Symptom Assessment in People Receiving Dialysis

Annual Dialysis Conference March 4, 2023

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Disclosures

- Research Funding: NIH/ NIDDK, NIH/NHLBI, PCORI, Robert Wood Johnson Foundation, and Renal Research Institute (Fresenius Medical Care)
- **Speaking Honorarium**: American Society of Nephrology, National Kidney Foundation, numerous universities
- Consulting/Advisory Boards: Fresenius Medical Care, NIH/NIDDK
- Data Safety Monitoring Board: NIH/NIDDK
- Paid Editorial Roles: PCORI Final Research Reports, *Kidney 360*
- Royalties: UpToDate

Overview

- Importance of symptoms
- Patient-reported outcome measures (PROMs)
- Symptom PROMs in dialysis
- KDIGO Controversies Conference consensus on symptom assessment in dialysis





Importance of symptoms





People on hemodialysis have many symptoms

>90% of people receiving hemodialysis have at least one symptom



Symptom prevalence (dialysis)

Meta-analysis (2022)

- 274 studies
- >60 countries
- >50,000 patients
- 45 symptoms

Symptom	No. Studies			Prevalence	CI	CI
Fatigue	21		-	70	64	76
Muscle weakness	2		+	68	64	71
Heartburn	1				49	80
Weight loss	1	>50% pr	avalanca		43	76
Poor sleep	17		<u>evalence</u>		52	62
Dry skin	9				51	64
Poor mobility	2				49	61
Muscle cramps	12	• Fatique			43	62
Itching	19	rangae			41	60
Trouble with memory	3				30	71
Bone or joint pain	12	• Muscle we	eakness		36	62
Sexual dysfunction	16				40	56
Pain	0				21	00
Feeling irritable	8	• Hoarthurp			21	66
Changes in skin	3	neartuun			32	58
Worrying	8				31	57
Abdominal pain	4	• Maight las			12	15
Dry mouth	11	veignt ios			35	52
Decreased appetite	10				20	60
Peering sad	0				29	47
Depression	00	 Poor sleel 	0		32	41
Swelling in legs	9				29	40
Shormess of breath	10				28	40
Differently compared	0	• Dry skin			20	52
Directly concentrating	8				28	46
Fooling network	7				18	53
Drowsinger	6	Poor mob			20	48
Sloen annoes	1				19	53
Muscle screener	7				30	39
Hiccups	1	• Muscle cr	amns		20	51
Restless leas	13		amps		22	43
Constination	13				25	38
Anxiety	24	ltoping			24	38
Cough	7				23	38
Headache	6	3			24	37
Indigestion	1				24	37
Nausea	14	 wemory ti 			20	37
Stress	1	y			18	31
Diarrhoea	12			20	15	24
Vomiting	11	+		14	12	17
Chest pain	7	—		14	8	19
↓ severi	ty 0	20 40 Sco	0 80 1	I ∞ ↑sev	rerity	

Fletcher. PLOS One, 2022

Many symptoms occur with hemodialysis

• Cramps, itching, headache, and post-dialysis fatigue are common

I can't stand up. Them cramps, they rough. I try not to come off the machine early... I fight it.This probably go against me on the transplant.I'm fighting it, but it ain't no fun to fight. [68y F]

Normally, I'm fatigued, and it's like something's sitting up on your shoulders and you can't wait to get home to lay down. It's terrible. [58y M]

- Survey of 359 U.S. hemodialysis patients
 - -30% had ≥ 4 symptoms <u>during</u> dialysis
 - Longer post-HD recovery time correlated with ↑
 incidence and severity of intradialytic symptoms





Symptoms negatively affect health & well-being



- Interference with social relationships
- Loss of productivity and financial stability
 - Lower quality of life
- Higher risks of hospitalization and death

Rhee. Kid Int Rep, 2022; Kalantar-Zadeh. Nat Rev Neph, 2022; Abdel-Kader. Clin J Am Soc Nephrol, 2009; Flythe. Clin J Am Soc Nephrol, 2019.

