

Renal palliative service development – a baseline structured evaluation of symptoms in patients with chronic kidney disease stage 4-5 managed without dialysis

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Problem. It is often believed that patients with advanced chronic kidney disease (CKD stage 4-5) have few symptoms, and that dying with renal disease is relatively symptom-free. But the symptom burden of patients managed conservatively (without dialysis), with potentially high levels of co-morbidity and poor functional status, is unknown.

Purpose. This structured evaluation was undertaken to assess symptom prevalence in conservatively managed CKD stage 4-5 patients, as part of the development of a new renal palliative care service.

Design. Data on the prevalence and severity of symptoms was collected from all patients seen across 2 renal units, over a 10-month period between April 2005 and January 2006 using a modified version of the Palliative care Outcomes Scale symptom score (POSS) (1). This patient-completed instrument identifies the presence and severity of 15 symptoms. We added further renal-specific symptoms (itch and restless legs) and also asked about anxiety and depression. Demographic data was also collected, including estimated glomerular filtration rate (eGFR) using the MDRD formula (2), primary renal diagnosis and co-morbidity (3).

Findings. Symptoms were evaluated in 55 patients, with a mean age of 82 yrs (SD 5.5, range 66-96). eGFR ranged from 3-29 mL/min (median 11, mean 9.75). In patients with CKD stage 4-5 and managed without dialysis, symptom burden is high. The most prevalent symptoms reported were weakness (75%), immobility (75%), poor appetite (59%), pruritis (58%) and dyspnoea (50%). The total number of symptoms each individual patient experienced ranged from 1-14 (median 6, mean 6.9). Not only were symptoms highly prevalent but certain symptoms were frequently reported as moderate to severe; 55% of all patients reported moderate to severe immobility, 48% of all patients reported moderate to severe weakness, 32% of all patients reported moderate to severe itching, 32% of all patients reported moderate to severe poor appetite and 28% of all patients reported moderate to severe pain. No significant association was demonstrated between disease severity or co-morbidity index and number of symptoms experienced.

Conclusions. This baseline-structured evaluation demonstrates the extent and severity of symptom burden and highlights the importance of routine symptom assessment and pro-active management.

Relevance: Our data demonstrates that a wide range of symptoms is very common among patients with CKD stage 4-5 managed conservatively. Identifying and addressing these symptoms through expert assessment and symptom control is likely to substantially improve the quality of life of these patients.

References

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