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Opinion

Thinking Outside Of Nephrology When Making Decisions for Elderly Patients with End-Stage Renal Disease

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INTRODUCTION

Elderly people have a significantly greater prevalence of end-stage renal disease than younger people. While renal replacement therapy, typically with hemodialysis, is accepted therapy in younger patients with treatment choices for advanced kidney disease in the elderly population are more difficult as a result of physiologic changes associated with ageing, coexisting geriatric syndromes, and different goals of care. In older patients, evaluation for the potential start of dialysis should be interdisciplinary in character and patient-focused, taking into account physical, cognitive, and social function. The aim of care should be symptom control or medical management optimization if renal replacement therapy is not pursued.

DESCRIPTION

Over the past few years, end-stage renal illness has become more common among older people than it has among younger people. As of right now, those aged years and older had the greatest prevalence per million of ESRD, as well as the highest incidence rate. Longer life expectancy among the general population, which causes afflicted patients to age, and an increase in the number of people ageing with chronic diseases, which cause the difference between younger adults and the geriatric population the proper management of the illness in this group must be given additional importance given the growing number of senior patients. Primary care practitioners play a crucial role in assisting patients and their families in making deliberate decisions a customised, patient-centred strategy for treating. The pros and drawbacks of renal replacement choices, the effects of aging-related physiologic changes, medical comorbidities, and geriatric syndromes, including frailty, as well as options for kidney supportive care, should all be taken into account when deciding how to treat end-stage renal disease [1].

Patients with kidney disease frequently explore renal replacement treatment. Patients receiving care in the United States typically receive haemodialysis, peritoneal dialysis, and a kidney transplant in of cases. Many of the patients beginning dialysis, according to data registries from throughout the world, are old. According to the UK Renal Registry, people had the greatest percentage of incident dialysis patients (including haemodialysis and peritoneal dialysis). Many patients starting dialysis are 65 years of age or older in Canada, Europe, Australia, and New Zealand. 49% of patients beginning renal replacement treatment in the United States are years of age or older. The great majority of patients in this group pursue haemodialysis, whereas fewer receive peritoneal dialysis treatment [2].

Providers should weigh the benefits and drawbacks of each treatment option and how they can affect the elderly patient's general health while deciding whether or not to offer renal replacement therapy to geriatric patients. To further understand these matters, speaking with a nephrologist and geriatrician might be helpful. Haemodialysis considerations include the vascular access option, therapy-related resources, and related consequences. Clinicians should take the patient's life expectancy into account while evaluating vascular access alternatives. Although arteriovenous fistulas are typically preferred to arteriovenous grafts due to the lower risk of infection and relative ease of maintaining patency, they take longer to mature and there is a greater risk of non-maturation with advancing age, making them a more reasonable access option in frail elders with a shorter life expectancy. However, because of their greater infection risks and increased cardiac stress, renal replacement therapy for geriatric patients should be reassessed based on each patient's co-morbidities. When contemplating this treatment for elderly patients, the resources needed for haemodialysis should also be evaluated. The frequent travel and large time commitment required for haemodialysis are too onerous for many elderly patients and their families. A higher risk of problems, such as hemodynamic instability, depression, cognitive impairment, malnutrition, and infections, is present for elderly patients having haemodialysis [3].

The bulk of the body's organ systems are affected by physiological changes that often come with age. Even in the absence of pertinent comorbidities, anatomical and physiological changes in the kidneys cause a loss in renal function of min each year. Reduced renal mass, altered glomerular structure, tubulointerstitial fibrosis, scarring, and infarction, as well as modifications to vascular responsiveness and autoregulation, are only a few of the structural alterations. Reduced blood flow, glomerular filtration rate, and diluting and concentrating capacity are common physiological alterations. Elderly people's capacity to endure dialysis may be severely impacted by changes in other organ systems as well as physiologic changes brought on by age. Age-related cardiovascular changes might cause severe hemodynamic changes during dialysis [4,5].

CONCLUSION

Globally, the population of elderly persons is growing quickly. According to projections, 98 million adults Aging causes a rise in overall health care costs, and chronic renal disease is one of the most expensive diseases to treat. For Medicare recipients 65 years of age and older, the cost of treating chronic renal disease in topped $50 billion in Dialysis lengthens life, eases the symptoms of fluid overload and toxin exposure, enhances quality of life, and can assist realise personal goals. Additionally, dialysis

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has drawbacks and issues, particularly for individuals with several co-morbidities. Age alone does not exclude a patient from receiving dialysis. But when accompanied by several co-morbidities, geriatric syndromes, and functional decline, it might not be as effective.

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