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Home-Dialysis Modality Decision-Making for Aging Adults with Chronic Kidney Disease

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Aging adults (>65 years of age) with Chronic Kidney Disease (CKD) form a large and growing segment of the dialysis population in many high-income countries. Home dialysis has many patient and system benefits but it is underutilized. Older adults with CKD are less likely to select home-dialysis despite the benefits. The purpose of this study was to examine the personal and structural facilitators and barriers for home-dialysis decision-making for aging adults with CKD. Understanding more about how these adults with CKD make modality decisions is important for high quality health services and sustainable health systems.

This qualitative ethnography framed in social theory (critical realism) included adults with CKD not on dialysis, older than 65 years of age. Thirteen people (7 men and 6 women, aged 65-83 years of age) were interviewed. Group interviews were also conducted with four of their CKD clinic health care professionals. Interviews were audio recorded and transcribed verbatim. Conventional content analysis was used for data analysis.

The factors influencing older adults' CKD modality decisions are similar to younger adults. Age is not a barrier to home-dialysis however, age imposes some limitations on modality options and transplantation. Older adults with CKD are in a precarious state with persistent uncertainty. Modality decisions were influenced by health status, gender, knowledge, values, beliefs, past experience, preferences lifestyle and resources. Support from family and health care professionals is a strong determinant of home-dialysis selection and as such adequate social support, functional status and resources enabled home-dialysis selection for older adults with CKD. Supportive interventions will be required to increase the numbers of aging adults who can benefit from home-dialysis and this has healthcare services and policy implications.

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