

INTRODUCTION

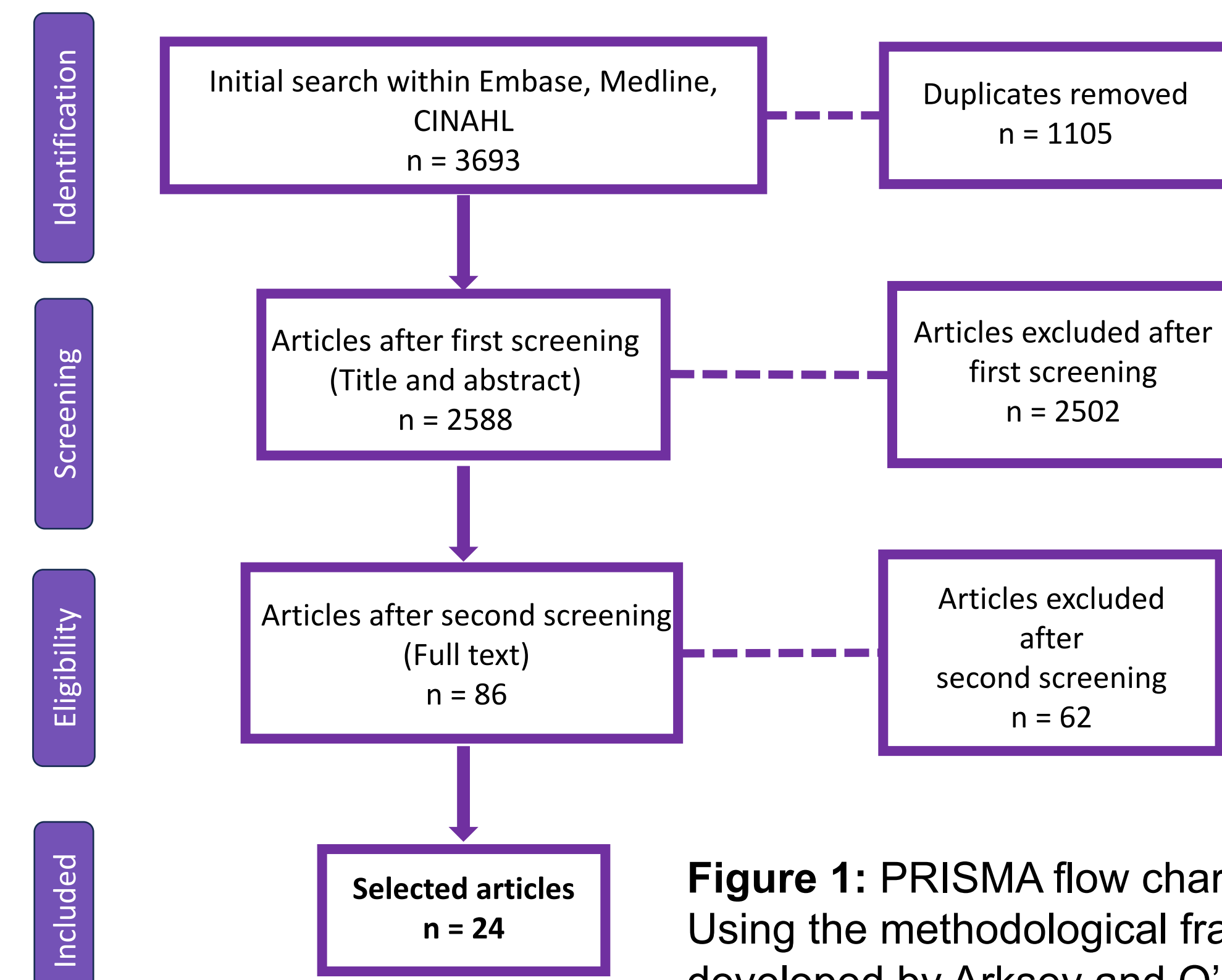
- 320 million people receive dialysis worldwide [1].
- ↑ interest in home dialysis therapies (HT) [2].
- HT underutilized despite cost-effectiveness and patient-oriented benefits [3].
- HT prevalence rates in Canada are static: 17% for peritoneal dialysis (PD) & 3% for home hemodialysis (HHD) [4].
- Eligibility and selection for HT vary; not well studied.
- Appropriate patient screening and selection are critical to improve utilization and ensure optimal outcomes and patient satisfaction.

AIM

- To perform a scoping review of existing literature to determine existing screening tools and practices for assessing eligibility for HT.

