

Abstract Submission No.: A-1348**Decision-Making in Renal Replacement Therapy Among the Elderly Patients:
An Exploration of Influencing Factors and Survival Outcomes**

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Objectives : The determinants influencing the decision-making process for renal replacement therapy (RRT) among individuals aged 70 and above, and the resulting impact on survival, remain unclear. This study seeks to explore these factors and their implications.

Methods : This retrospective, single-centre study examined elderly patients aged 70 or older, with a glomerular filtration rate (GFR) below 20 ml/min/1.73m², who received counselling on RRT modalities between April 2021 to April 2022 and followed up for at least 1 year. The study focused on identifying factors affecting decision-making, the selection of RRT modalities, and the subsequent survival outcomes of the patients.

Results : A cohort of 156 elderly patients (mean age 76.5 ± 4.9; 51.9% male) was analysed. Despite receiving counselling, 32.7% remained undecided about their RRT options. Among those expressing a preference for RRT, 42.3% opted haemodialysis (HD), 18.6% chose peritoneal dialysis (PD), while 5.8% preferred renal supportive care. Decision-influencing factors included personal considerations (41.0%), such as lifestyle disruption and convenience, and family-related factors (20.5%), including absence of caregiver, insufficient social support, or concerns about becoming a burden. Compared to patients who chose HD initially, those who initially preferred PD ultimately transitioned to HD (92.4% vs. 65.5%, P<0.05). Among those who were undecided on RRT modality, the majority (45.1%) ended up on HD, followed by renal supportive care (29.4%) and peritoneal dialysis (25.5%). One-year survival post-dialysis initiation was 78.3%, with no significant difference in survival rates between patients opting for PD or HD (70.8% vs. 80.0%, P=0.33).

Conclusions : The study uncovers persistent indecision, emphasizes dynamic transitions between modality choices and provides insights into comparable one-year survival rates between HD and PD. It underscores the intricate nature of RRT decision-making in the elderly, necessitating further research to gain a comprehensive understanding of the factors influencing their choices.