Integrated Palliative Care for Management of Elderly Patients with Advanced Chronic Kidney Disease (FR433)

Holly Koncicki, MD MS, Icahn School of Medicine at Mount Sinai, New York, NY
Jennifer Scherer, MD, Icahn School of Medicine at Mount Sinai, New York, NY

Objectives
- Apply a model of integrated palliative medicine and nephrology care in the decision-making process of an elderly patient with advanced renal disease to identify palliative care needs in this population.
- Apply prognostic models of end-stage renal disease (ESRD) to various patient populations.
- Describe and contrast the effects of dialysis and conservative management on functional status and prognosis in an elderly population.

Integration of palliative care services with standard nephrology practice for elderly patients with advanced kidney disease can be beneficial in the shared decision-making process regarding management options for the patient’s kidney disease and its associated symptoms, as well as in facilitating transition planning during a patient’s clinical course. Patients older than 75 are the fastest growing ESRD population. These patients are often burdened by multimorbidity, frailty, and other geriatric syndromes, all of which should be considered in the discussion of renal replacement therapy (RRT) versus conservative management (CM). Models of integrated palliative care and nephrology in clinical settings will be described as well as an approach to decision making. This approach includes evaluating patient and family preferences, factors important to one’s quality of life, and identification of contextual features that may be important. Reviewing models of prognostication in ESRD and comparing outcomes, in terms of morbidity, mortality, dialysis, and conservative management, will be helpful for the healthcare provider in informing the patient and family about treatment options, as well as in developing a medical recommendation.