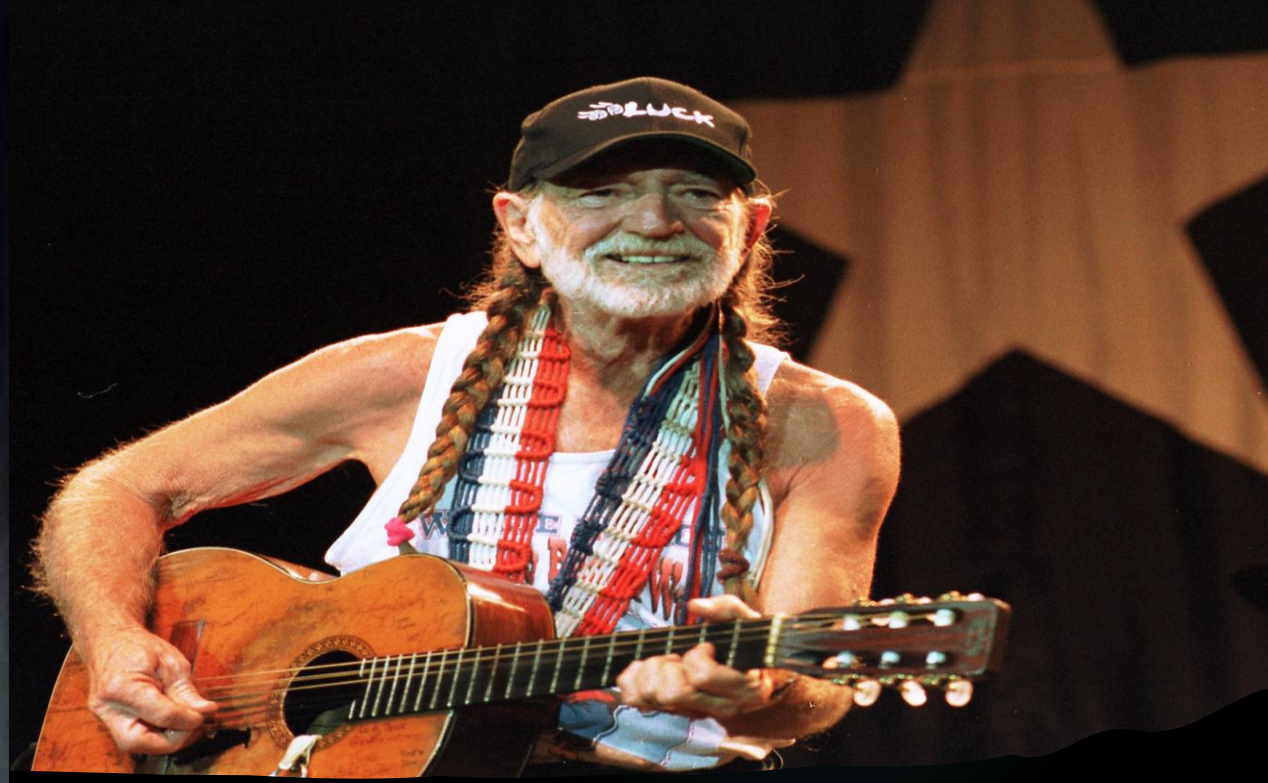




The Tale of Two Oldies

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Introduction

- Research – Survival benefit of dialysis
- Case study of two gentlemen aged > 80 who attended Pre-dialysis clinic
- Conclusion
  - Quality of life Vs Dialysis
  - Just because we can, should we?



What does the research say for > 75 yeras?

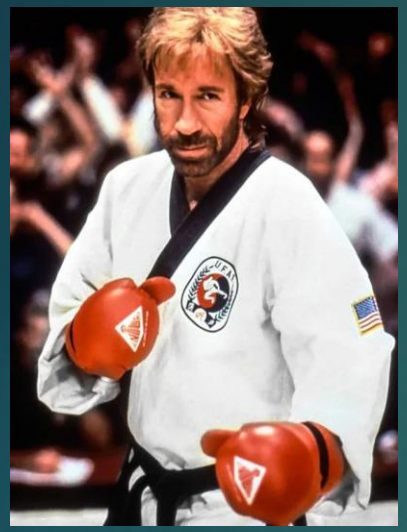
- 2019 Van Loon et al.
  - Finding: there was no survival benefit for those that did do dialysis, acquired decline in functional ability and increased morbidity

- 2024 Noppakan et al found that survival advantage persisted in patients who chose HD or PD over comprehensive care

What does the research say for Patients > 75 year?

- 2025 Scipcariu et al carried out a review of literature and found
  - There was a Crude survival advantage over all but benefit is lost with high comorbidity – IHD/cognition/nutritional status.
  - While dialysis may extend survival – associated with physical discomfort, dietary restrictions and frequent hospital visits.
  - Negatively impact daily functioning and social life

The Two Oldies.