However, symptoms are often under-recognized & under-reported

- Survey of 75 patients and 18 clinicians
 - Clinicians had inadequate awareness of 27 of 30 patient-reported symptoms
 - Clinicians <u>underestimated severity</u> of 19 of 30 symptoms
- Interviews with 42 hemodialysis patients \rightarrow patients often <u>under-report</u> symptoms
 - Futility of symptom reporting
 - Feeling of helplessness
 - Normalization of symptoms

They don't do anything about it, so I feel it's no use in telling if I get an upset stomach or I puked up. *[52y M]* Sometimes I get a stomachache. It's just one of those things with dialysis... [67y F]

Weisbord. Clin J Am Soc Nephrol, 2007; Flythe. Neph Dial Trans, 2018.

Patient-reported outcome measures





What is a patient-reported outcome?

- Patient-reported outcome (PRO)
 - Any report of the status of a patient's health condition that comes directly from the patient without interpretation of the patient's response by anyone else
- Example PRO measures (PROMs) used in dialysis
 - KDQOL
 - Includes a 12-item symptom domain (recall period: 4 weeks)
 - ICH-CAHPS

U.S. Food and Drug Administration.

Routine use of PROMs may improve outcomes

JAMA | Original Investigation

Effect of Electronic Symptom Monitoring on Patient-Reported Outcomes Among Patients With Metastatic Cancer A Randomized Clinical Trial

- 52 U.S. oncology practices (2017-2020); adults with metastatic cancer
 - n=593: Weekly symptom PROMs; severe/worsening symptoms triggered care team alerts
 - n=598: Usual care



Basch. JAMA, 2022.

Routine use of PROMs may improve outcomes

- Systematic reviews of >50 trials testing regular PROM use with clinician follow-up →
 - Fewer hospitalizations
 - Improved symptoms and HRQOL
 - Improved patient activation and patient-clinician communication
- However, PROM use *without follow-up* can be detrimental
 - Patients perceive concerns as unimportant, forgotten
 - Time unvalued
 - Left with unresolved problems





How PROMs with follow-up may improve outcomes



Santana. Qual Life Res, 2014; Greenhalgh. J Patient Rep Outcomes, 2018; Greenhalgh. Soc Sci Med, 2005.

Symptom PROMs in dialysis





Symptom PROMs used in dialysis

Instrument	Description (item #)
Generic	
Memorial Symptom Assessment Scale	Physical and emotional symptoms (32)
PROMIS-57	Physical function, anxiety, depression, fatigue, pain, sleep, and social functioning (57)
Symptom Distress Scale	Physical symptoms, appearance, outlook (13)
Disease-specific	
Dialysis Symptom Index (DSI)	Physical and emotional symptoms- bother (30)
Edmonton Symptom Assessment RevRenal (ESA-r)	Physical and emotional symptoms- severity (10)
Integrated Palliative Care Outcome Scale-Renal (IPOS-Renal)	Physical and emotional symptoms- life effect (20)
Kidney Disease Quality of Life (KDQOL)	HRQOL; includes a symptom domain- bother (134)
Symptom Monitoring on Renal Replacement Therapy- Hemodialysis (SMaRRT-HD)	Physical symptoms during hemodialysis- severity (14)

Flythe. Am J Kid Dis, 2015; Flythe. Kid Int Rep, 2020; Kalantar-Zadeh. Nat Rev Neph, 2022.

Dialysis Symptom Index (DSI)

- **30** physical and emotional symptoms
- Degree of **bother** assessed over the <u>past week</u>.
- Primary use = research

Weisbord. J of Pain and Sx Mgmt, 2004.

Dialysis Symptom Index

Instructions

Below is a list of physical and emotional symptoms that people on dialysis may have. For each symptom, please indicate if you had the symptom <u>during the past</u> <u>week</u> by circling "yes" or "no." <u>If "yes</u>," please indicate how much that symptom bothered you by circling the appropriate number.

