

Conservative management vs. dialysis for preventing hospitalizations in patients with advanced kidney diseases

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For some individuals with advanced kidney disease, dialysis may not be the optimal treatment strategy for their condition, and these patients may be better served with conservative non-dialytic management that focuses on quality of life and symptom control. Investigators recently examined

the differential impact of conservative management vs. dialysis on hospitalization outcomes across varying racial/ethnic groups in a large national cohort of patients with advanced kidney disease. The research will be presented at ASN Kidney Week 2022 November 3–November 6.

In this study, the investigators compared [hospitalization rates](#) among 309,188 patients with advanced kidney disease who were treated with conservative management or dialysis over the period of 2007–2020. During follow-up, 55% of patients had 1 or more hospitalizations, and the most common causes of hospitalization in both groups were related to [congestive heart failure](#)/fluid overload, [respiratory problems](#), or hypertension.

In Non-Hispanic White, Non-Hispanic Black, and Hispanic patients, patients on dialysis had higher hospitalization rates than those who received conservative management, and patients who started dialysis early (transitioned to dialysis at higher levels of kidney function) demonstrated the highest rates across all age groups when compared with those who started dialysis late (transitioned to dialysis at lower levels of kidney function) or were treated with conservative management. Among Asian patients, those on dialysis also had higher hospitalization rates than those receiving conservative management, but patients who started dialysis late had higher rates than those on early dialysis, especially in older age groups.

"There has been growing recognition of the importance of conservative non-dialytic management as an alternative patient-centered treatment strategy for advanced kidney disease. However, conservative management remains under-utilized in the US, which may in part be due to uncertainties regarding which patients will most benefit from dialysis vs. non-dialytic treatment," said corresponding author Connie Rhee, MD, of the University of California, Irvine. "We hope that these

findings and further research can help inform treatment options for [patients](#), care partners, and providers in the shared decision-making process of conservative management vs. dialysis."

More information: Study: "Impact of Race/Ethnicity and Age on Hospitalization Outcomes in Advanced CKD Patients Treated with Conservative Management vs. Dialysis"

Provided by American Society of Nephrology

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