Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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CKD in Older Adults: Dialysis Vs Conservative Care and Shared Decision-Making

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· The Clinical Dilemma: In older adults with advanced CKD, high frailty, and severe comorbidities, the survival benefits of dialysis often diminish. Conservative Kidney Management (CKM)—focusing on symptom control, advanced care planning, and maximizing quality of life—serves as a vital alternative. · Shared Decision-Making (SDM): To align treatment with patient values, the 5-step SHARE approach should be implemented. Utilizing Patient Decision Aids (PDAs) like video supplements and AI assistant chatbot significantly reduces decisional conflict and improves patient understanding of CKM and renal replacement therapy. · The Hidden Premise (Psychological Intactness): True SDM assumes the patient is cognitively and psychologically capable. However, up to 60% of older dialysis patients suffer from depression and 30–47% from cognitive impairment. What appears to be a "stubborn refusal" of treatment may actually be a manifestation of undertreated depression rather than autonomous choice. Conclusion: The goal of geriatric kidney care must shift from simple life extension to preserving patient dignity and peace. Clinicians must evaluate psychological intactness before accepting treatment choices as definitive autonomy. To achieve this, a comprehensive Shared Decision-Making (SDM) process utilizing multifaceted approaches and tools must be preemptively implemented.

Keywords: elderly, CKM, Dialysis, PDA