

## Chronic Kidney Disease in Geriatric Patients

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### BRIEF REPORT

Chronic kidney disease (CKD) is a chronic disease with no cure and a high rate of morbidity and mortality that affects the overall adult population, particularly those with diabetes and hypertension. Non-pharmacological treatments (e.g., dietary and lifestyle changes) as well as chronic kidney disease-targeted and kidney disease-specific pharmaceutical interventions can help to improve outcomes. A plant-based, low-protein, low-salt diet may aid to reduce glomerular hyper filtration and prolong renal function, perhaps while simultaneously affecting acid-base homeostasis and the gut flora.

Early diagnosis, prevention, and the establishment of a comprehensive disease management programme are all issues in the management of CKD. Multidisciplinary health care for CKD patients entails providing background information, such as renal function and related clinical complications based on patients' CKD stages, as well as providing appropriate treatment, such as blood pressure monitoring, diet protein restriction, and avoiding nephrotoxin. Appropriate multidisciplinary care can reduce the hazards of first dialysis and all-cause mortality, according to growing data. Because CKD is a chronic and progressive disease, patient participation and introspection are critical to the effectiveness of multidisciplinary care programmes aimed at slowing the advancement of the disease. To put it another way, if CKD progression is to be slowed, patients must be involved in the treatment plan.

Frailty, malnutrition, cognitive deficits, depression, and poor health-related quality of life are all common in older individuals with end-stage kidney disease (ESKD), and they are frequently underdiagnosed. In (pre-) ESKD patients, geriatric deficits are substantially linked to negative health outcomes such as hospitalisation and mortality. Recently published ESKD recommendations advocate measuring several geriatric domains on a regular basis and using the results in decision-making, however this is not routine clinical care.

Patients with CKD have been reported to have a weak understanding of their condition. Self-care relies heavily on accurate disease knowledge, which may improve therapeutic outcomes. Self-care

involves controlling one's own condition, although it has been observed that the incidence of self-care among CKD patients is low due to a lack of awareness of the benefits of such activity. Previous research has linked non-adherence to self-care behaviour to poor clinical outcomes in dialysis patients; however, the links between self-care behaviour, disease knowledge, and clinical outcomes in non-dialysis CKD patients are unclear. As a result, the goals of this study were to explore parameters associated to self-care behaviour and illness awareness, as well as the interplay between these two components, and the relationship between these two components and decline in renal function (eGFR slope) in patients with CKD.

The Comprehensive Geriatric Assessment (CGA) is the gold standard in geriatric evaluation; it is a multidisciplinary procedure that identifies older individuals' medical, psychological, and functional requirements and develops a coordinated integrated care plan. CGA has been found to enhance outcomes such as hospitalisation and mortality while also having the ability to lower expenses. Full CGA, on the other hand, can be difficult to apply in normal clinical care due to logistical issues. Short frailty screening tools, on the other hand, are not discriminatory enough for clinical use in ESKD patients. New models and settings of geriatric evaluation are being studied in medical fields such as oncology, acute hospital settings, and perioperative care, although limited attempts in nephrology have been described. There is currently no standardised approach, thus the search for the best way to employ geriatric assessment in normal management of older patients with ESKD continues.

It's critical to learn patients' and professionals' perspectives on current geriatric assessment procedures in nephrology care before developing a nephrology-tailored regular geriatric assessment (NGA). This hasn't been thoroughly examined till now. Qualitative research can reveal important information about how stakeholders see the effectiveness of care routes. The primary goal was to elicit patient and professional perspectives and experiences with geriatric assessment in the care of older (65 years) patients approaching ESKD (estimated glomerular filtration rate 20 ml/min/1.73 m<sup>2</sup>) patients approaching ESKD, as well as to identify benefits, facilitators, and barriers for implementation into routine nephrological care.

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