METHODS

- **Databases searched:** Embase, Medline, and CINAHL searched for relevant articles published between January 2007 - May 2023. A combination of keywords and MeSH terms used were based upon the identified core concepts of the research question.
- **Inclusion criteria:** 1) Patients > 18 years with ESKD requiring dialysis. 2) Dialysis at home or in a long-term care centre. 3) Studies indicating facilitators or barriers to HT. 4) Full-text peer-reviewed articles translated into English.
- **Exclusion criteria:** 1) Palliative/conservative care or pediatric patients. 2) Other kidney replacement therapies which did not include HT.



RESULTS

Publication Characteristics

- 24 articles met our eligibility criteria for further analysis (**Fig 1**).
- 25% of the articles published between 2011 - 2013 (**Fig 2**).
- ↑ in publications on HT in the post-pandemic era.
- ~46% of the articles were published by Canadian authors (**Fig 3**).
- Most are observational studies without interventions.

Subject Characteristics

- N = 6197 participants, 55% were male and had a mean age of ~60 years.
- PD was the main HT studied representing 15 of the 24 included articles (**Fig 4**).

Key findings: Themes/topics identified in the process of assessing eligibility for HT (Fig 5).

- **Patient or program education & support requirements (29%):**
 - Lacking among patients, kidney care teams regarding HT candidacy.
 - Patients who received education pre-dialysis were likelier to choose HT [6]. This education helped to provide ↑ control over their lives.
 - PD initiation required more extensive discussions with patients and their families.
- **Process of Modality Selection (25%):**
 - Identifying PD candidates,
 - Assessing PD eligibility,
 - Offering PD if eligible,
 - Patient choice,
 - PD catheter insertion, and successful initiation of PD therapy.
- **Relative contraindications (21%):**
 - Clinical e.g., lack of competence in prescribing,
 - Operational e.g., lack of infrastructure;
 - Patient and caregiver e.g., lack of adequate education, caregiver burnout, lack of confidence and fear of catastrophic events.
- **Screening tools/guidelines (17%):** Several tools developed
 - Method to Assess Treatment Choices for Home Dialysis (MATCH-D),
 - Jo-Pre-training Assessment Tool (JPAT),
 - PD Practice Ability Form.
- **Social economic considerations/ challenges to HT (8%):**
 - Poverty, housing instability,
 - Care partner limitations, lack of storage space,
 - Low health literacy

Limitations: The majority of the subjects were males, ~60 years old.