Addenbrookes: 96/100
MMSE: 29/30
Asymp - No uraemia

Chuck – 86 year old Ischaemic Nephropathy

- Coronary Artery Disease
- Non smoker
- No alcohol



Addenbrookes: 88/100 – reduced in 3
MMSE 29/30
Asymp – no uraemia

Willie – 92 year old Male

- Single kidney - Ca.
- T11 osteolytic lesion
- 30 pack year smoker – Pipe
- Drinks alcohol recommended limits.

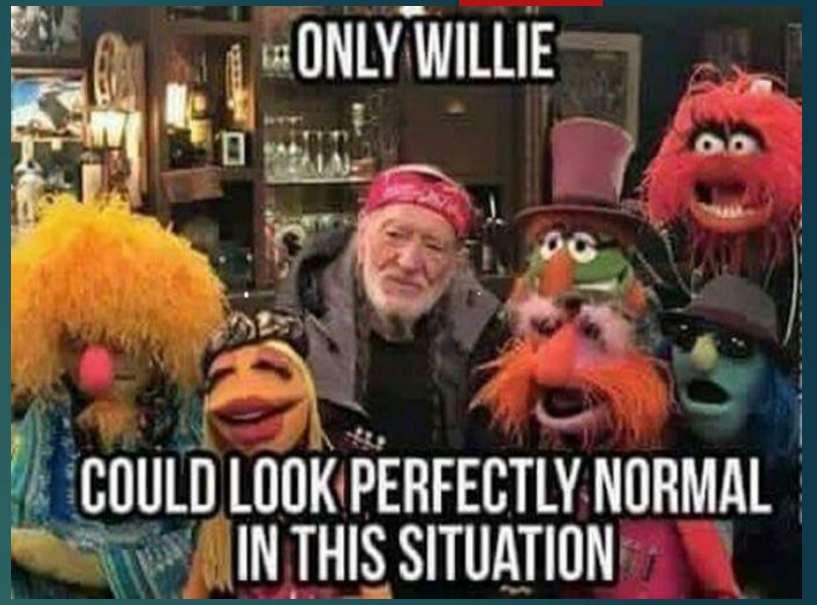


Similarities

- Both played 18 holes of golf regularly over the week.
- Managing around large properties by themselves.
- Active within the community
- Chuck had a wife.
- Willie had a good support system – including a Son that was a surgeon in Auckland.
- Albumin in 35 - 40
- **Adamant they wanted Dialysis**.



First to be seen - Willie



- **Willie – 92 year**
  - Vascular surgeon October 2021
  - Book PD catheter OT.
  - Creatinine 452 eGFR 9ml/min
  - Nov 2021 – hospitalised for CAP – Guillain Barre –Discharged Dec
  - Dec 2021 - Kidney function improved – Defer PD catheter insertion
- April – 2022 – Pt doesn't want dialysis.

Second to be seen

- **<u>Chuck – 86 year</u>**
  - Vascular surgeon March 2022
    - Book for PD catheter OT
    - Creatinine 427 eGFR 10ml/min



