



Kidney Disease Management

a practical approach for the
non-specialist healthcare practitioner

Edited by Rachel Lewis and Helen Noble

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Kidney Disease Management

**A Practical Approach for the
Non-Specialist Healthcare
Practitioner**

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Rosemary Macri is the Chief Executive of the British Kidney Patient Association (BKPA). Rosemary first worked with the BKPA in 1977 and became a personal assistant to the founder president. Following a break to pursue other opportunities she returned to the charity in 2002, and in 2008 became its Chief Executive. The BKPA provides advice, support and financial help for people with kidney disease.

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Beverley Matthews is the director of NHS Kidney Care and Liver Care. Originally a nurse, she has worked for many years in renal services as a transplant coordinator and a network manager. NHS Kidney Care aims to improve the outcomes for people with kidney disease, and achieves this by helping to embed evidence-based innovations in everyday practice.

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Dr Graham Woodrow is a consultant nephrologist at St James's University Hospital, Leeds Teaching Hospitals NHS Trust. He has particular interests in peritoneal dialysis, nutrition and body composition analysis in renal disease, and in the management of diabetic renal disease.

Foreword

This is a succinct, comprehensive and well-written book covering optimal care for people with kidney disease across the healthcare system. There is much here for the specialist and generalist, with the focus on the individual patient. What is generally lacking in the NHS is a systematic focus on and accounting to the patient. Similarly, there is a great deal of rhetoric about integration, but unless it produces a transparently better service for individual patients it will simply be yet another word in the bureaucratic lexicon. This publication adeptly addresses that system-wide deficit.

Care for people with kidney disease has, until recently, received insufficient attention compared with other acute and chronic conditions. There are, as ever, excellent exemplars of optimal care - but rarely across the whole system of care. For instance, the increasing challenge of managing metabolic syndrome has only relatively recently been recognised as a system-wide issue, particularly in primary care. To date, the development of locally based, community-focused integrated services, with improved access for people with the spectrum of acute and chronic kidney problems, has not been high enough in the list of local priorities.

This book is much needed and timely, given the opportunities offered by the prioritising of long-term conditions, by a future of clinicians influencing and/or leading commissioning, and by a growing focus on clinical and patient-reported outcomes.

Congratulations to the editors and contributors. This is a good educative read for clinicians and non-clinicians alike, addressing the issues that often prevent the system-wide improvement of care. It also incidentally serves as an

excellent template for publications on other long-term conditions.

Dr David Colin-Thomé
Independent Healthcare Consultant, UK

Foreword

How much easier it would be for health professionals if patients presented with just one disease! Sadly, we all know this is rarely the case, and with long-term conditions such as chronic kidney disease there are often many associated comorbidities influencing outcomes - particularly with growing numbers of elderly patients.

It's refreshing to see a book like this providing an invaluable source of knowledge and understanding about the management of kidney disease for non-specialist professionals including nurses, junior doctors, general practitioners, pharmacists and dietitians. No one can be an expert in every field, but it's important to know where to find expert opinion and advice.

This informative book has been put together with the support and input of many clinical renal experts, who have been willing to share their knowledge and years of experience, and I'm sure it will be an excellent resource for those caring for kidney patients for the first time - as well as for those with some years of experience.

Each chapter is informed by patient and family perspectives and adds a valuable practical insight into what it's like to live with kidney disease and how it impacts on daily life and families. These may be particularly useful for service design and care planning.

The British Kidney Patient Association supports local and national initiatives that improve the care and quality of life for kidney patients around the UK. I feel sure that this new information resource will help achieve these aims by enabling optimal management of patients with chronic kidney disease, encouraging improved development of personal care plans and enabling more patient choice.

Rosemary Macri
British Kidney Patient Association, UK

Introduction

Managing Patients with Chronic Kidney Disease in Non-Specialist Areas: a Chronic Illness Approach

Rachel Lewis

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UK

Reasons for writing the book

The purpose of this book is to help optimise the management of patients with chronic kidney disease (CKD) across the healthcare spectrum. It is aimed at a number of non-specialist professionals including nurses, junior doctors, general practitioners, pharmacists and dietitians. It includes a number of health states and settings in which people with kidney disease are managed. In contrast to many other publications on chronic disease management, this book emphasises the multiplicity of influences on ill health and illustrates the necessity to focus on the needs of the individual, particularly within systems of care.

Many patients with established or deteriorating kidney disease will be managed by a specialist team, and this book

is not intended to negate the need for specialist renal services. Instead, it highlights some practical considerations necessary to care for people with kidney problems in situations where a specialist practitioner is not always required or may not be immediately available. It provides some general principles for safe and effective care in a number of situations and settings and provides guidance on circumstances in which a specialist should be contacted. It is written by clinical staff and reflects their experiences of managing CKD. It also reflects a number of patient and family narratives, a perspective often obscured by the immediacy of acute settings. In the same way that patients are individuals, so too are healthcare staff; consequently the book includes a number of professional perspectives and styles intended to appeal to a team approach to care management. The book is written in an accessible format, aimed at busy professionals, and cites key material for further information.

