

Five years prospective, observational, international study on the impact of Decision-Making Tools (DMTs) for Choice of Renal Replacement Therapy (RRT) Modality

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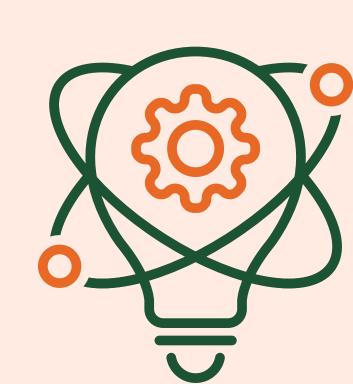
Background:

DMTs are still not widely used but are considered the Gold Standard to ensure patients are well informed to choose RRT modality.



Objectives:

To analyze the **impact** of a structured **modality** information program (via DMTs) on RRT modality **choice** and **start.**



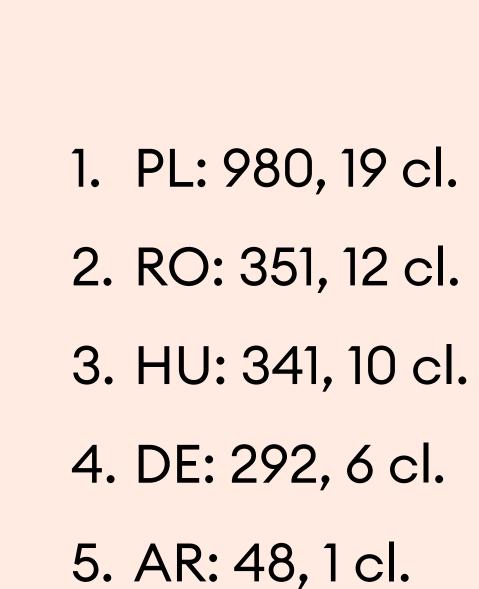
Methods:

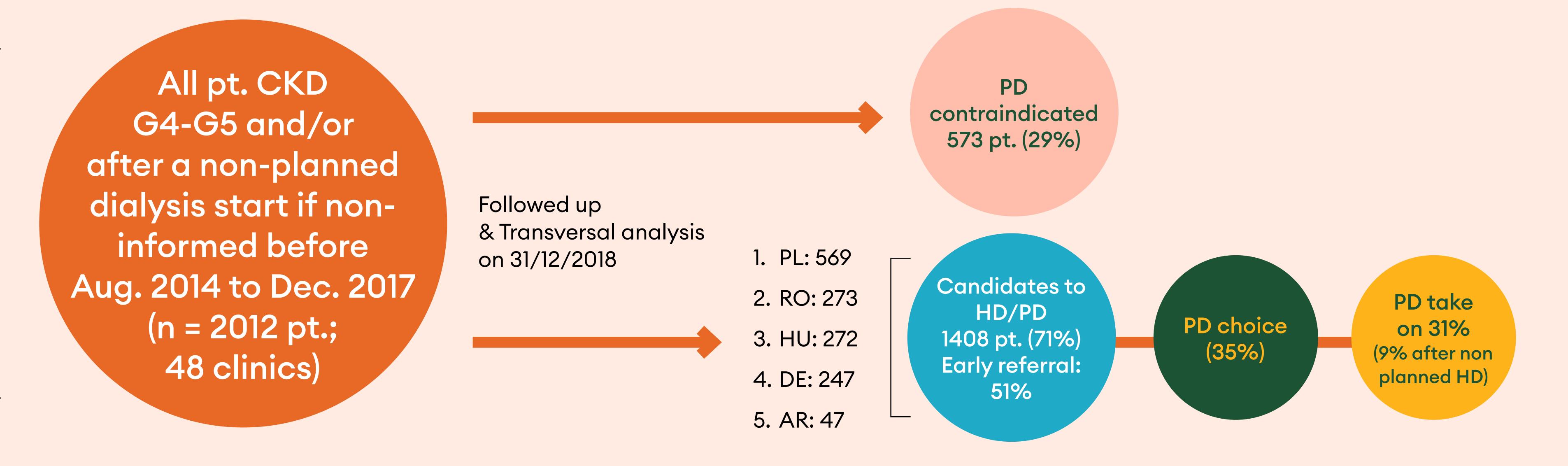
- Observational, prospective, international registry
- All CKD G4-G5 and those after an unplanned dialysis start (if non-informed before) underwent a DMTs process for RRT and choice
- **Process included:** personal values evaluation, RRT information with different aids, staff deliberation support and patients modality election
- Results are shown as the percentage of pts. who reached a certain stage related to the total number of pts. under evaluation



Results:

- 2012 pts., mean age: 61 y., M: 57%
- Info. aids: written information (97% of pts.), DVD (27%) and HD/PD utility visits (49%).
- Relatives' participation: 82%
- Most pts (91%) considered the program useful whilst 64% of staff felt that this program was better than the prior one





Total n° of pt. initiated in RRT: 948
PD modality (% of pt.)





CONCLUSION:

- DMTs at the time of RRT modality choice complies with **pt. empowerment** and **decision sharing** (patients-relatives-staff)
- PD choice and take-on varied among countries
- Most patients who chose PD were chronically ascribed to PD representing at least one third of the suitable patients for both dialysis modalities