Would you trade life expectancy to avoid dialysis?

Many patients approaching end-stage renal disease (ESRD) are willing to accept significant reductions in survival to avoid some of the burdens and limitations associated with dialysis, suggests a study in the Canadian Medical Association Journal. The researchers performed a “discrete choice” experiment involving 105 adult patients with stage 3 to 5 kidney disease at Australian renal clinics. The study looked at how various treatment characteristics affected patients’ preferences for dialysis versus conservative care for progressive kidney disease. Variables included life expectancy, number of visits to the hospital per week, ability to travel, time spent undergoing dialysis, and other factors.

Patients were more likely to opt for dialysis if it increased their average life expectancy; odds ratio (OR) 1.84. Other factors affecting the preference for dialysis were found to be stage of dialysis during the evening as well as during daytime hours, OR 8.95; and the availability of subsidized transportation, OR 1.55. By contrast, patients were less likely to choose dialysis if it involved more hospital visits, OR 0.70; or if it placed more limits on their ability to travel, OR 0.47.

Patients would accept a 7-month reduction in life expectancy to avoid one extra hospital visit per week, and a 15-month reduction to decrease their travel restrictions. Patient age was not a significant influencing factor.

The results suggest that, even if dialysis means longer survival, many patients with ESRD would prefer conservative care under certain circumstances. Patients were “willing to trade considerable life expectancy to reduce the burdens and restrictions of dialysis” (p. 2). The researchers write, “They call for further study of decision making in older patients with ESRD, and of patient preferences regarding the type and location of dialysis” (Morton, RL, et al. Factors influencing patient choice of dialysis versus conservative care to treat end-stage kidney disease. CMAJ 2012; 184:E277–E283).

Mesenchymal stem cells as induction therapy for kidney transplant

For living-related donor kidney recipients, induction therapy with autologous mesenchymal stem cells (MSCs) can improve transplant outcomes, reports a study in the Journal of the American Medical Association. The trial included 159 patients who were scheduled for living-related donor kidney transplantation from an ABO-identical expeditor including 105 adult patients with stage 3 to 5 kidney disease at Australian renal clinics. The study looked at how various treatment characteristics affected patients’ preferences for dialysis versus conservative care for progressive kidney disease. Variables included life expectancy, number of visits to the hospital per week, ability to travel, time spent undergoing dialysis, and other factors.

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