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A Collaborative Renal Palliative Care Program Improves Clinical Outcomes in End Stage Renal Failure Patients Opted for Conservative Management

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Introduction

End Stage Renal Disease (ESRD) patients opted for conservative treatment usually suffered from heavy symptom burden and a significant proportion of them had depression. A new Collaborative Renal Palliative Care (CRPC) program was established between PC and renal teams in HKWC since 2012. The CRPC service emphasized on comprehensive symptom assessment, early problem-solving and enhanced psychosocial care with a multidisciplinary approach.

Objectives

This study investigated the effectiveness of a new CRPC program on clinical outcomes of patients suffering from ESRD opted conservative treatment in HKWC.

Methodology

1. This open-labelled, randomized controlled trial was conducted in the renal palliative clinic from June 2012 to December 2016.
2. The CRPC group (patient/caregiver) received symptom management and psychosocial care from PC specialist, nurse and designated social worker in clinic.
3. Home visit, day care, inpatient will be arranged if indicated.
4. Each dyad will be seen at 2-4 weeks interval in total of 6 months in renal PC clinic.
5. Control group received conventional care from renal team.
6. Validated tools include: Edmonton Symptom Assessment Scale (ESAS), McGill Quality of Life (MQOL) and Hospital Anxiety and Depression Scale (HADS) to assess patient's symptoms, quality of life and mood respectively. Zarit Burden Interview (ZBI) to assess family caregiver burden. Scales were used and compared between groups.

Result

1. 51 patients of ESRD patients were randomly allocated to the PC (n=25) or control (n=26) groups in the renal clinic of HKWC.
2. Mean age of the patients in the CRPC group was 82.1 (3.8) vs. 81.3(6.1) years in

control group.

3.The CRPC group showed significant reduction of the mean ESAS-pain scores at 1- and 3-month as compared to the baseline values (2.2 (1.9) and 3.1(0.9) vs 4.9 (2.6), $p < 0.05$)

4.The CRPC group showed significantly lower mean HAD-depressed scores when compared to the control group at 3- and 6-month (6.4(4.5) vs 11.3 (2.2) & 8.5(1.9) vs 10.9(1.5), $p < 0.05$).

5.The CRPC group showed better mean MQOL scores when compared to the control group at 6-month but did not reach statistical significance (7.3(1.2) vs 6.7(1.5), $p > 0.05$).

6.CRPC group showed significantly better ZBI scores at 6 months.

This trial demonstrated that the new CRPC program conferred significant benefits on pain symptom, depressed mood and caregiver burden of ESRD patients.