Chronic Kidney Disease

Earlier Palliative, Hospice Care Helps

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) reports that kidney disease kills more people than either breast or prostate cancer annually. Furthermore, the death toll for those with End-Stage Renal Disease (ESRD) continues to rise by about 21,000 individuals each year.

Such facts are likely due to the lack of available treatments for chronic kidney disease (CKD), with transplant the only known cure. Otherwise, patients and physicians must choose from a life-time maintenance protocol of dialysis, medical management, or forgoing treatment altogether. Regardless of the choice, many patients experience high rates of fatigue, dyspnea, insomnia, pain, anxiety, and depression.[1]

As such, it is important to provide symptom management early on, and discuss end-of-life treatment preferences with ESRD patients as the disease continues its progression.[1]

Hospice for End-Stage Renal Disease: The Facts

Many patients with CKD present with multiple co-morbidities, with chronic heart failure and cardiovascular disease chief among them. Other common conditions such as dementia, frailty and advanced age can also complicate CKD treatment and, in the long run, hasten morbidity and mortality. For such patients, dialysis often seems like a burden that only prolongs their suffering rather than a help.[1]

In fact, most ESRD patients report preferring care that focuses on treating symptoms and preserving quality of life. If possible, they would rather die at home or in an inpatient hospice setting.[2]

Yet the National Hospice and Palliative Care Organization reports that CKD patients spent the least amount of time in hospice care than any of the other six disease states it tracked in 2017: an average of only 8 days for CKD versus 19 for cancer and 30 for heart disease.[3]

That's unfortunate, because palliative and hospice care can provide the medical management that can help ESRD patients live comfortably and at home, for the remainder of their days. With its focus on symptom and pain management, supportive and spiritual care, hospice can improve the quality of life for patients with kidney disease and their families. To derive the greatest benefit, all hospice patients should spend a minimum of two to three months in hospice care.

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1. Curr Opin Support Palliat Care. 2015 Mar; 9(1): 14-19
2. Davison SN. End-of-life care preferences and needs: perceptions of patients with chronic kidney disease. *Clin J Am Soc Nephrol.* 2010;5:195–204.
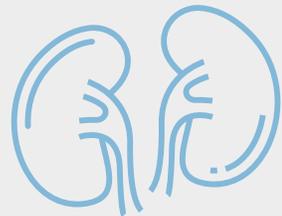3. NHPCO Facts and Figures: 2018 edition (Revision 7-2-2019)

Hospice Referral Guidelines

Physicians should consider the following criteria when contemplating hospice for a patient with kidney disease:

- Creatinine clearance of <10cc/min (<15cc/min for diabetics) AND serum creatinine >8.0 mg/dl (>6.0 mg/dl for diabetics)
- Patient has chosen not to have renal dialysis
- Albumin <3.5 gm/dl
- Platelet count <25,000
- Uremia with obtundation
- Uremic pericarditis
- Pruritus
- Intractable hyperkalemia
- Hepatorenal syndrome
- Self-care deficits
- Activity limitations
- Anorexia

Only a physician is able to determine whether a patient with ESRD meets the qualifications for hospice. However, the presence of the above symptoms strongly suggests that current management techniques are no longer working, and that hospice could be beneficial.

We're Here to Help: At Capital Caring Health, we want the transition from life-saving to life-enhancing late-stage care to be as seamless as possible…for both you and your patient. For more information, or to arrange a consultation, please call 800-869-2136 or visit **www.capitalcaring.org**

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