



BCKD₂₀₁₇
BC KIDNEY DAYS

What Matters to you? Responding to patient symptoms with practical tools: The development of the BCPRA symptoms management protocols

Learning objectives

1. Review the process leading to the development of the symptoms management algorithms/guidelines as well as the patient information handouts.
2. Presenting the tools available on the BCPRA website and new medication coverage through the BC renal agency.

Warm up

At which stage of CKD are symptoms related to renal failure occurring?

- A. CKD Stage 3 (eGFR 30-50 mL/min)
- B. CKD Stage 4 (eGFR 15-30 mL/min)
- C. CKD Stage 5 (eGFR < 15 mL/min)
- D. Only seen in dialysis patients

[Poll Results](#)



Warm up

Which one of these mESAS symptoms is the most frequently encounter in CKD patients?

- A. Muscle cramps
- B. Fatigue
- C. Change in taste
- D. Constipation

[Poll Results](#)



Warm up

BC renal agency is extending drug coverage to patients with eGFR < 15 mL/min for medications use for symptoms management.

- A. True
- B. False

[Poll Results](#)



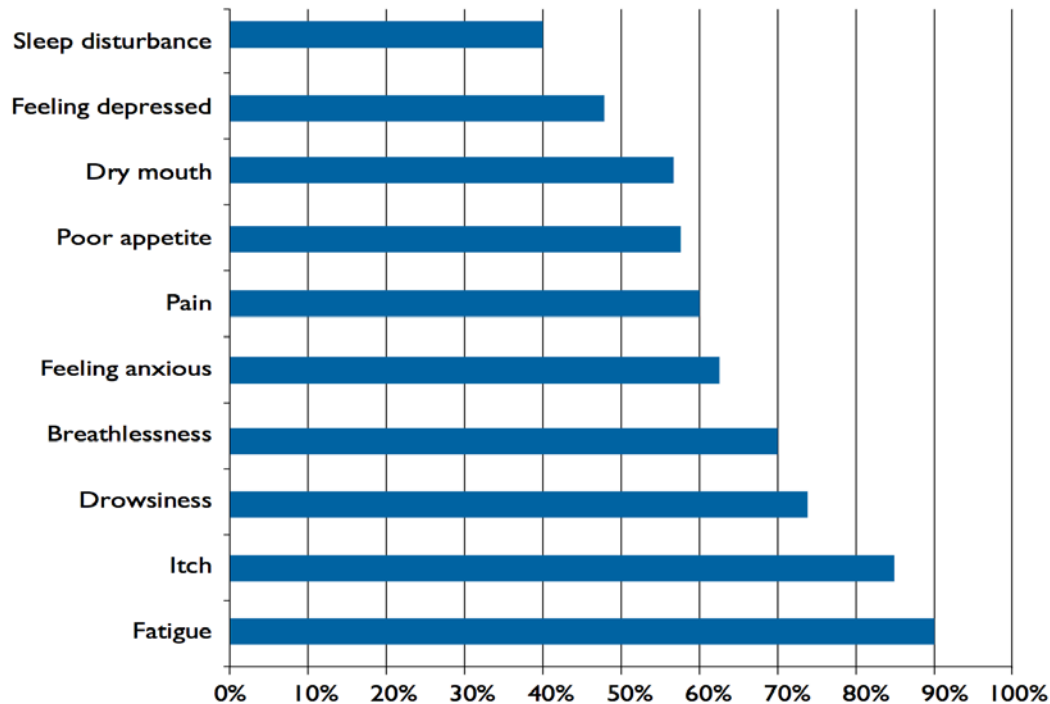
Background

CKD symptoms are common in CKD patients:

- Usually occurs in clusters
- Symptoms impact on patient's quality of life (physical, psychological and emotional)
- Symptoms burden comparable to terminal cancer or end-stage heart failure

