THE KOREAN SOCIETY OF NEPHROLOGY
APCN & KSN 2024
June 13(Thu) - 16(Sun), 2024 Coex, Seoul, Korea
Promoting Sustainable Kidney Health: The Asia-Pacific and Beyond

Abstract Submission No.: A-0090

Effects of shared decision-making on the prognosis of peritoneal dialysis patients

Song Yi Kil, Byung Hwa Park, Youngeun Jo, Yeonji Choi, Kyungmi Kim, Ye Na Kim, Ho Sik Shin, Yeonsoon Jung, Hark Rim
Department of Internal Medicine-Nephrology, Kosin University Gospel Hospital, Korea, Republic of

Objectives : Patients with chronic kidney disease (CKD) require shared decision-making (SDM) processes when choosing a dialysis method. Peritoneal dialysis (PD) guarantees patient autonomy; thus, SDM is even more important. Based on these facts, we investigated the effects of SDM on patients with PD.
Methods : Among patients with chronic kidney failure from eight hospitals in Korea who started dialysis, 256 who participated in a pilot project for home management of PD were included in the present study. A mixed-methods study was conducted using questionnaires and semi-structured interviews. Our study focused on the effects of SDM on patient death, survival rate, hemodialysis conversion, emergency room visits, hospitalization days, and outpatient visits.
Results : A significant difference was observed in the number of days of hospitalization per admission ($p = 0.0044$) between the SDM and non-SDM groups. However, no significant differences were observed in survival rate, rate of conversion to hemodialysis (HD), survival rate after conversion to HD, emergency room visit rate, number of hospitalizations per patient, outpatient visit rate, medical cost, hospitalization cost, outpatient cost, and phosphate-binding agent prescription rate.
Conclusions : The number of hospitalization days per admission decreased throughout the SDM process. Continued communication between patients and medical staff on how to manage PD in the long term after making the decision to undergo dialysis will be beneficial in promoting the home management of PD patients.

Figure 1.jpg

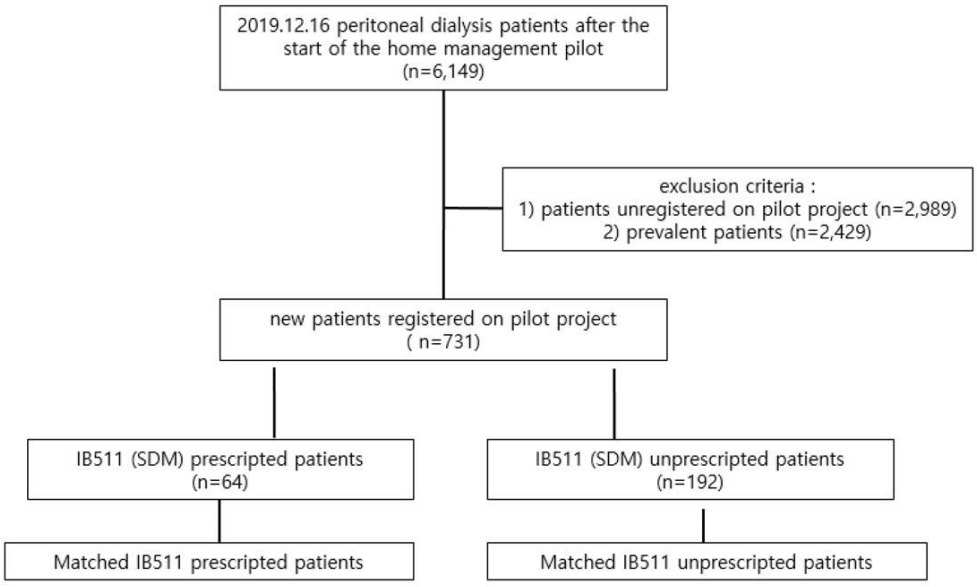

Figure 1. Effect of shared decision-making on patients prognosis

Figure 1.jpg

		Total (256)	SDM prescripted (64)	SDM unprescripted (192)	p value
Observation period (month)		9.5 ± 5.8	7.3 ± 5.1	10.3 ± 5.9	<0.0001
Age		52.03 ± 14.59	52.69 ± 13.78	51.81 ± 14.88	0.6652
Sex	Female	81 (31.64)	20 (31.25)	61 (31.77)	>0.99
	Male	175 (68.36)	44 (68.75)	131 (68.23)	
Insurance	Health insurance	237 (92.58)	58 (90.62)	179 (93.23)	0.6796
	Medical benefit	19 (7.42)	6 (9.38)	13 (6.77)	
Underlying disease	Hypertension	251 (98.05)	64 (100.00)	187 (97.40)	0.4341
	Diabetes mellitus	155 (60.55)	39 (60.94)	116 (60.42)	>0.99
	Ischemic heart disease	77 (30.08)	15 (23.44)	62 (32.29)	0.2379
	Stroke	21 (8.20)	1 (1.56)	20 (10.42)	0.0486
	Atrial fibrillation	12 (4.69)	3 (4.69)	9 (4.69)	1.0000
Education consulting fee 1 (IB510)		135 (52.73)	23 (35.94)	112 (58.33)	0.0030
Education consulting fee 2 (IB520)		214 (83.59)	52 (81.25)	162 (84.38)	0.6967
Patient care fee (IB530)		248 (96.88)	62 (96.88)	186 (96.88)	>0.99
Death		4 (1.56%)	0 (0%)	4 (2.08%)	0.5606
Total observational period (human year)		203.7	38.8	164.9	
mortality rate (/1000 human year)		19.6	0.0	24.3	
Converting to hemodialysis		36 (14.1)	6 (9.4)	30 (15.6)	0.3026

Table 1. Characteristics and Death, Number of Hemodialysis conversion of patients and according to implementation of SDM