NICE National Institute for Health and Care Excellence

Preference-sensitive decisions about renal replacement therapy and conservative management

NICE guideline (NG107) includes a number of recommendations where the evidence identified did not show a clear clinically and cost-effective benefit of one option over any other (please see evidence review B). In these situations, patient choice is even more critical than usual. Below is a summary of the key pieces of information gathered in the guideline that may help inform patient choices.

<table>
<tr><th colspan="3">Evidence of how well the options work</th></tr>
<tr><th colspan="2">Dialysis (HD/HDF, CAPD, APD)</th><th>Conservative management</th></tr>
<tr><td colspan="2">The evidence comparing the risk of dying early with different types of dialysis was mostly very low quality, but suggests that there is probably no clinically important difference in this risk between any of the modalities (HD/HDF, CAPD or APD).</td><td>The only evidence comparing the risk of dying early with conservative management compared with dialysis was in people aged over 70 years and was very low quality and contradictory. In most cases, opting for conservative management will lead to people dying sooner than if they opted for dialysis. However, for some people with a particularly poor prognosis otherwise, conservative management may be no worse than dialysis in terms of extending people's lives.</td></tr>
<tr><th colspan="3">What the different options involve</th></tr>
<tr><th colspan="2">Dialysis</th><th>Conservative management</th></tr>
<tr><td>HD/HDF
HD/HDF requires creation of vascular access which is usually done via a fistula about 6 months before anticipated start of dialysis.

HD/HDF can be done in centre</td><td>Peritoneal dialysis
Requires creation of access to the abdomen which can be done around 2 weeks before anticipated start of dialysis.

Typically done at home.

Typically involves dialysis</td><td>Conservative management involves a much smaller treatment burden than dialysis. There is no need to create an access, or for frequent hospital visits or home modifications.</td></tr>
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or at home. HD/HDF typically involves dialysis for around 4 hours, 3 times a week. **HD/HDF done at home** involves fewer hospital attendances, but more training. **HD/HDF done in hospital/satellite centre** involves more hospital attendances, but less training.	every day. **CAPD** is done for around 45 minutes, 4 times a day, every day. **APD** is done about 9 hours, overnight each night.	
HD/HDF, haemodialysis/haemodiafiltration; **CAPD**, continuous ambulatory peritoneal dialysis; **APD**, automated peritoneal dialysis		

Guideline development is a distinct process from construction of full, validated decision aids (for example, the threshold for evidence quality may vary considerably), therefore the committee has also suggested that decision aids such as YoDDA may be useful for patients and healthcare professionals.