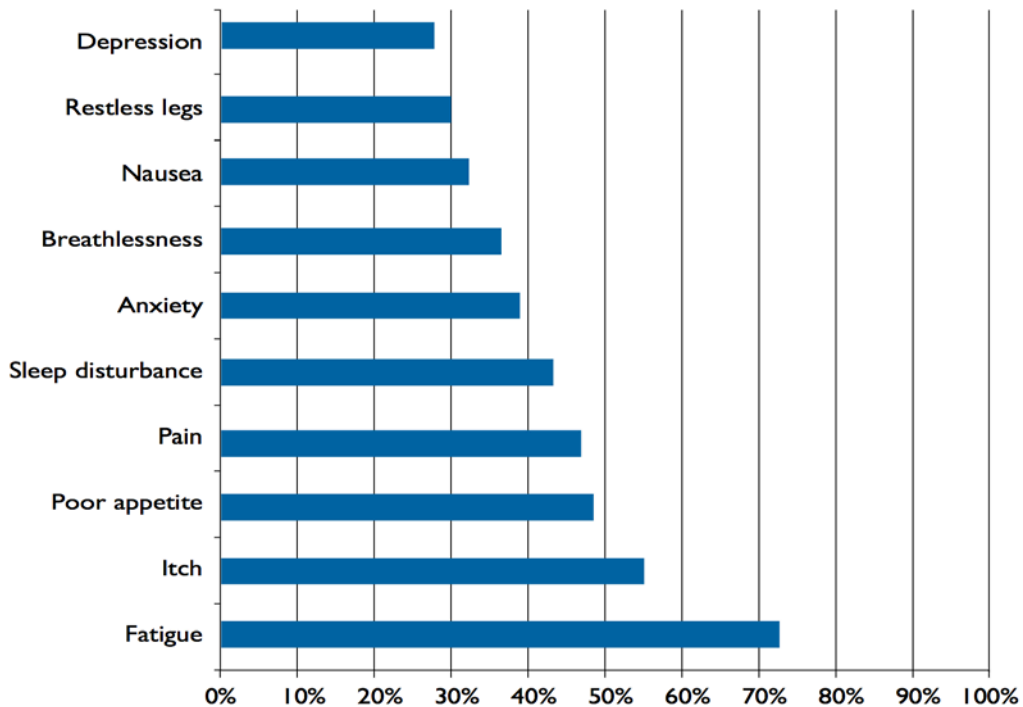
Background

B. Patients being managed conservatively



Background

A. Patients on dialysis



Background

- KCAC recommended implementing mESAS in its clinics for pts with eGFR < 15 mL/min
 - Standardized approach for symptomatic patients
 - Increase the accessibility to appropriate therapy for symptomatic patients with eGFR < 15 mL/min
- Consultation of palliative care, dermatologists (pruritus), pharmacists, renal dietitians, and nephrologists.

Background

- Fatigue, Nausea, Poor appetite, Pain, Pruritus, Restless legs, Constipation*, Muscle cramps*
 - Lump together fatigue/drowsy/sleeping problems
 - Next step -> SOB, anxiety (antidepressant guidelines in CKD) and wellbeing feeling
- * Not on the mESAS, but Sx frequently encountered by patients

Background

- Algorithms/guidelines/patient info sheet were reviewed by BCPRA committees
- Request for the Pharmacy and Formulary committee to extend medication coverage to patients with eGFR < 15 mL/min and to adjust formulary as per medication outlined in the algorithms/guidelines

August 2017

- BCPRA website updated with algorithms/guidelines and patient information sheet
- BCPRA Pharmacy and Formulary updated the medication formulary and communication were sent to contracted community pharmacies
- Medication information sheet uploaded on the BCPRA website

Algorithms vs. Guidelines

- If no specific literature related to CKD and symptoms management => guidelines
 - we didn't specify order for the suggestions (more safety guidelines than based on efficacy)



BCPRA website

- [BCPRA main webpage](#)



Cases



- Mr. W.T. is a 72 y/o male
 - Comorbidities: DM, HTN, CAD, hx stroke, COPD, A.Fib, GERD, PVD with toe amputation
 - eGFR on latest BW: 9 (between 8-10 in the last 4 months), sCr:500, urea: 35, metabolic parameters WNR
 - AVF created last week

Cases



- Mr. W.T. completed de mESAS.
 - All the symptoms are reported as mild, as per previous mESAS done, except pruritus (score 5, previously 2) and fatigue at 4 (previously 2)
 - How would you proceed?

Pruritus

[BCPRA Pruritus Algorithm](#)

[BCPRA pruritus pt info sheet](#)

[BCPRA gabapentin pt info sheet](#)



Managing Poor Appetite in Patients with Chronic Kidney Disease

- Poor Appetite (anorexia) is common – up to 60% in CKD
- Related to: uremia, complications of CKD, other co-morbidities (ie. CHF)
- May worsen with progression – leading to malnutrition

Poor Appetite

- Nutrition status = important factor in dialysis and/or transplant outcomes
- Early diagnosis & treatment can improve prognosis for CKD patients & reduce monetary cost connected to treatment
- QOL/Goals of Care

Goals of Care

- Consider goals of care. If goals are conservative:
 - Educate patient & family that reduction in appetite is part of natural progression of CKD and/or aging.
 - Focus on balancing oral intake requirements with QOL

Case Study

Mr X is a single 72yo male with CKD

Comes to clinic q3m with declining GFR.

Medical hx includes: HTN, gout, DM, dyslipidemia

Wt: 80kg Ht: 180cm UBW: 80kg (edema)

Labs: K 3.9, P04 1.3, Ca 2.04, Alb 35, Urea 20, Creat 395 GFR 12

Meds include kayaxelate, Ramipril, lasix

C/o poor appetite, early satiety, meat aversion: ESAS score 7

Poor Appetite Guideline

Limited evidence specific to CKD – Cancer care/palliative care

Guideline vs algorithm

Organized into 3 sections

1. Assessment
2. Non-pharmacological Strategies
3. Pharmacologic Interventions

Poor appetite guidelines

- [Poor appetite guidelines](#)
- [Poor appetite pt's info sheet](#)

Case Study: Mr. X

- Recommendations:
 - Okay to include favorite snack of nuts in diet, include high fat dairy (K and P04 currently WNL) – continue Kayaxelate
 - Aim for 6 small meals/day – set alarm on phone
 - Have liquid between meals
 - Specific ideas for meals hi-lighted and written down on tools – eggs, bagels, whole milk, greek yogurt, butter, cracker, cereal with milk
 - Follow up 1 week & reassess need for supplement
 - Liase with team

What is next?



- Evaluation of the symptoms algorithms & patient's information sheet
 - VGH and SPH KCC RNs and RDs
 - Patients

Questions

