

Symptom Burden in Geriatric Hospitalized ESRD Patients: Quantifying symptoms to increase Nephrologist Awareness and use of Palliative Care Consultation

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Background: End Stage Renal Disease (ESRD) patients have significant symptom burden. Reduced provider awareness of symptoms contributes to underutilization of symptom management resources.

Hypothesis: We hypothesize that improved nephrologist awareness of symptoms will lead to symptom improvement.

Methods: In this prospective, multicenter intervention study, 27 geriatric ESRD inpatients underwent symptom assessment using the modified Edmonton Symptom Assessment System (ESAS) at admission and 1 week post-discharge. Enrollees were sequentially randomized into 2 groups. In group 1, the nephrologist of each individual was provided baseline symptom assessment and not in group 2. Severity ratings were compared between in-hospital and post discharge scores as well as between the 2 groups.

Results: 26 patients completed the study; 1 died. There were no significant differences in baseline characteristics and scores, except increased diabetes in Group 2 ($P = 0.03$). For 70% of the total cohort physicians reported not being surprised if the patient died within a year. Among the total cohort, total ESAS scores improved between initial and follow-up assessments except for depression, anxiety, lack of appetite and nausea. The absolute change in total ESAS scores was 10.9 in group1 and 6.8 in group2 (NS). Among individual symptoms significant improvement was found in pain and itching in group 1 only. Drowsiness and dyspnea improved in both groups. There was one palliative care consult.

Conclusions: Our findings reinforce the high symptom burden in geriatric ESRD patients. Residual symptoms post hospitalization and low utilization of palliative care resources is suggestive of a missed opportunity by nephrologists to address the high symptom burden at the inpatient encounter which is selective for sicker patients and/or inadequacy of dialysis to control these symptoms. The trend in improvement in pain and itching in group 1 may indicate better achievable symptom control if physician awareness is increased and simple pharmacological interventions are available.