The PD Patient who is Failing to Thrive Starting the 'Difficult Conversation'

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Disclosures

- Medical Director of government agency called Ontario Renal Network
- Occasional (once a year) honoraria from Baxter Global for talks

CASE ONE

- 80 year old woman has diabetic ESKD on APD 3 x 2 L + 2 L day dwell + 2L dwell each evening x 2 years
- Worsening heart failure, hypotension and progressively deteriorating health, losing vision and hearing
- Quality of life is poor according to patient and PD is very hard work

CASE ONE

- You discuss discontinuation of dialysis but patient says her family – husband and 2 daughters would be very upset – and she was not ready for this
- Could she have less dialysis and skip a few days a week?

THIS TALK

- What is Failure to Thrive (FTT)? FTT vs Frailty
- Differential diagnosis of FTT
- Approaches to FTT
- Difficult conversations – modality switch, discontinuation of dialysis

‘Failure to Thrive’

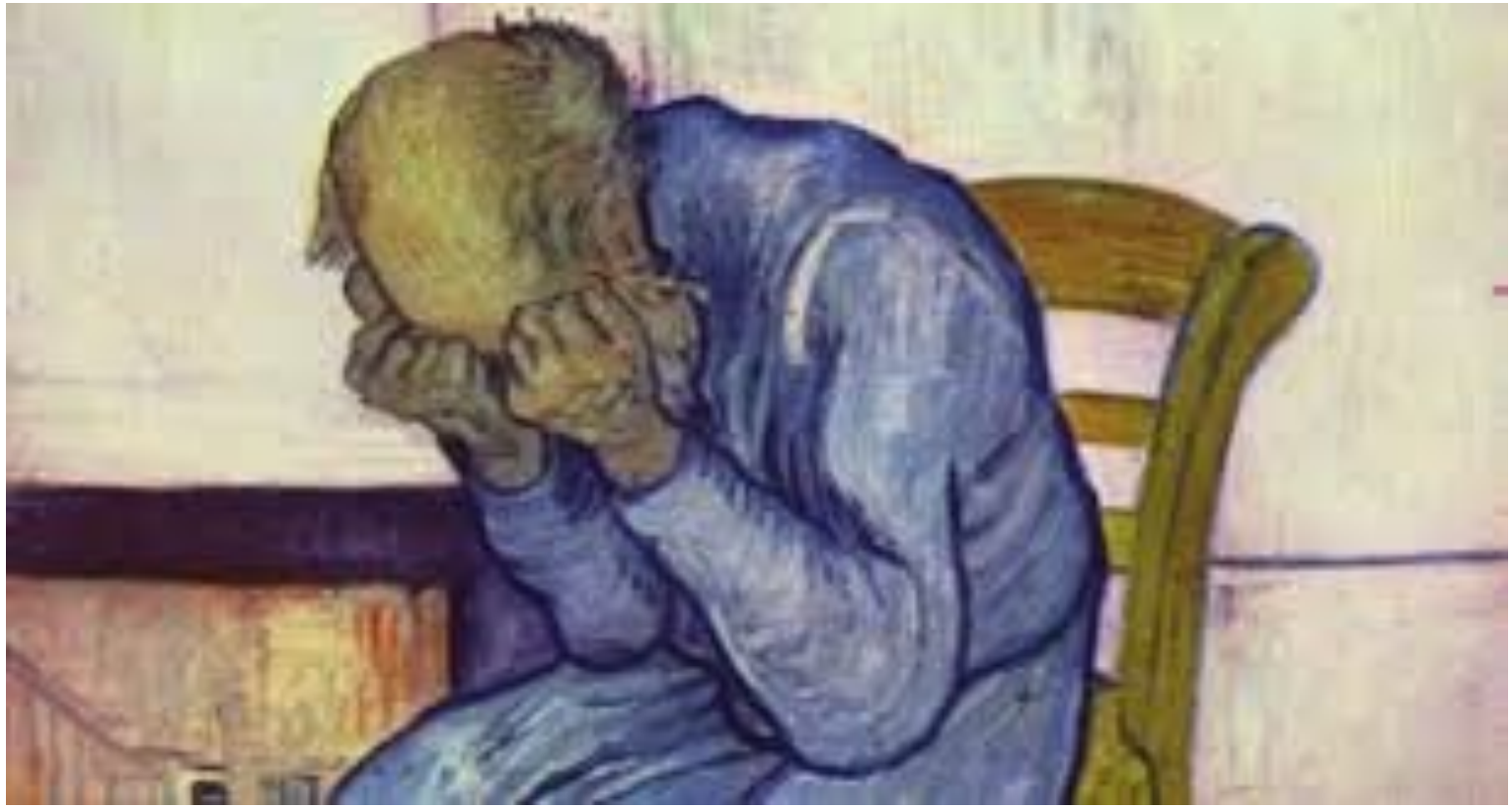
- A non-specific term taken from pediatrics and applied to older adults about 30 years ago
- Often used interchangeably with ‘Failure to Cope’

