

Submission No. : RCC1-S4

Session Title : Renal Conservative Care (Geriatrics 1)

Session Topic : Conservative Care in Kidney Patients

Date & Time, Place : June 13 (Thu) / 15:30-17:00 / Room 5 (202)

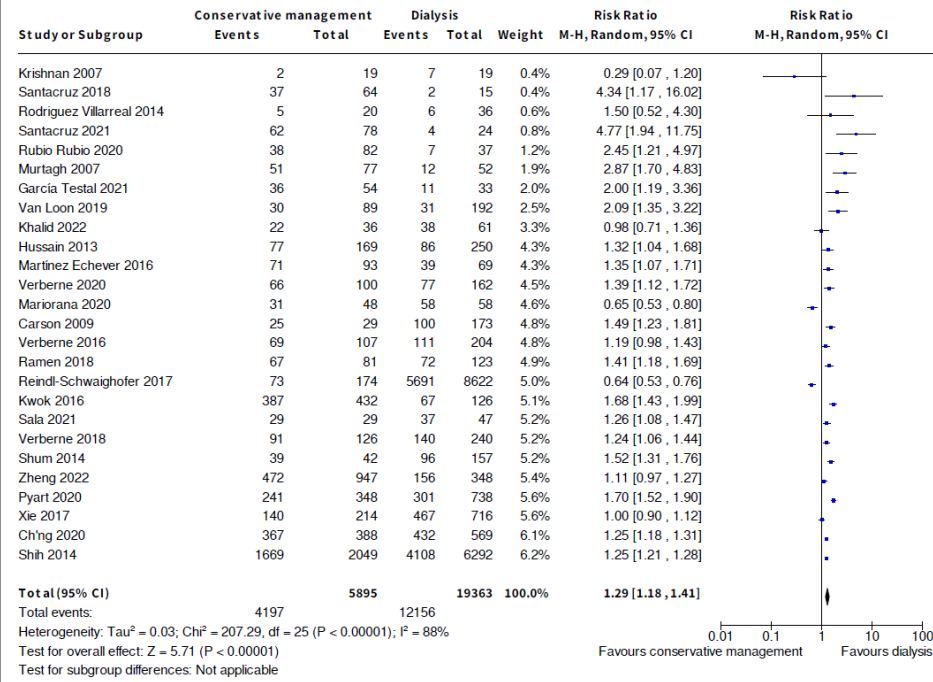
Elderly Dialysis vs Conservative Treatment: Cochran Review

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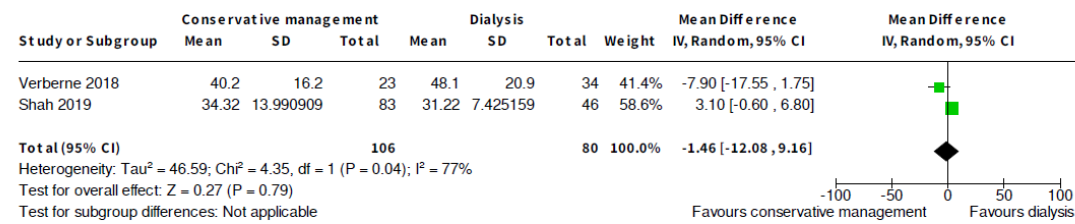
Deciding of dialysis or not for elderly patients is a main concern for nephrologists who treat patients with end-stage renal disease. Many studies have reported that dialysis is helpful for the patient's prognosis. Our research team also conducted a meta-analysis and systematic literature review on the mortality rate, and quality of life of elderly patients with end-stage renal disease according to dialysis modality and dialysis vs conservative management, and developed it as a treatment guideline for the Korean Society of Nephrology. However, due to the nature of the subject of this study, which makes it difficult to conduct RCTs, related studies have many cohort or observational studies, which have limitations with low evidence power. In terms of rigorous methodology of Cochrane review, we confirmed whether the same research results as the treatment guidelines produced by our team were derived, and these results are announced in APCN and KSN 2024. We included 32 non-randomised studies that involved 26,127 people with kidney failure. These studies compared conservative management to conservative management with kidney replacement therapy (KRT). Compared to conservative management with KRT, conservative management had uncertain effects on death (any cause) (26 studies, 25,258 participants): RR 1.29, 95% CI 1.18 to 1.41; very low certainty evidence, cardiovascular death (3 studies, 261 participants): RR 1.72 95% CI 0.68 to 4.34; very low certainty evidence, health-related quality of life (HR QoL), physical component summary (PCS) score, (2 studies, 186 participants); SMD -1.46, 95% CI -12.08 to 9.16; very low certainty evidence, HR QoL, mental component summary (MCS) score, (2 studies, 186 participants); SMD -0.17, 95% CI -0.47 to 0.13 very low certainty evidence., and hospitalization (4 studies, 462 participants): RR 0.78, 95% CI 0.41 to 1.46 very low certainty evidence. Conservative management had uncertain effects on death (any cause), cardiovascular death, hospitalization, and HR QoL compared to conservative management with KRT.

Analysis 1.1



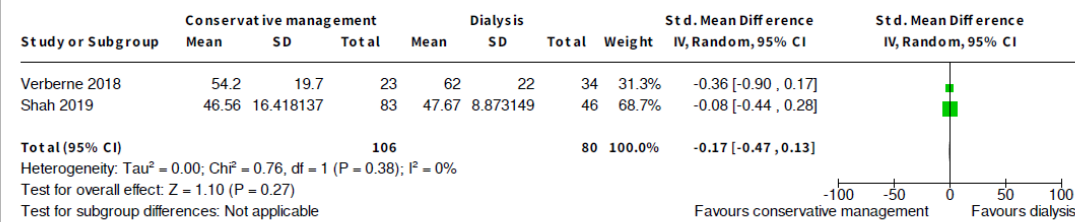
Comparison 1: Conservative management versus dialysis, Outcome 1: Death (any cause)

Analysis 1.3



Comparison 1: Conservative management versus dialysis, Outcome 3: Health-related Quality of life (Physical Component Summary Score)

Analysis 1.4



Comparison 1: Conservative management versus dialysis, Outcome 4: Health-related Quality of life (Mental Component Summary Score)