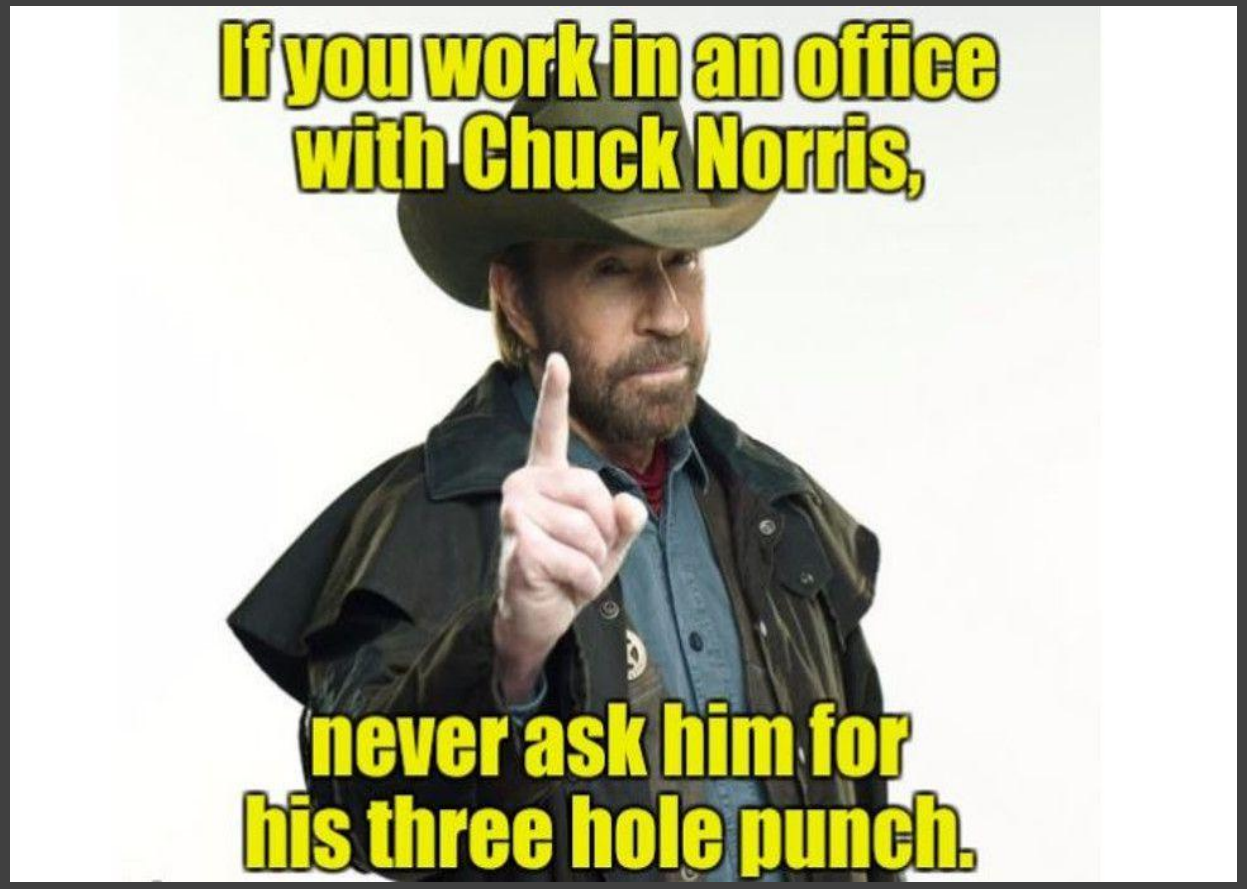
Timeline continued

- **Chuck – 86 year old**
- Apr 22 – PD catheter OP, IDUC inserted.
- May 22 - ED – blood in IDUC.
- May 22 – Lrg amt of bruising
- May 22 – Cath didn't work due to constipation.

- **Willie – 92 year old**
- 13th June – Willie changed his mind.
- 11th July Surgeon deemed Willie not suitable for the operation
  - Willie extremely angry
- Eventually accepted it

Time line

- **Chuck – 86 year old**
  - 1st June 22 – required an iron infusion
  - 15th June 22 – clinic – feeling great
  - 23rd June 22 – clinic – doing well no concerns



Timeline

- **Chuck – 86 year old**
  - Oct 22 – Poor solute clearance with increased symptoms…
  - Nov – Start of admissions - Had a fall,
  - Jan 23 – hospital again blister at old lesion site from fall.
  - Jan 23 – hospitalised for Chest pain
  - Mar 23 – NSTEMI
  - Mar – Angina

- ***Willie – 92 year old***
  - Dec 2022 – out walking everyday



Time line

- **Chuck – 86 year old**
  - 18 April – admitted - generalised weakness
  - 18 May – Died. 87 years old.

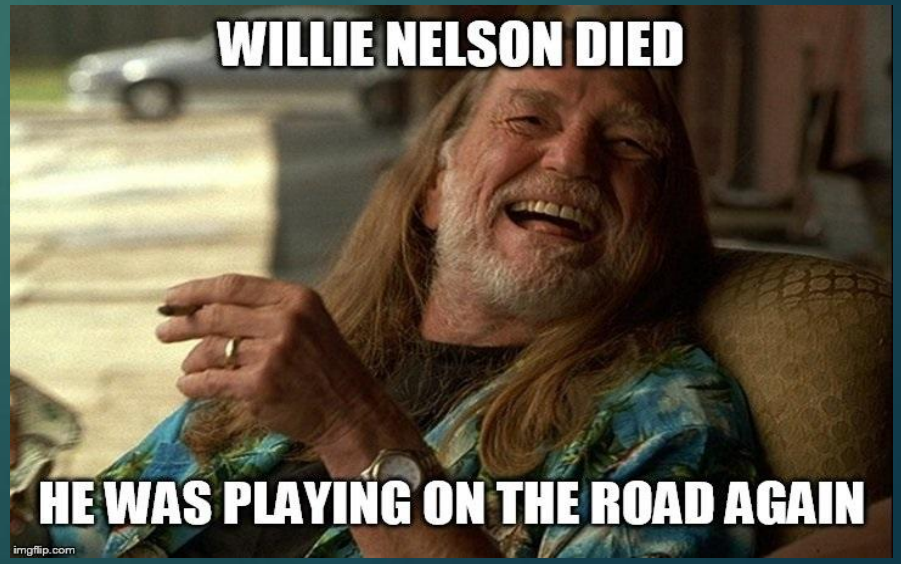


- **Willie – 92 year old**
  - April 2023 – Still fit and well, has a sparkle in his eyes. Walking 1.5km per day
  - July 2023 – no problems managing around home



Timeline

- Willie – 92 year old
  - Oct 2023 - He says he is still managing at home. still walking about a 1km to 1.5km every day.
  - 1st March 2024 able to cut branches of trees
  - 5th June 2024 – Didn't attend clinic, hadn't woken up
  - Age at death 95 years.



Conclusion

- Questions:
- Which one had better quality of life?
- Chuck had1 year on dialysis. 4 months of good life. (Willie 2 years & 8 months)
- Research – both would functionally decline on dialysis due to the type of comorbidities each had.
  - Chuck – CAD
  - Willie – Lowered areas of cognition

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