

HEALTH-RELATED QUALITY OF LIFE (HRQoL) AND SURVIVAL OF POOR PROGNOSIS ESRD PATIENTS ON DIALYSIS VERSUS CONSERVATIVE MANAGEMENT.

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There is increasing acceptance of poor prognosis endstage renal disease (ESRD) patients for renal replacement therapy (RRT). For those who opt for conservative measures, an increasing number are referred to palliative care services. Our primary objective is to assess HRQoL and survival in poor prognosis ESRD patients whether they embark on RRT or not.

We conducted a prospective observational study of 54 incident ESRD (cGFR9-11ml/min) patients who fulfill our criteria of poor prognosis (age ≥ 75 or Charlson Comorbidity Index (CCI) ≥ 8). KDQoL scores, Karnofsky Performance scores (KPS), biochemical and socioeconomic parameters were collected at baseline and 6months. Follow up period was 6months.

Nine patients died. Median time to death was 2.69months (2.17-3.78). Comparing baseline parameters, those who died had lower KPS scores ($p=0.03$) and the KDQoL physical functioning scores ($p=0.02$). Hb($p=0.03$) and Hct ($p=0.04$) were also lower despite same frequency of usage of epo.

Fourteen patients embarked on RRT while 29 had not. Median time to RRT was 2.83 months (IQR 2.30 - 5.55). We considered intra-individual change in KDQoL and KPS scores at 6months versus baseline for each group. Out of 9 of the kidney disease specific scales, those on RRT had improvement in their symptom/problem list ($p=0.005$) and overall health ($p=0.05$). There was no difference in the change in SF-12 physical and mental composite scores nor KPS between the groups.

We conclude that for this group of poor prognosis ESRD patients, poor KPS and physical functioning plus lower Hb/Hct at baseline predict 6month mortality and while embarking on RRT appears to improve symptoms and General Health, RRT didn't make a difference to their physical or mental functioning.