



Clinical Digest

ONLINE EDITION

KIDNEY DISEASE

Patient Preferences of Chronic Kidney Disease Treatment

Recent studies have found that patients with chronic kidney disease (CKD) consider nonclinical outcomes—such as time on dialysis, convenience, and impact on family—more important than clinical outcomes (including life expectancy) when choosing between alternative treatments for kidney failure. In order to explore how patients perceive different renal replacement therapies (RRTs), researchers from University of Sydney, The George Institute for International Health, and Royal Prince Alfred Hospital, all in Sydney, Australia conducted interviews of 95 patients who were undergoing treatment for stage 5 CKD.

Of the patients interviewed, 52 were receiving satellite hemodialysis (HD) therapy, eight were receiving in-center HD, eight were receiving continuous ambulatory peritoneal dialysis (CAPD), five were receiving automated peritoneal dialysis (APD), four were receiving home-based HD, and 18 had a functioning kidney transplant at the time of the study. Fifty-four percent of all patients had a caregiver or family member helping them manage their RRT.

In the interviews, patients were asked why they chose their current treatment, if they were happy with the treatment, and if they would continue that treatment in the future. Patients highlighted the perceived benefits and

disadvantages of the different RRTs, which the researchers categorized into seven distinct positive characteristics and 10 negative characteristics. These characteristics were ranked from highest to lowest based on the number of patients who mentioned them during the interviews.

Of the positive characteristics, “freedom” ranked highest with 37 patients saying they valued the ability to carry on with daily activities and to travel with certain RRTs. Freedom was associated most often with APD, CAPD, home-based HD, and transplant. Another highly ranked characteristic was “convenience” (mentioned by 24 patients), as certain RRTs decreased the need for hospital visits and shortened commuting time. Other positive characteristics included self-care (independence with dialysis prescription), simplicity (technical ease of the therapy), effectiveness of the treatment, social inclusion (camaraderie between patients and interactions with nursing staff), and security (reassurance gained with professional care).

Of the negative characteristics, “confinement” was mentioned the most (by 32 patients), as patients often felt limited in their ability to partake in daily activities. Twenty-eight patients mentioned “perceived risk” as a negative characteristic associated with RRTs like CAPD or home-based HD, as they feared not having immediate access to a health care professional if something were to go wrong. Other negative characteristics included burden on the family, painful

dialysis procedures or medications, time commitment, subordination (having to “fall in line” with hospital rules), and dialysis access (including restriction on physical activity).

Although some positive and negative characteristics were mentioned more often than others, the study revealed there is no single RRT that is ideal for every patient; qualities that were considered benefits by some patients were seen as drawbacks by others. For example, when discussing self-care, some patients commented on the positive feeling of being their own “troubleshooter” at home, whereas other patients questioned their own competency and preferred to leave responsibility in the hands of trained professionals.

The researchers note that health care professionals may hold assumptions about what treatment patients prefer (for example, that most want a kidney transplant). However, their analysis suggests that patients are not always in agreement regarding the positive and negative qualities of RRTs. The researchers believe that patients view treatments within the context of age, comorbidity, lifestyle, and geographic access to renal services. As such, they advise health care professionals to present patients with information on the different characteristics of RRTs, and to assist patients in choosing therapies based on how they wish to live their lives. ●

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