	During the past	week:		If "yes": How much did it <u>bother</u> you?						
	symptom?	ce una	•	Not At All	A Little Bit	Some- what	Quite a Bit	Very Much		
1.	Constipation	NO								
		YES	\rightarrow	0	1	2	3	4		
2.	Nausea	NO								
		YES	\rightarrow	0	1	2	3	4		
3.	Vomiting	NO								
		YES	\rightarrow	0	1	2	3	4		
4.	Diarrhea	NO								
		YES	\rightarrow	0	1	2	3	4		
5.	Decreased appetite	NO								
		YES	\rightarrow	0	1	2	3	4		
6.	Muscle cramps	NO								
		YES	\rightarrow	0	1	2	3	4		
7.	Swelling in legs	NO								
	ALC: NOTING D	YES	\rightarrow	0	1	2	3	4		
8.	Shortness of breath	NO								

Edmonton Symptom Assessment, revised: Renal (ESAS-r, Renal)

- 10 physical and emotional symptoms
- Severity at present time

Edmonton Symptom Assessment System: Numerical Scale												
Please circle the number that best describes:												
No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
Not depressed	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
Not anxious	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
Best appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible appetite
Best feeling of wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of wellbeing
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
Other problem	0	1	2	3	4	5	6	7	8	9	10	

Integrated Palliative Outcome Scale- Renal (IPOS-Renal)

- 20 physical and emotional symptoms
- Life effect assessed over the past week.

POS-S RENAL – PATIENT COMPLETION									
Below is a list of symptoms, which you may or may not have experienced. Please put a tick in the box to show how you feel each of these symptoms has affected you and how you been feeling over the past week.									
	Not at all No effect	Slightly but not bothered to be rid of it	Moderately limits some activity or concentration	Severely activities or concentration markedly affected	Overwhelmingly unable to think of anything else				
Pain		\square_1							
Shortness of breath		\Box_1	□ ₂						
Weakness or lack of energy		\Box_1	\square_2	\square_3					
Nausea (feeling like you are going to be sick)		\Box_1							
Vomiting (being sick)		\square_1							
Poor appetite		\Box_1							
Constipation		\Box_1	□ ₂		□4				
Mouth problems		\Box_1							
Drowsiness		\square_1							
Poor mobility		\square_1							
Itching		\square_1							
Difficulty sleeping		\Box_1							
Restless legs or difficulty keeping legs still		\Box_1	\square_2	\square_3					
Feeling anxious		\Box_1			\square_4				
Feeling depressed		\Box_1							
Changes in skin		\Box_1	□ ₂	□3	□4				
Diarrhoea		\Box_1							
Any other symptoms:									
		\Box_1		\Box_3					

Hearn. Qual Health Care, 1999.

Kidney Disease Quality of Life (KDQOL)

- Health-related quality of life questionnaire
- <u>Symptom domain</u>: **12** physical symptoms
- Degree of **bother** assessed over the <u>past</u> <u>4 weeks</u>



14. During the past 4 weeks, to what extent were you bothered by each of the following? Somewhat Moderately Very much Extremely Not at all bothered bothered bothered bothered bothered ▼ ▼ ▼ Soreness in your muscles?..... Chest pain? Cramps?..... Itchy skin?..... Dry skin?..... Shortness of breath?..... Faintness or dizziness? Lack of appetite?... Washed out or drained?..... Numbness in hands or feet?..... Nausea or upset 3...... 4..... stomach?..... | |1..... (Hemodialysis patient only) Problems with your access site? ...

Symptom Monitoring on Renal Replacement Therapy- Hemodialysis (SMaRRT-HD)

- 13 physical symptoms
- Severity during last hemodialysis treatment
- Time to recovery question (hours)
- Clinician follow-up supports:
 - Email alerts, symptom guidances, longitudinal symptom reports







Flythe. Kid Int Rep, 2020.

Does routine symptom PROM use improve outcomes in dialysis?



Does use of patient-reported outcome measures (PROMs) improve patient-clinician communication?





