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American Nephrology Nurses Association

2021 ANNA NATIONAL SYMPOSIUM

Decisions Surrounding Conservative Care Are Not Absolute

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Problem/Purpose: Historically, treatment options for patients with late stage chronic kidney disease have focused on the prolongation of life to include dialysis therapies as a universal approach to care. Over the last two decades however, conservative care has grown to be widely recognized by the nephrology community. This treatment option excludes dialysis therapies, it aims to delay progression of disease and minimize complications. While treatment decisions surrounding conservative care can be made earlier in the trajectory of the disease, little research has been done to examine the actual treatment delivered for those choosing conservative care when they reach ESRD.

Sample: The eligible sample included male and female late stage chronic kidney disease patients 18 years of age and over who are or were participants in a care management program for patients with late stage (4 and 5) chronic kidney disease. This program is located in the Northeast region of the United States. All patients included in the review chose conservative care (active medical management without dialysis) as a treatment option for late stage chronic kidney disease and ESRD.

Methods: A retrospective chart review was conducted for 71 patients that chose conservative care. The chart review examined patients who participated in the program from 4/9/2014 to present and who chose to be medically managed without dialysis for treatment of late stage chronic kidney disease. Charts were reviewed to ascertain final treatment pathways.

Results: Of 71 patients on record who confirmed the decision to forego dialysis, 9 initiated hemodialysis for treatment of late stage chronic kidney disease and 1 has documented the desire to pursue treatment if necessary, yielding a 14% conversion rate. All patients who were reported to initiate hemodialysis were > 75 years old. Of those patients, 67% were 75-85 years of age and 33% were 86-95 years of age. 60% of those choosing to pursue dialysis were female and 40% were male. 50% were white, 30% were black, and 20% other or multi-racial. 89% began treatment acutely in the in-patient setting.

Conclusion: Active medical management without dialysis or conservative care has become widely recognized by professional organizations and societies as a valid treatment pathway, yet no formalized approaches exist to support such treatment. The choice to forego renal replacement therapies is complex. When decisions surrounding the reversal of conservative management are made, the nephrology team should consider how conversations surrounding treatment options, goals, and quality of life can serve to honor a patient's wishes. This is especially important in cases that are acute in origin. Formalized treatment pathways, organizational communication campaigns, and education programs surrounding medical management in late stage chronic kidney disease may serve to empower the patient and support the

provider in facilitating the decision to forego renal replacement therapies. Further research should focus on the psychosocial dynamics that surround medical treatment decisions and the supportive structure required to uphold medical management without dialysis.

Abstract selected for presentation at 2021 ANNA National Symposium