway: (1) following the decision to opt for conservative management (conservative management pathway), (2) following the decision to receive dialysis but prior to initiating dialysis therapy (predialysis pathway), and (3) following the initiation of dialysis therapy (dialysis pathway). Participants were invited to take part by post or in person by staff in the renal unit.

Interviews

Participants were interviewed face to face in their own homes, in the renal unit while receiving dialysis, or by telephone by an experienced qualitative researcher (S.T.-C.) with whom they had had no previous contact. The interviewer presented herself as an impartial nonclinical observer interested in participants' own views. All participants gave written informed consent. Interviews followed a semistructured guide that asked participants about their knowledge and understanding about management options and reasons for their management decision (Item S1, available as online supplementary material). A semistructured format was used to ensure that all participants were asked relevant questions and to allow participants the opportunity to talk about issues that were important to them.[18] Interviews were audiorecorded and transcribed verbatim. Transcripts were checked by the interviewer but not by participants. Recruitment and interviews continued until the interviewer was satisfied that the data indicated saturation.[18] Field notes taken during interviews were referred to in the analysis to aid interpretation of data.[18]

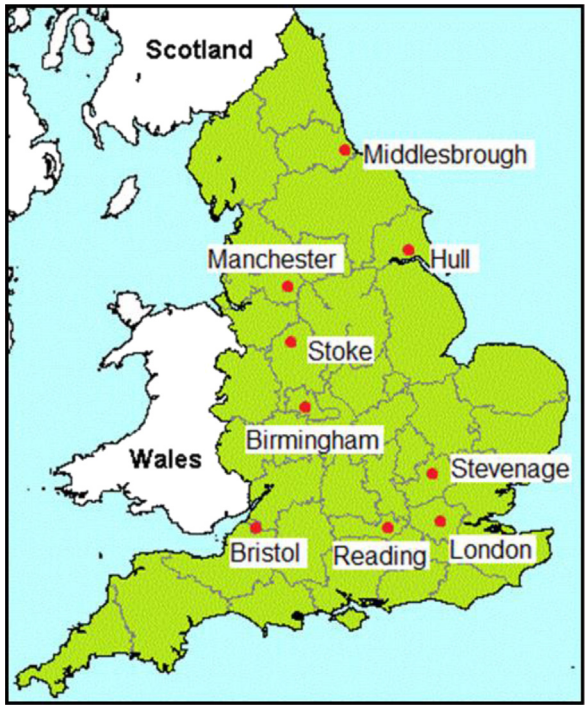

Figure 1. A map of England shows the location of the 9 renal units selected for the study.

Data Analysis

Thematic analysis[19] allowed an inductive approach to exploring the data that lessened the likelihood that findings would be influenced by the researchers' preconceptions. Transcripts were coded line by line, with codes being assigned to each meaningful segment of text. Transcripts then were compared with one another, using a constant comparison approach, to search for similarities and differences between interviews.[20] S.T.-C. independently coded 20 interview transcripts and developed an initial set of themes. NVivo 9 (QSR International) was used to facilitate coding. Initial themes were discussed with the wider research team and amended and renamed until a consensus was reached. This framework was used to code the remaining 22 transcripts. Any new data that did not fit into the existing themes were highlighted and discussed further, with subsequent amendments to the final themes. Participants did not contribute to data analysis and interpretation.

RESULTS

Participant Characteristics

Ninety participants were invited to the study and 42 were interviewed, with 14 participants in each group (Table 1). Eleven participants declined without giving a reason, 7 patients were unable to take part for health reasons, 4 participants died after being invited, and 26 did not reply. Interviews ranged from 27 to 87 (median, 47) minutes. Three conservative management participants specifically wanted to be interviewed with a family member present for support.

Characteristics among the 3 pathway groups did not differ substantially. The age range was 74 to 92