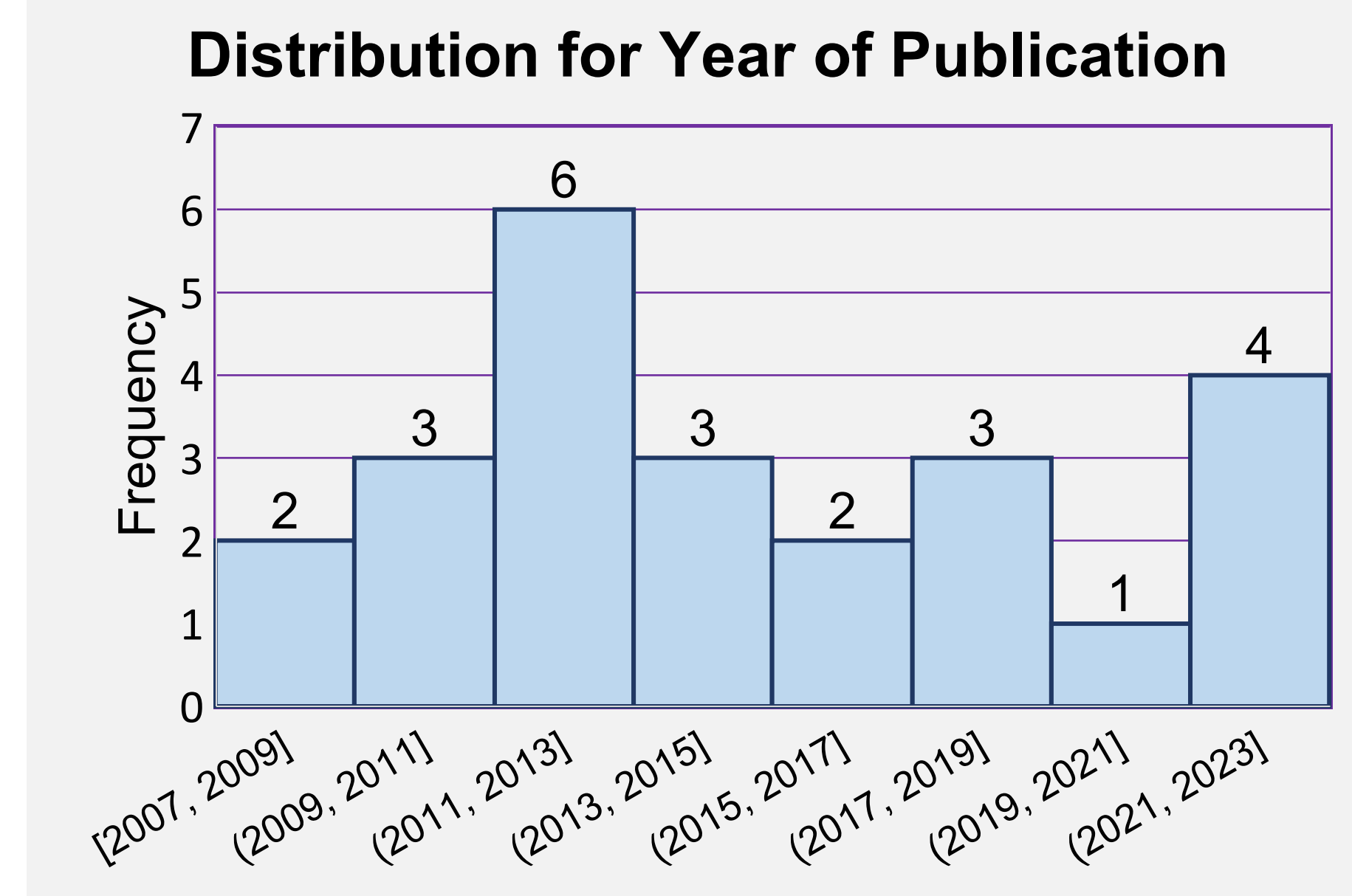


Figure 2: Distribution for year of publication.