‘Failure to Thrive’

- A syndrome where the patient’s clinical condition is steadily declining
- Typical features include worsening nutritional status, profound lack of energy and motivation, decreased mobility and ambition
- Increasing frailty

Failure to Thrive
The 11 Ds of the Dwindles
(Egbert 1993)

- Disease (medical)
- Dementia
- Delirium
- Drinking alcohol
- Drugs
- Dysphagia
- Deafness / Blindness
- Depression
- Desertion / Isolation
- Destitution / Poverty
- Despair



Frailty Syndrome

- Age related deficits in normal body function
- Some include presence of 2 or more chronic diseases – cancer, arthritis, cardiac disease, advanced CKD

Frailty Syndrome
Fried's 5 Criteria

- Low grip strength
- Low energy
- Slowed walking speed
- Low physical activity
- Unintentional weight loss

Fried Frailty Scale

Abnormalities	Frailty scale
Involuntary weight loss of 10 lbs or more in the last 6 months	Fit (no abnormalities)
Reduced grip strength	Pre-frail (2 abnormalities or less)
Difficulty initiating movements	Frail (3 or more abnormalities)
Reduced walking speed	
Fatigue	

1. Categories of Frailty:
Fit: No abnormalities.
Pre-Frail: 2 abnormalities or less.
Frail: 3 or more abnormalities.

Rockwood

Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Frailty Syndrome

- Negative energy balance
- Sarcopenia / Muscle wasting
- Decreased strength
- Falls, cognitive decline, urine incontinence

‘Failure to Thrive’ vs Frailty

- Similar concepts but FTT is loosely used
- Frailty can be stable for periods but FTT is usually used to describe progressively worsening and likely to die soon
- FTT sometimes used to mean ‘Failure to Cope’ with social dimension
- Frailty typically includes > 1 major chronic disease

Differential Diagnosis of FTT in Person on Dialysis

- Uremia / Inadequate dialysis
- Undiagnosed malignancy/infection
- GI disease
- Depression
- Medications
- Age and chronic disease related frailty

Differential of Failure to Thrive
The 11 Ds of the Dwindles
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Medications causing or aggravating FTT

- SSRIs
- Benzodiazepines
- Tricyclics
- Neuroleptics
- Opioids
- Anticholinergics
- Steroids
- Diuretics
- Alpha blockers
- Beta blockers

Difficult Questions

- How much investigation?
- Trial of increased dialysis clearance?
- Trial of hemodialysis?
- Discontinuation of dialysis?
- Palliative dialysis

FTT – Investigations

- Hemoglobin and white count
- Na, K, Calcium, Albumin, Liver enzymes
- Kt/V and PNA and Dietary assessment
- Iron saturation
- TSH and Cortisols
- Imaging – brain
- Medication review

Management of FTT
One Big Question

- Careful assessment
- Is it part of a progressive frailty syndrome? An expected course?
- Or is it unexpected in someone you would have expected to be doing better?

