

# ***RISK FACTORS FOR SUB-OPTIMAL DIALYSIS INITIATION***

# Background & Study Rationale

- *Over 20,000 Canadians are receiving chronic dialysis for kidney failure*
- *More than 60% begin dialysis sub-optimally, defined as dialysis initiation during a hospitalization and/or with an unplanned central venous catheter (CVC)*
- *This is important because patients with a sub-optimal dialysis start have*
  - *increased morbidity and mortality*
  - *limited opportunities to make informed decisions on treatment options*

# Common Risk Factors

- *Sub-optimal dialysis starts may be related to:*
  - *late referral to a kidney doctor*
  - *increased age*
  - *history of heart disease*
  - *Other health problems*
  - *low health literacy*

# Primary Objective

- *To identify important modifiable risk factors for sub-optimal dialysis initiation among patients with advanced chronic kidney disease (CKD) who are followed in multi-care kidney clinics (MCKC)*

# Inclusion Criteria

- *$\geq 18$  years of age*
- *Advanced chronic kidney disease*
- *Followed in a dedicated MCKC*
- *eGFR < 15mL/min/1.73m<sup>2</sup> OR >10% risk of kidney failure within 2 years based on the kidney failure risk equation (KFRE)*

# Exclusion Criteria

- *Documented history of dementia*
- *Screen positive for dementia using the Mini-Cog Test*
- *French speaking only*
- *Fluent in English but unable to read due to significant vision impairment*

# Visit Schedule

