

When to Start Dialysis?

Understanding the new guidelines for timing the initiation of chronic dialysis

1

Build awareness for your patient.

Alleviate anxiety. Encourage discussion with your patient to help them be a partner in their care. Be open about their prognosis. Rather than emphasize the “big D”, explain the role of the clinic and the team.
Understand their anxieties and goals.



2

Is it the right time to talk about dialysis options?

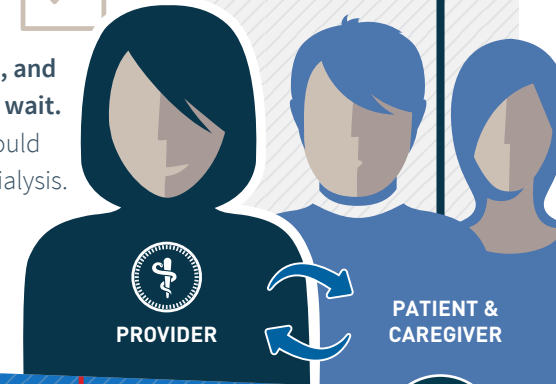
Depending on your clinic and your patient's rate of progression, you should discuss treatment options for chronic kidney disease *when your patient's eGFR levels are between 15 - 25ml/min/1.73m².*



3

It's not just about numbers anymore.

In patients with a declining eGFR, and no uremic symptoms, it's okay to wait. Signs and symptoms of uremia should be used to guide the initiation of dialysis.
See the [clinical practice guidelines](#) in the February 2014 issue of CMAJ.



eGFR LEVELS

30

25

20

15

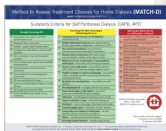
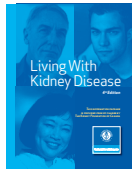
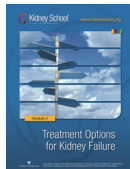
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5



MAINTAINING A DIALOGUE

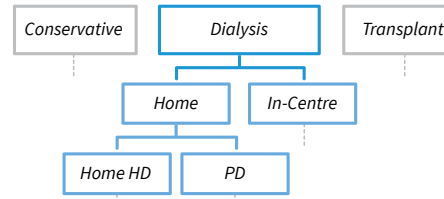
Symptoms are one thing, consider also how your patient feels — emotionally. Complement your conversation with high quality patient education to increase their self-efficacy.



Visit informedkidneycare.ca to get relevant tools and resources to aid and facilitate your patient's decision-making journey.

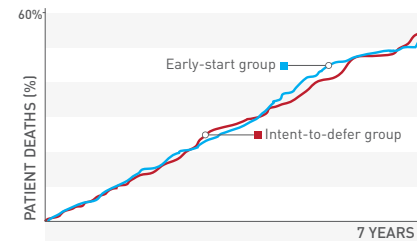
REVIEWING OPTIONS & AIDING DECISION-MAKING

Consider all options with your patient and their loved ones.



Discuss treatment options in the context of your patient's history, lifestyle, life goals and life stage.

SURVIVAL: EARLY-START VS. INTENT-TO-DEFER DIALYSIS



In a randomized trial, investigators noted no difference in mortality, quality of life or hospitalization with a 6-month delay in initiation.

Adapted from NEJM, Cooper BA, Branley P, et al. A Randomized, Controlled Trial of Early vs Late Initiation of Dialysis, Vol. 363 No. 7 Page No 616. Copyright © 2010 Massachusetts Medical Society.

Strong Recommendation

The CSN recommends an *'intent-to-defer'* strategy, where patients with an eGFR <15ml/min/1.73m² are closely monitored by their CKD team.

Initiate dialysis with the emergence of clinical indications **OR** an eGFR ≤6ml/min/1.73m², whichever should occur first.

For more information and resources: informedkidneycare.ca