Management of FTT

If unexpected in patient who was not progressively frail

- Goals of care
- More investigations
- Trial of more dialysis maybe
- Trial of hemodialysis

Management of FTT

If unexpected in patient not progressively frail

- If GI symptoms dominate – upper GI endoscopy, imaging
- Consider depression
- May increase dialysis dose even if Kt/V is already > 1.7 per week
- If nothing is detected and, if increased dialysis dose not effective, trial of HD

Management of FTT
If part of Progressive Frailty

- Goals of care
- 'Less is more'
- Frank discussion re discontinuation
- Alternative is palliative dialysis
- Focus either way is comfort and quality of life – pain relief

Management of FTT

Part of Progressive Frailty Syndrome

- Goals of Care
- Simple investigations
- If Kt/V low consider trial of increased clearance
- Switch to HD unlikely to help and can be very disruptive
- Simple treatments
- Discuss discontinuation and palliative dialysis options

Unexpected FTT in previously well patient

- Goals of Care
- Aggressive Investigation
- Trial of increased clearance even if Kt/V OK
- Switch to HD – sometimes helps
- More aggressive treatments
- Discuss modality switch

Difficult Questions

- Discontinuation of dialysis?
- Palliative dialysis

Difficult Conversations
Discontinuation of Dialysis

- Patient somethimes raises issue first
- Directly
- Or indirectly
  - Asking for less intensive dialysis
  - Skipping treatments or clinic visits

Difficult Conversations
Discontinuation of Dialysis

- Routine 'Goals of Care' for people on dialysis – annual plus after major illnesses
- Increasingly frail FTT scenario would be an indication
- Discussion would focus on overall health status and trajectory – would ask and not tell

Difficult Conversations
Discontinuation of Dialysis

- Include patient and relevant relatives or friends
- Discussion would focus on patient's overall health status and trajectory – I would ask and not tell – listen not just talk
- 'What do you think?'
- 'Are you suffering a lot?'
- 'How are your family coping?'
- 'What do you think is happening?'
- 'Do you ever think about stopping dialysis?'

Difficult Conversations
Discontinuation of Dialysis

- If yes discuss –
- Timing – immediate or soon
- How long will it take?
- Will it be painful ?
- Where would you like to be – palliative ward or hospice or home?
- Who do you want to be let know?

PALLIATIVE PD

- Sometimes patient of family ask for less dialysis
- Not ready to discontinue but could you make it easier?
- Could I (or my spouse/parent) have a day off or skip day dwell?

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PALLIATIVE DIALYSIS

- Low intensity dialysis – may be HD x 2 weekly with less fluid off or 'day dry' APD
- Ignores clearance targets or volume status and concentrates on quality of life and symptom burden – Goal Directed PD
- Alternative to stopping dialysis for those not quite ready or able