17 HD centers in Northern Alberta



Each HD center was

revised: Renal (ESAS-r: Renal)

Patients complete EQ-5D-5L

Patients complete both EQ-5D-5L



900 patients



and ESAS-r: Renal

Quantitative analysis with the Communication Assessment Tool (CAT) Score



PROMs Assessment aroup

12 mo improvement

12 mo improvement

125

Qualitative analysis from patient (10) and nurse (8) interviews, unit observations (6), and openended survey responses (779)



PROM use did not improve patient-clinician communication

Conclusions: Use of PROMs did not improve patient-clinician communication.

Kara Schick-Makaroff, Lisa A. Wozniak, Hilary Short, et al. How the Routine Use of Patient-Reported Outcome Measures for Hemodialysis Care Influences Patient-Clinician Communication: A Mixed-methods Study. CJASN doi: 10.2215/CJN.05940522. Visual Abstract by Joel Topf, MD, FACP

PROMs as communication tools



Flythe. Clin J Am Soc Nephrol, 2022.

KDIGO consensus on symptom assessment





Consensus points re: symptom assessment



Regular global symptom screening should be incorporated into routine practice. This should ideally involve both open-ended questions and use of PROMs.

• Resource availability and workforce burden are key considerations for implementation.



PROMs play an important role in identifying patient-prioritized symptoms but should not be used in isolation

- Most current PROMs are not specific for dialysis care.
- Existing PROMs have limitations (e.g., many do not assess life impact, some omit priority symptoms, some are burdensome to administer)

Consensus points re: symptom assessment

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PROMs for guiding clinical care should be a) valid in people with kidney disease, b) short and simple, c) adaptable for language and vulnerable patients, and d) reliable and responsive to change.

• Optimal format for administering PROMs in dialysis is unclear.



Frequency of routine symptom screening should be individualized.

- Ideal frequency will optimize outcomes but limit burden on patients and clinicians.
- Every 1-3 months may be reasonable and feasible, but research needed to assess.

Consensus points re: symptom assessment

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Symptom assessments should be incorporated into medical records to facilitate integration into overall clinical assessment and should be made available to all members of the patients care team (within and beyond dialysis).

- Optimal way to achieve this incorporation is unclear.
- Communication of symptom assessments should include the patient and require easy-tounderstand visuals.
- Ideally, symptom scores/results would be reviewed routinely alongside lab results

Key unresolved questions re: symptom assessment

- What are patient attitudes about discussing symptoms, particularly anxiety-inducing symptoms (e.g., cognitive and sexual dysfunction, mood disorders)?
- How do we implement equitable symptom assessment in dialysis globally?
- Could standardized symptom assessment widen health inequities?
- How do we best adapt existing PROM implementation strategies to integrate PROMs and symptom assessment in dialysis across diverse, global healthcare systems?
- What is the optimal frequency of symptom assessment?



Mehrotra et al. Under review.

Symptom assessment foundational principles

- Regular symptom screening should be incorporated into practice.
- Although the primary purpose of screening is to identify and manage symptoms, even when treatment options are limited, acknowledging and discussing symptoms is important, because feeling heard and understood matters to people and can be of itself therapeutic.
- Symptom screening involves a <u>dialogue</u> between the patient and the clinician, with a focus on symptoms that are most important to the patient.



Summary

- Symptoms are of great importance to patients but are often under-recognized by clinicians.
- Among people with advanced cancer, routine use of symptom PROMs and clinician follow-up improves patient-reported and biomedical outcomes. Whether this finding extends to the dialysis setting is unknown.
- There are dialysis-specific PROMs, but their use has largely been restricted to research.
- Regular symptom assessment should likely be incorporated into routine dialysis care, but the frequency, format, and best approach to this requires further research.

Don't wait for research. Take action now.

- \rightarrow Ask your patients about their symptoms.
- → The exact question or instrument likely does not matter. Dialogue about issues important to patients does matter.

Thank you. Questions?





