PALLIATIVE CARE IN KIDNEY FAILURE PATIENTS

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OVERVIEW OF PALLIATIVE CARE

In this section, we will define what palliative care is and what this means in kidney failure patients, introduce the concept of total pain and the three typical illness trajectories that have been described for patients with progressive chronic illnesses.

CONCEPTS OF PALLIATIVE CARE MANAGEMENT IN KIDNEY FAILURE

In this section, we will differentiate palliative care vs. curative care approach and mention aspects of palliative care management in kidney failure patients including management of pain and other symptoms. We will also mention the importance of the use of PROMs, caregiver burden assessment tools, consideration of faith-based beliefs of patients and caregivers and the role of active medical management without dialysis in palliative care. Lastly, we will present a palliative intervention project initiated by an outpatient dialysis clinic network.

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FRESENIUS MEDICAL CARE

OVERVIEW OF PALLIATIVE CARE

Palliative care is a medical subspecialty that provides specialized care to individuals with serious illnesses, with a primary focus on providing symptom relief, pain management, and relief from psychosocial distress, regardless of diagnosis or prognosis. [1] In kidney failure patients, this is characterized by a transition from a conventional disease-oriented focus on treatment to an approach prioritizing comfort and alignment with patient preferences and goals of care to improve quality of life and reduce symptom burden for patients at their end-of-life. [2] Management of patients at the end-of-life entails understanding of the total pain concept and three illness trajectories. (Fig 1 and 2) [3,4]

TOTAL PAIN			
Physical	**Psychological**	**Spiritual**	**Social**
Co-morbid causes	Anxiety	Anger at fate/with God	Loss of role and social status
Caused by treatment	Fear of suffering	Loss of faith	Loss of job
Caused by illness	Depression	Finding meaning	Financial concerns
	Past experience of illness	Fear of the unknown	Worries about future of family
			Dependency

Figure 1. Concept of Total Pain. Adapted from BMJ 2005;33:238.

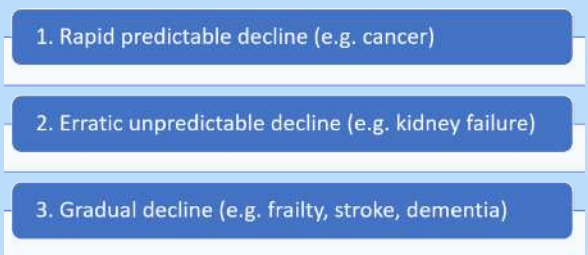

Figure 2. Three trajectories of illness. Adapted from https://www.rand.org/ pubs/ white_ papers /WP137 html. [Accessed 29 July 2022]

CONCEPTS OF PALLIATIVE CARE MANAGEMENT IN KIDNEY FAILURE

The concept of managing patients with chronic disease such as kidney failure is a combination of curative care for the patient at the early stages of the disease, then moving towards a more palliative/supportive care approach with consideration of hospice care close to the patient's demise (prognosis < 6 months) with support for bereavement of family members. [5]

The usual approach for managing pain for palliative care patients would be to use the WHO analgesic ladder. (Fig 3) [6] There is also available evidence in management of other symptoms such as breathlessness, which can be managed partially through management of patient's anemia. There is currently no strong evidence for the use of opioids for breathlessness. Home care also was demonstrated to be a very good alternative vs. hospital care. Currently, there is not enough evidence on the use of antidepressants for depression in kidney failure but better evidence with the use of cognitive behavioral therapy (CBT). [7-10]

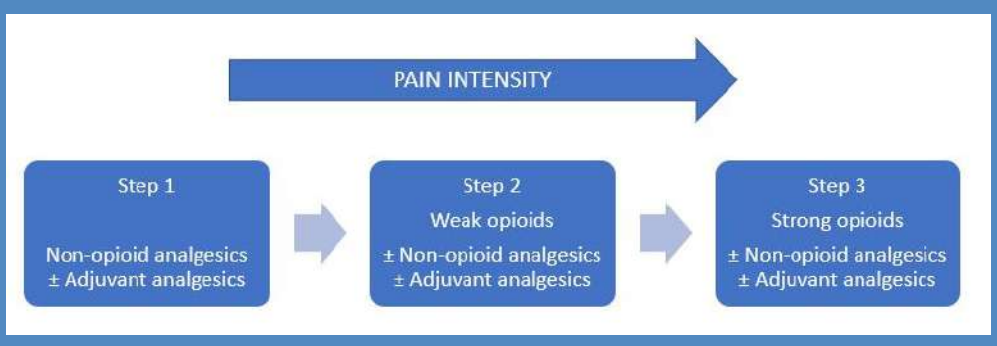

Figure 3. WHO Analgesic Ladder approach for management of chronic pain. Adapted from In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Available from: https:// www.ncbi.nlm.nih. gov/ books /NBK554435/

The measurement of patient-reported outcome measures (PROMs) is also central to end-of-life care and currently is the subject of various research endeavors. Harmonizing research and best practice would address the need for improved measures in end-of-life care. [11]

There is a also a need to recognize and improve support for family caregivers with increased collaboration between nephrology and palliative care services from commencement of dialysis until death and into bereavement. [12]

Moreover, it is also important for clinicians to have communication with their patients and family members about faith-based beliefs and assure that decision-making will consider culture and religion. Religious practices and a patient's interaction with the religious community is an important aspect of a patient's coping mechanism. [13-15]

Active medical management without dialysis (AMMWD) also demonstrated to have the potential to improve outcomes through better symptom management and enhanced shared decision-making and is suggested to be integrated into palliative care in nephrology. A report in the US (N=165) showed that 48% of CKD patients may choose AMMWD upon disease progression. [16]

COMPANY INITIATIVES
Palliative Interventions in an Outpatient Dialysis Network

A project initiated through NephroCare outpatient HD units and based on the WHO recommendations to implement palliative interventions listed out five steps to execute this project: (1) assessment of palliative needs in dialysis patients; (2) team education and training; (3) interdisciplinary work with specialized teams; (4) a dedicated electronic health record for palliative intervention; (5) and outcomes measurement and auditing.

According to the authors of the article published at the *Portuguese Journal of Nephrology and Hypertension*, "The most relevant barrier to a successful implementation of palliative intervention programs in the outpatient dialysis setting is the lack of physician training as well as economic and regulatory factors." This project will answer questions encountered by nephrologists every day and present this to health authorities for reimbursement, and seek a considerable improvement of the last year of life of our [kidney failure] patients", they added. [17]

References:
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