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Dialysis

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Effect of pre-dialysis education on receipt of self-care dialysis: Extended follow-up of a randomized trial

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Background: Educational interventions may increase the likelihood that a patient will choose self-care dialysis. However, whether patients who choose self-care dialysis after educational interventions ultimately go on to receive it is uncertain. We conducted a 12-year follow-up study of patients randomized to a pre-dialysis education intervention or usual care to determine if a patient's choice to do self-care dialysis led to increased receipt of self-care dialysis. We sought to determine if patients who had initially decided to choose self-care dialysis (outcome of the original trial) were more likely to receive it, and to examine the impact of the educational intervention on the likelihood of receiving self-care dialysis.

Methods: Pre-dialysis patients in Southern Alberta Renal Program (SARP) renal care clinic, which includes all end stage renal disease patients and patients with advanced CKD, were enrolled. The primary exposure was "choice" or "non-choice" of self-care dialysis. Choice was assigned following the educational intervention in 2003. The primary outcome was initial receipt of self-care dialysis (PD, HHD) versus in-center dialysis (HD). We used Fisher's exact test to compare proportions.

Results: Seventy patients were randomized to either standard care or an educational intervention in 2003. Six patients did not indicate whether or not they would choose self-care dialysis because they died (n=1), were transplanted (n=1), went on dialysis before they could complete the trial (n=2), or did not complete the post-intervention survey (n=2). The patients who chose self-care dialysis following the intervention period were no more likely to receive it than those who did not choose a self-care modality [14/42 (33.3%) vs. 3/22 (21.4%); p-value=0.137], in an intention-to-treat analysis. Restricting the analysis to only those individuals who subsequently went on to receive dialysis, 14/20 (70.0%) in the choice group received self-care dialysis compared to just 3/13 (23%) among those who did not choose self-care dialysis (p-value: 0.013). In the secondary analysis the proportion of patients who received self-care dialysis as their first treatment was not significantly different between groups [11/35 (31.4%) for the educational intervention vs. 9/35 (25.7%) for the usual care arm; p=0.791].

Conclusion: Educational interventions designed to promote self-care dialysis may increase the choice of self-care dialysis, but this expressed choice may not translate into an increased number of patients receiving self-care dialysis. In patients who ultimately went on to require dialysis, a significantly higher proportion of patients who chose self-care modalities received them. However, there was no association between a patient-targeted educational intervention and the receipt of self-care dialysis over an extended duration of follow-up.

Keywords: choice, dialysis , peritoneal dialysis