

Dialysis suspension and conservative management in the elderly



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Introduction

In the last decades, new researches show dialysis is not the only effective therapy for treating elderly patients with advanced CKD. Data suggest no significant differences between RRT and conservative management in terms of survival. Several comorbidities appear to lead to a higher risk of death in the first months after dialysis initiation and to other complications. In general, the quality of life can be seriously affected in these patients that often decide on a conservative approach. We presented two cases of patients followed in our department that chose to suspend dialysis for starting conservative management.

Methods

Case 1 – S. T., an 87-year-old woman affected by CKD (V stage) and with a medical history of hypertension, ischemic heart disease, atrial fibrillation and hypothyroidism, started hemodialysis in November 2019 for AKI (unknown etiology). She was admitted to our hospital in December 2019. Initially, she underwent dialysis sessions three times a week. After months of treatment, she dialyzed only once a week. Because of side effects due to dialysis (temperature post-dialysis, psychological distress), after discussions between his family and clinicians, hemodialysis was suspended in June 2020. The patient started conservative management in July 2020. Since February 2021, she has been treated in our new conservative therapy ambulatory, following a very-low protein diet with 0,4 g/kg/day.

Case 2 – G. V., an 81-year-old man affected by CKD (V stage) with a medical history of diabetes mellitus, hypertension, chronic ischemic heart disease with marked sinus bradycardia, VRE positive, was hospitalized in February 2021 to our clinic. Although previously he firmly refused to undergo dialysis, he decided to start PD after his condition worsened. Due to complications during the catheter insertion procedure, the clinician suggested switching to hemodialysis. He started HD in March 2021. After few days after his discharge, he has hospitalized again for a fracture of the axis. During dialysis sessions, hypotensive episodes occurred frequently. Therefore, after discussing and listening to the patient's will, medical staff decide to stop dialysis. The last session was in May 2021. In June 2021, he started conservative management following a very-low protein diet with 0,4/0,5 g/kg/day.

Results

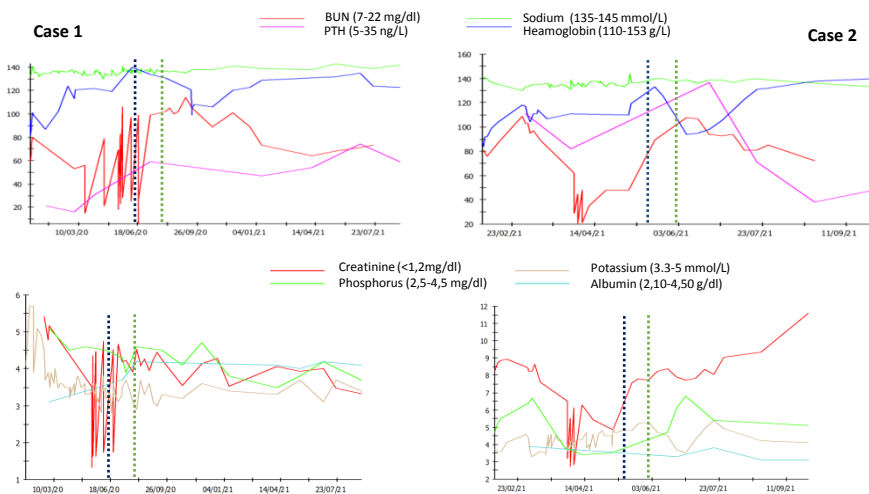


Figure 1. Trends of bio-humoral values for each patients. The blue line indicates the last dialysis session; the green line shows conservative management initiation.

Conclusion

We reported bio-humoral data of two >75 years old ESKD patients from the beginning of the dialysis until the last data available. Both patients had to suspend the therapy and switch to a conservative treatment due to the side effects of dialysis. Our data suggested that after the suspension of dialysis S.T. and G.V. remain stable, showing how conservative management can represent an efficient alternative in the elderly.

Bibliography

- Verberne, W.R., Dijkers, J., Kelder, J.C. et al. Value-based evaluation of dialysis versus conservative care in older patients with advanced chronic kidney disease: a cohort study. *BMC Nephrol* 19, 205 (2018). <https://doi.org/10.1186/s12882-018-1004-4>