



Service Priorities and Programmes
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**Renal palliative care clinic for patients with chronic kidney disease:
Physiotherapy perspective in a collaborative clinic at an acute hospital**

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Introduction

Chronic Kidney Disease (CKD) is a serious medical problem in Hong Kong with prevalence rate of 18.4% in 2012. Apart from traditional renal replacement therapies, Renal Palliative Care (RPC) would be an option for patients who may not benefit or prefer dialysis. The main manifestations of patients who opted for palliative care are muscle weakness, dyspnoea, fatigue and edema, which in turns significantly impair patients' physical capacity and quality of life (QoL). Hence, a Physiotherapy palliative rehabilitation program has been developed in collaboration with RPC team of Queen Elizabeth Hospital (QEH) to provide comprehensive tailored-care services in the RPC clinic.

Objectives

To evaluate the effectiveness of Physiotherapy palliative rehabilitation program on patients' physical capacity, activities of daily living (ADL) and QoL.

Methodology

It was a retrospective pre- and post-test study. Patients' data and Physiotherapy records were retrieved from June 2012 to June 2013. The program included health education, home exercise instruction and carer training. Physiotherapists also prescribed home oxygen, walking aids, wheelchair and rehabilitation equipment as indicated. Outcome measures included 1) Six-Minute Walk Test (6MWT) 2) Modified Barthel Index (MBI) and 3) Chinese (HK) SF-12 Health Survey-Version 2 (SF-12v2TM).

Result

30 patients' records were retrieved with six-month complete data set obtained. 60 % of the participants were female and 40 % were male (mean age: 78.8 ± 6.05 years; mean serum creatinine level: 591.63±161.96 µmol/L). After six months, 6MWT significantly increased by 82.01m (210.43±34.37m vs 128.42 ± 59.17m, p<0.01), which was more than the reported minimal detectable change score (66.3m) in

patients undergoing haemodialysis. MBI also significantly improved by 4.33% (98 ± 1.13 vs 93.93 ± 5.47 , $p < 0.05$). Physical Component Summary (PCS) and Mental Component Summary (MCS) of SF-12v2™ both significantly increased by 44.66% (49.69 ± 10.57 vs 34.35 ± 7.31 , $p < 0.05$) and 25.17% (57.53 ± 7.82 vs 45.96 ± 7.84 , $p < 0.05$) respectively. Physiotherapy palliative rehabilitation program contributed to the improvement of physical capacity, ADL and QoL in patients with CKD who received palliative care. Incorporation of Physiotherapy service in the PRC clinic builds up the basis of palliative rehabilitation for patients with CKD. To conclude, the program was highly recommended to all patients with CKD receiving palliative care.