Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
KSN 2026 SEOUL, KOREA
The 46th Annual Meeting of the Korean Society of Nephrology
THE KOREAN SOCIETY OF NEPHROLOGY
Jun 11 (Thu) – 14 (Sun), 2026
COEX, Seoul, Korea

Abstract Type : Oral presentation
Abstract Submission No.: A-0590
Abstract Topic : Renal Conservative Care + Geriatric Nephrology + Sarcopenia

Decision-Making and Experiences of Conservative Kidney Management in Older Adults with Advanced Chronic Kidney Disease: A Qualitative Study

Eunyoung Lee[2], Jang Wook Lee[1], Jae Yoon Park[1], Sung Joon Shin[1], **Jeongin Song**[1]
[1]Department of Internal Medicine-Nephrology, Dongguk University Ilsan Hospital, Korea, Republic of
[2]Department of Department of Social Welfare, Dongguk University, Korea, Republic of

Objectives : Dialysis is routinely initiated in older adults with advanced CKD regardless of prognosis or patient preferences. This study aimed to describe the clinical profiles and lived experiences of patients who chose CKM and to explore their decision-making processes and orientations toward advance care planning.
Methods : We prospectively enrolled adults aged 70 years or older with advanced CKD who chose CKM. CKM was defined as a non-dialytic care approach focusing on symptom management, supportive care, and advance care planning. Baseline assessments included clinical laboratory data, quality of life (EQ-5D-5L), and frailty status (Korean Clinical Frailty Scale). Semi-structured and in-depth qualitative interviews were conducted and analyzed using preliminary thematic analysis to explore treatment decision-making and lived experiences under CKM.
Results : Four patients and four family members participated, 75% cohabiting with spouse (patients mean age 85.3 years; 50% male; mean eGFR 8.1 mL/min/1.73m²). Three of four patients were frail (Clinical Frailty Scale ≥ 3). EQ-5D-5L profiles were heterogeneous: one patient reported near-normal functioning across all domains, while others demonstrated severe impairment in mobility, self-care, and activities of daily living. Pain and anxiety levels were generally low, except in one patient with extreme pain and moderate depression. Advance care planning was completed in two of four patients. Qualitative analysis identified four themes: (1) meaning-making in treatment choice, (2) decision-making within clinical relationships, (3) living under CKM, and (4) orientations toward future and end-of-life planning. Across interviews, dialysis was commonly framed as physically and emotionally burdensome, whereas CKM was chosen to preserve daily life and prioritize symptom relief.
Conclusions : Despite choosing CKM as a quality-of-life-oriented alternative to dialysis, most patients demonstrated significant frailty and functional decline, and advance care planning remained inconsistent. These preliminary findings highlight the need for structured advance care planning and proactive care coordination for older adults undergoing CKM and their families.