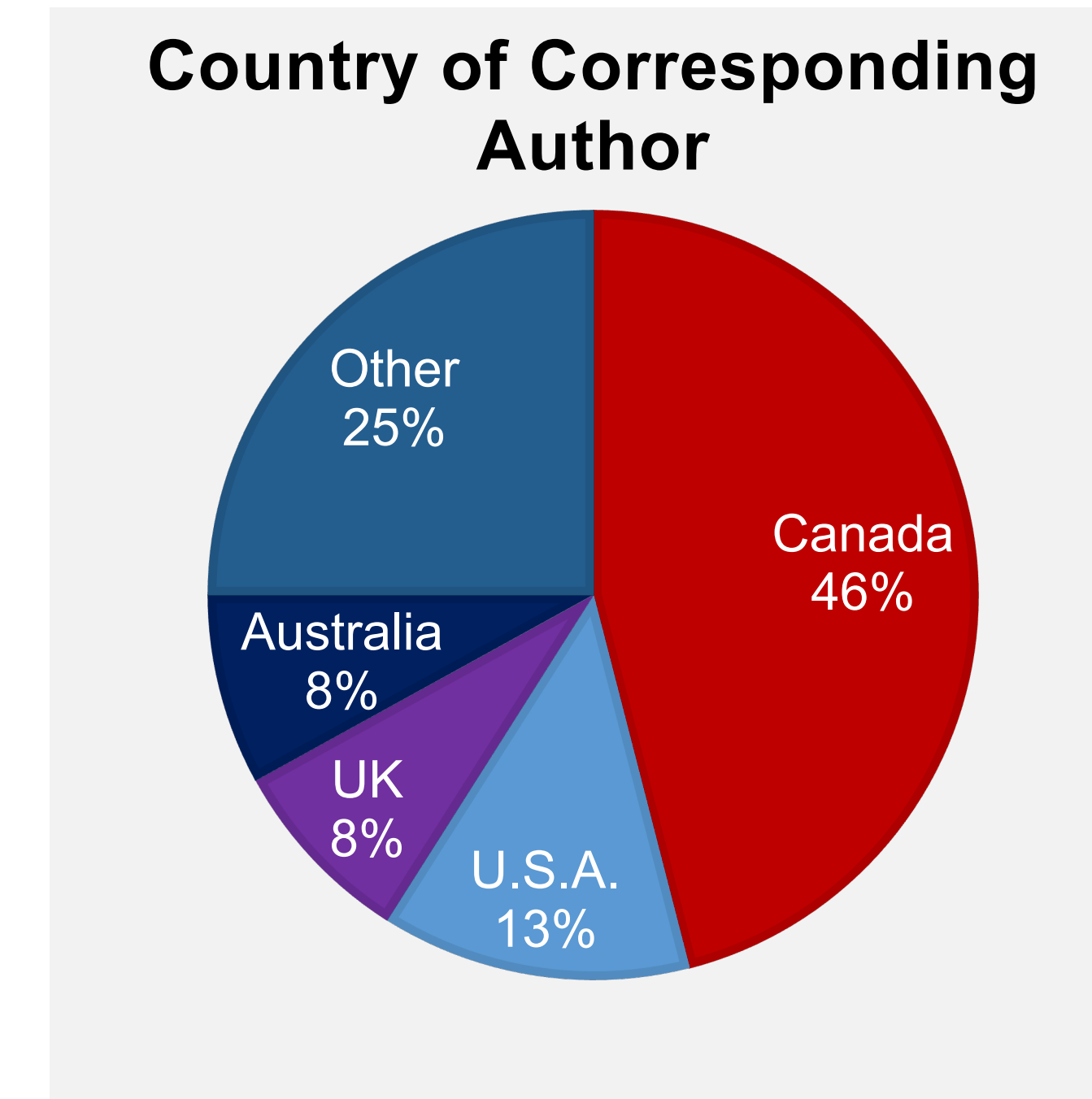


Figure 3: Country of corresponding author of included articles.

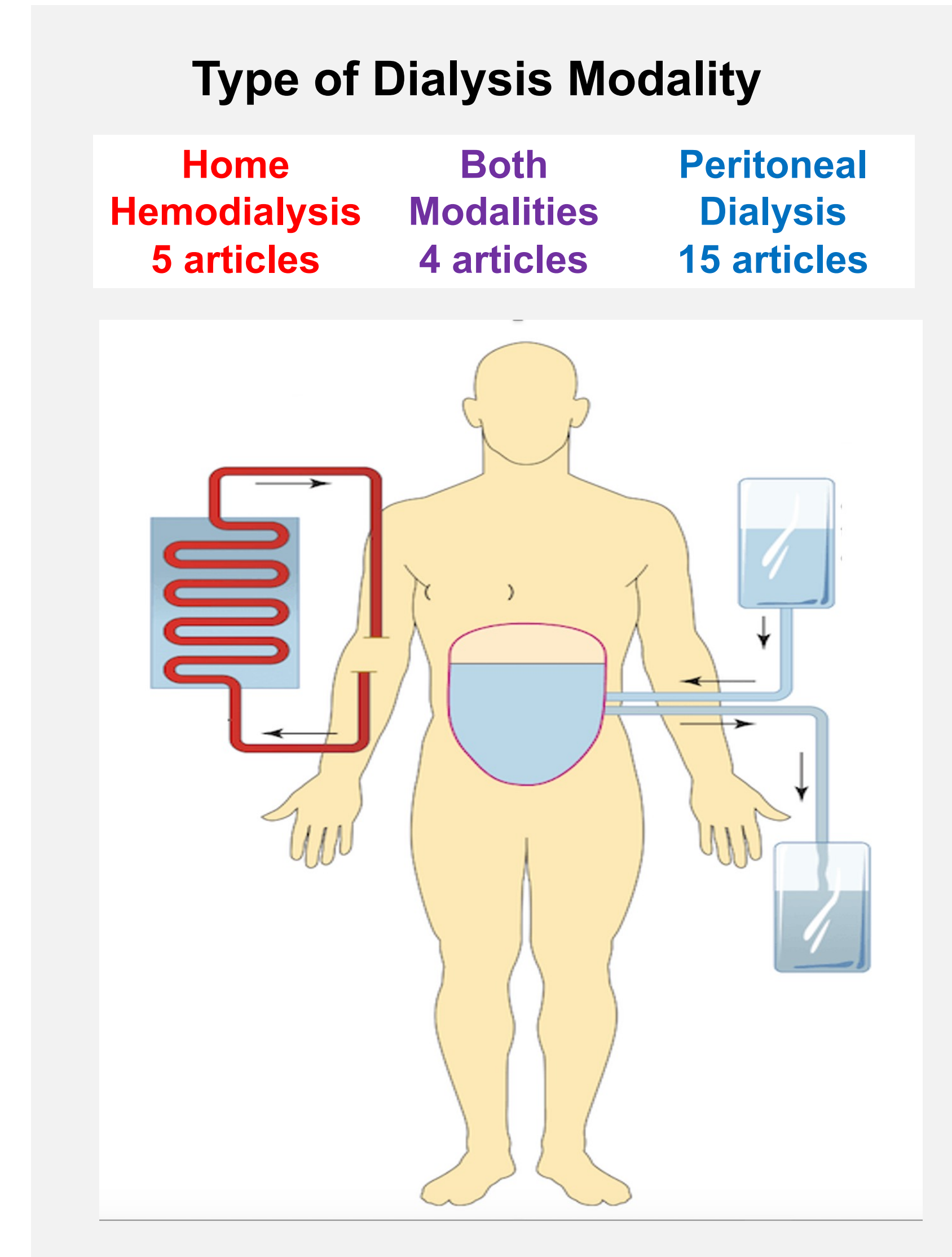


Figure 4: Type of dialysis modality investigated in included articles.