1. Managing Chronic Conditions: The Policy Context

Beverley Matthews

The ageing population and the rising incidence and prevalence of chronic conditions suggest that the current organisation of health services within the National Health Service (NHS) is unsustainable. A major driver of costs within the present system is the population dependence on acute care. In response, recent healthcare policy has been directed at reducing the number of hospital beds and

moving care for people with chronic conditions into the community. Historically, people with kidney disease have been cared for in different settings, partly because of limited capacity on renal wards, but often because they have required other services such as rehabilitation, general surgery or other specialist provision. In addition, there is a growing cohort of patients with multiple chronic conditions, including CKD, who, with appropriate management, can be safely managed in primary care. Chapter 1 provides an overview of the changing context of healthcare in England: the shift from acute care to the community; the need for more general, as opposed to disease-specific, chronic care; and the current development of policy that aims to promote more integrated and collaborative ways of working.

2. What Non-Specialists Need to Know about Chronic Kidney Disease

**Graham Woodrow, Jeanette
Denning and David Lewis**

The health needs of patients with CKD are not homogeneous and vary over time, but all CKD patients share some health issues that need to be regularly appraised if patient outcomes are to be optimised. Chapter 2 provides an introduction to the different types of renal replacement therapy (RRT), including transplantation, and illustrates some of the technical and practical issues surrounding dialysis. As well as an overview of the clinical characteristics associated with CKD (anaemia, blood pressure management and bone mineral disease), the

chapter considers issues associated with particular treatment modalities.

3. A Practical Approach to Chronic Kidney Disease in Primary Care

Hugh Rayner, Rajib Pal and Indranil Dasgupta

People with CKD cover a spectrum of health states, and treatment is generally titrated around the stages of the disease, treatment decisions and individual wishes and circumstances. Chapter 3 focuses on patients with stage 1–3 CKD, who are primarily managed in general practice. The aim of care is to arrest or slow down any deterioration in renal function. This requires treatment of predisposing conditions such as high blood pressure and diabetes, appropriate management of inter-current illnesses, optimising vascular health and promoting general wellbeing through lifestyle advice and support. The chapter also considers some ‘common’ scenarios in deteriorating renal function and how monitoring estimated glomerular filtration rate (eGFR) over time can inform a systematic approach to identifying those most at risk. Unusually, but pertinently, the chapter includes patients with a transplant kidney in the group with CKD. As the population of patients with a transplanted kidney increases with improved survival, they will increasingly present across the healthcare system. Non-renal practitioners need to be aware of drug interactions, as well as conditions that affect the absorption of immunosuppressive medication.

4. General Considerations Related to Treatment Modalities

**Aisha I. Geeson, Charles R. V.
Tomson and Lesley Lappin**

CKD includes a spectrum of health states, not all of which are suitable for or responsive to all forms of treatment. In addition, increasingly many older patients have a number of other chronic conditions, they may be frail and cognitively impaired, and they may live alone. Although not necessarily a barrier to dialysis, all these factors need to be considered in relation to the likely benefits and/or burdens of treatment regimes. Chapter 4 discusses the importance of early referral to specialist services, the factors influencing dialysis choice, empowering patients and shared decision making. It also discusses some of the clinical contraindications to individual treatment modalities.

5. Psychosocial Aspects of Living with Chronic Kidney Disease

Emma Coyne

This book considers the management of CKD across a spectrum of health states, but for the most part focuses on people who have stage 3-5 CKD. These are people who are

likely to require treatment and support for the rest of their lives. This chapter reflects the experiences of patients, partners, families and professionals. It provides an insight into the reality of living with CKD and the impact this has on quality of life, not just for patients but for their immediate families as well. Patients and their partners are often experts in their care and should be involved in planning that care, particularly in non-specialist areas. The intention is to encourage providers to consider the wider manifestations of kidney disease and how their service design can best fit the needs of patients in the context of other services such as primary care.

6. Acute Kidney Injury in Hospitalised Patients

Keith Harkins, Rachel Lewis and Rachel Hilton

Older people are more likely to have additional complications and poorer outcomes than younger adults. It is not possible, or always appropriate, to manage all patients with acute kidney injury (AKI) in specialist units. Chapter 6 focuses on the causes, diagnosis and management of AKI in people whose condition may be complicated by multiple morbidity, frailty and cognitive impairment. It assumes a non-specialist setting and provides a guide to determining the parameters of care that consider the patient's quality of life before AKI and the likely prognosis associated with various treatment options. It emphasises the importance of an ongoing dialogue with the patient (where possible) and close family members and/or carers. It stresses the need for a realistic, holistic