Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Supporting Goal-Directed Dialysis Decisions Through Geriatric Assessment in Advanced CKD

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Objectives : Chronic kidney disease (CKD) in older adults is frequently accompanied by frailty, sarcopenia, cognitive impairment, and functional decline, which influence treatment tolerance, hospitalisation risk, and quality of life. These geriatric vulnerabilities complicate dialysis decision-making for renal replacement therapy (RRT). We established a Geriatric–Nephrology clinical service integrating structured geriatric assessment into dialysis decision pathways for older adults with advanced CKD to support goal-directed treatment decisions and address geriatric syndromes.
Methods : Patients aged ≥65 years with CKD stage 4–5 non dialysis (ND) and Clinical Frailty Scale 4–6 were screened post renal counselling, with additional direct referrals from nephrologists. Pre-clinic review included medication reconciliation, patient-reported symptoms and quality-of-life measures. Patients underwent geriatrician-led comprehensive geriatric assessment and serious illness discussions, followed by multidisciplinary team review to guide RRT recommendations (refer fig.2).
Results : Between 30 April 2025 and 11 February 2026, 45 patients were reviewed (age 67–82 years). Geriatric syndromes were highly prevalent: 67% screened positive for sarcopenia (SARC-F), 44% had cognitive impairment, and 25% were at risk of malnutrition. Functional impairment was also common, with 70% at least moderately dependent in activities of daily living based on the Modified Barthel Index. Interventions included physiotherapy-led exercise programmes, nutritional optimisation, cognitive assessment, caregiver support, and empanelment to community services. Among 35 patients with advanced CKDND, 8 transitioned to conservative kidney management following geriatric assessment that clarified functional status, treatment tolerance, and patient goals, while 1 patient moved from indecision to electing peritoneal dialysis. Patient and family satisfaction with the service was high; over 90% reported satisfaction.
Conclusions : Integrating structured geriatric assessment within tertiary nephrology care is feasible and may support more goal-concordant dialysis decision-making while addressing geriatric vulnerabilities influencing clinical trajectories in older adults with advanced CKD. Ongoing longitudinal evaluation will assess impacts on quality of life, caregiver burden, healthcare utilisation, kidney outcomes, and costs.

Figure 1- conceptual model.jpg

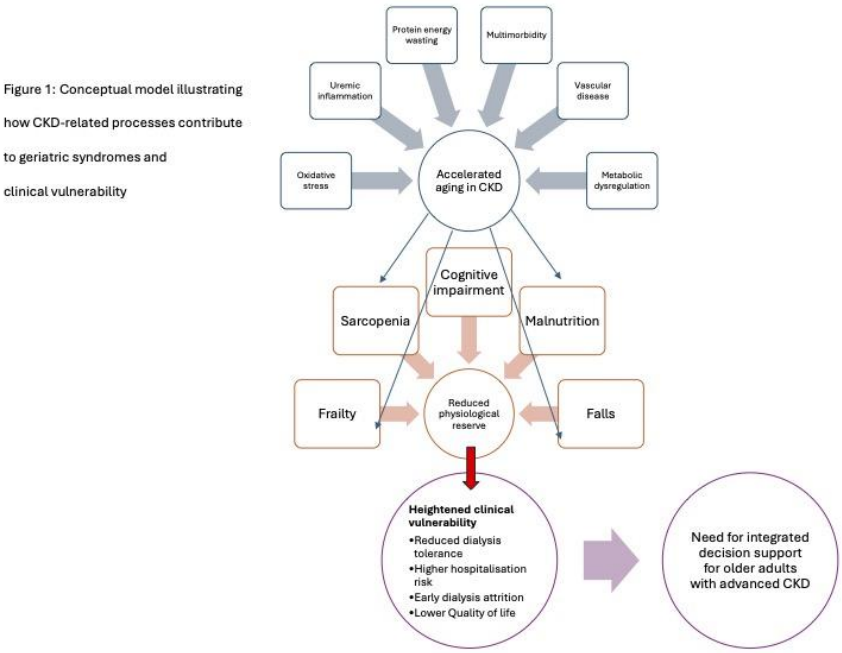

Figure 1: Conceptual model illustrating how CKD-related processes contribute to geriatric syndromes and clinical vulnerability

Figure 1- conceptual model.jpg

Figure 2: Geriatric Nephrology service care pathway