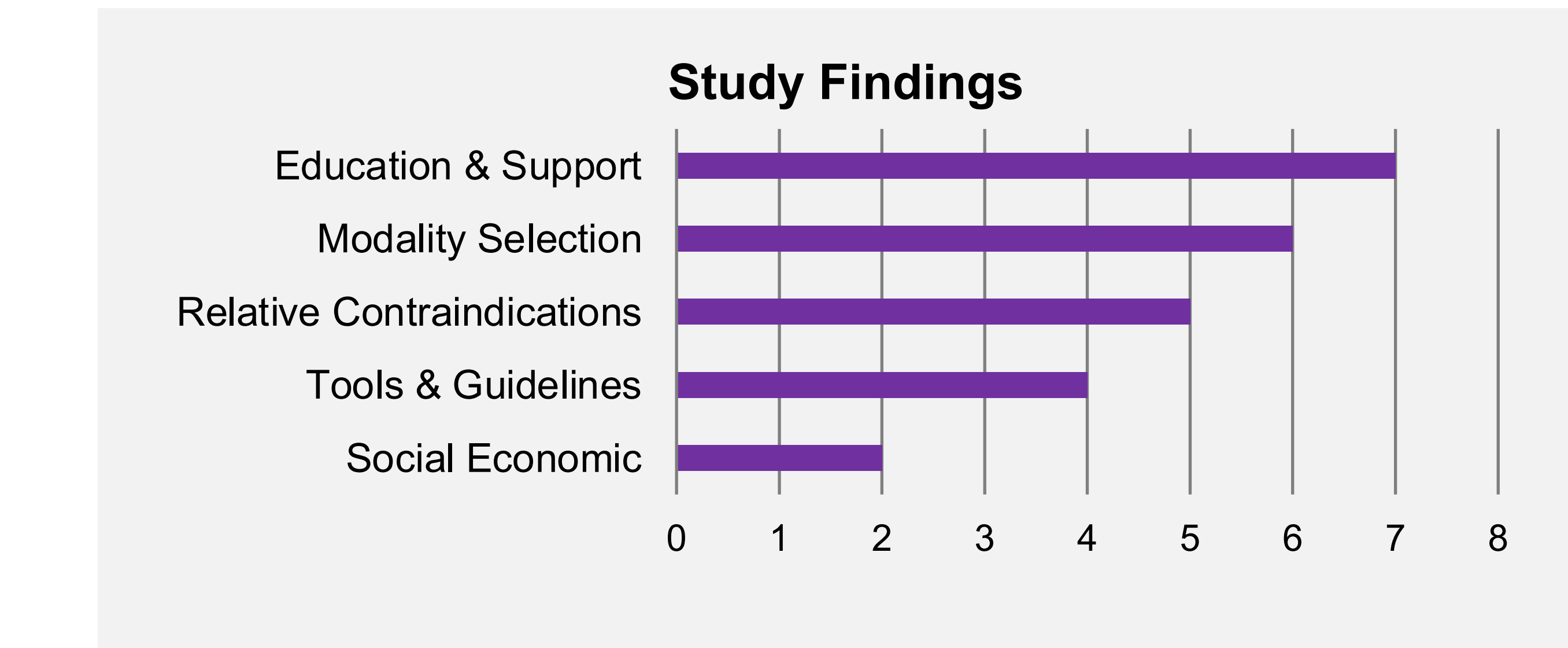


Figure 5: Key themes/topics identified in the process of assessing eligibility for HT.

CONCLUSIONS

- Patient screening and selection for HT require a comprehensive evaluation of clinical, psychosocial, and logistical factors.
- Identified factors & tools provide valuable guidance in the decision-making for HT.
- Further research is required to validate and refine existing tools, to establish standardized patient selection criteria that optimize outcomes and effectively ↑ HT use in various sociodemographic settings.

ACKNOWLEDGEMENTS

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