Conservative Care of the Elderly CKD Patient: A Practical Guide.

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Abstract

Palliative care is a branch of medicine dedicated to the relief of symptoms experienced during the course of illness. Renal palliative medicine or kidney supportive care is an evolving branch of nephrology, which incorporates the principles of palliative care into the care of CKD and ESRD (dialysis, transplant, and conservatively managed) patients. Conservative (non-dialytic) management is a legitimate option for frail, elderly CKD patients in whom dialysis may not lead to an improvement in quality or duration of life. Patients with advanced CKD have a high symptom burden that often worsens before death. Palliative or supportive care by visiting nurses, palliative care programs, or knowledgeable CKD programs should be routine for conservatively managed CKD patients. Decision-making about dialysis or conservative management requires patients and families be given information on prognosis, quality of life on dialysis, and options for supportive care. Advance care planning is the process by which these issues can be explored. In addition to advance care planning, because patients with ESRD have a high symptom burden, this needs to be addressed. Patients with ESRD have a high symptom burden, which needs to be addressed in any treatment plan. Common symptoms include pain, fatigue, insomnia, pruritus, anorexia, and nausea. Symptoms appear to increase as the patient nears death, and this must be anticipated. Recommendations for management are discussed in the article. Hospice care should be offered to all patients who are expected to die within the next 6 months, and supportive care should be provided to all CKD patients managed conservatively or with dialysis.

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