PALLIATIVE PD
Examples

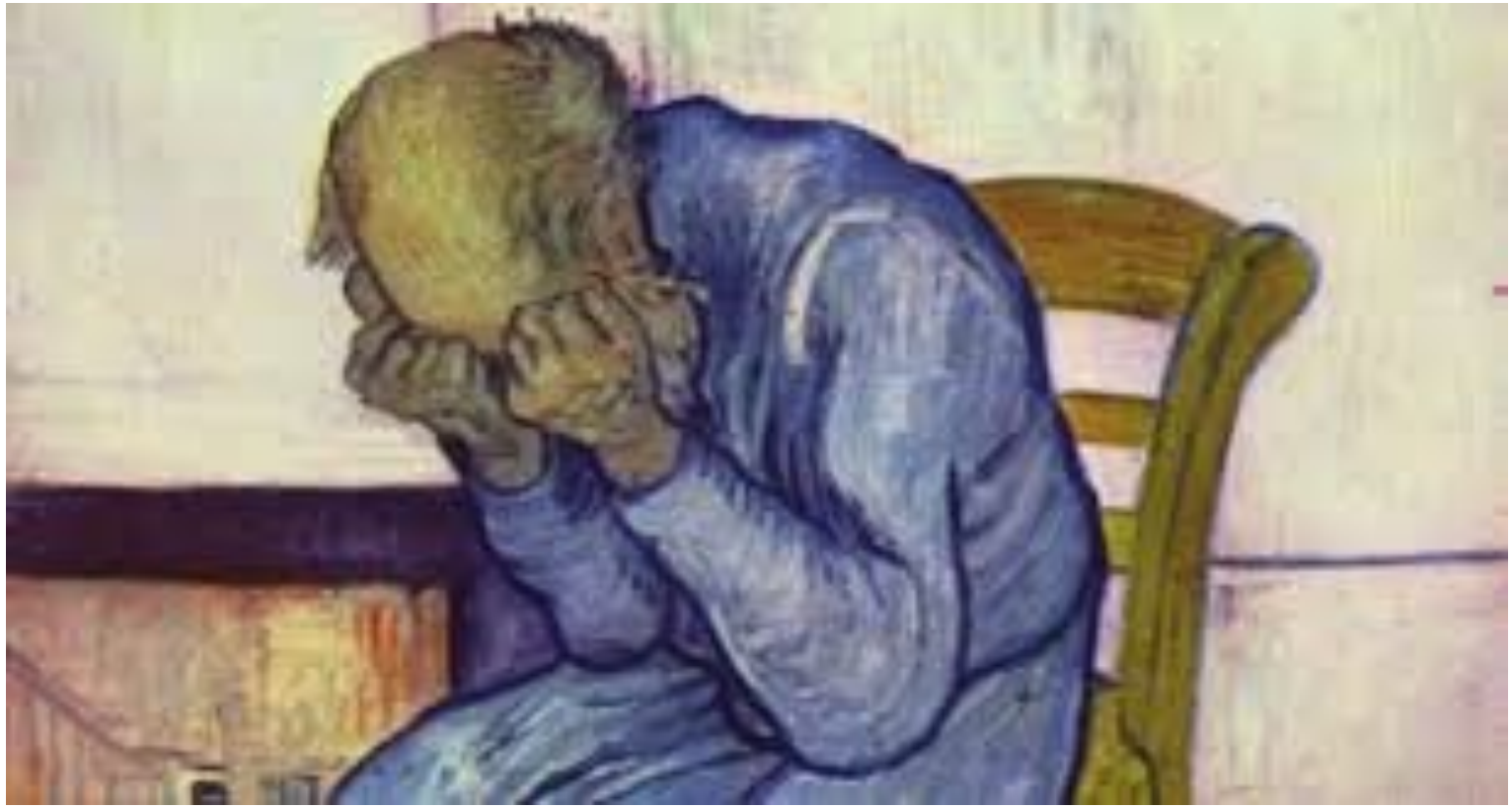
- ‘Day dry’ cycling only
- 1 or 2 nights off a week
- 3 versus 4 CAPD dwells daily
- ‘Decremental dialysis’

PALLIATIVE DIALYSIS

- Very little published on this
- Ethical issues for some – 'death by underdialysis' – but this patient is dying anyway
- Reimbursement issues re Kt/V?
- Uncomfortable for some health care professionals

Conclusions

- Understand frailty syndrome and FTT
- Have a differential diagnosis and look for aggravating reversible causes
- Distinguish predictable progressive frailty / FTT occurring over many months from unexpected FTT
- Order investigations and manage accordingly
- Frank goals of care discussions – ask and listen more than talk
- Options include discontinuing dialysis and palliative dialysis



At Eternity’s Gate
Vincent Van Gogh