

IDENTIFYING HIGH PRIORITY TOPICS FOR MANAGEMENT OF FRAIL AND ELDERLY PATIENTS WITH CHRONIC KIDNEY DISEASE (CKD)

A mutual agreement between
nephrologists and
geriatricians?

Ionut Nistor, MD

ERBP Methods Support Team

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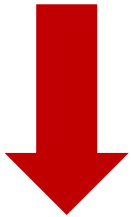
Developing a new European guideline

Phases

SET UP



DEVELOPMENT



FINALISATION

Tasks

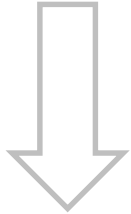
1. Selecting guideline topic
2. Composing guideline group

[Adapted from *Nagler, 2013 NDT*]

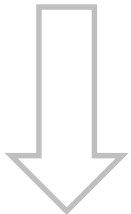
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1. Selecting guideline topic
2. Composing guideline group
- 3. Selecting subtopics**
4. Determining questions
5. Systematic literature search
6.

[Adapted from Nagler et al., 2013 NDT]

Project aim

Identifying the topics considered high priority by nephrologists and geriatricians across Europe.

Methods

- **1. Literature review**
 - We based the topic list on a scoping literature review (813 titles scanned for potential topics)
- **2. Consulting experts**
 - (13 renal/geriatrics experts from 8 countries)
 - The rating scale ranged from 1 (not important) to 5 (very important)
- **Preliminary topic list**
 - (48 potential topics in 6 categories)

Methods

- **3. Survey among European clinicians**
- Dissemination among members of ERA-EDTA, EUGMS, and several national societies
- 563 clinicians from 62 countries responded
- 464 nephrologists (82%)
- 99 geriatricians (18%)

- **Final topic list**
- (46 potential topics in 7 categories)

Methods

- **4. Consensus meeting to rate priorities**
- One-day, face-to-face meeting with 12 renal/geriatrics experts;
- Use of Nominal Group Technique with 2 rating rounds;
- Per round, we defined 'consensus' on a topic's priority in case all ratings fell within a 3-point range;
- Priority was rated on a 9-point scale ranging from 1 (not at all important) to 9 (critically important).

Clinicians' consultation – overall results

- Mean priority ratings ranged between 3.17 (treatment of infectious diseases) and 8.42 (screening and referral).
- During the first round experts reached consensus on the importance of 3 topics.
- This number increased to 11 in the second round, and included the 5 topics with the highest priority.



*" 'Consensus' is Latin, Parsloe.
It means you agree with me."*

Clinicians' consultation – overall results

Table: Top 5 topics with high priority

<u>Topic</u>	<u>Mean rating (SD)</u>
1. Screening and referral	8.42 (.67)
2. Starting vs. withholding dialysis	8.17 (.72)
3. Assessment of renal function	8.08 (.79)
4. Hypertension management	8.00 (.60)
5. Organisational aspects of care	8.00 (.85)

ERBP'S scoping procedure

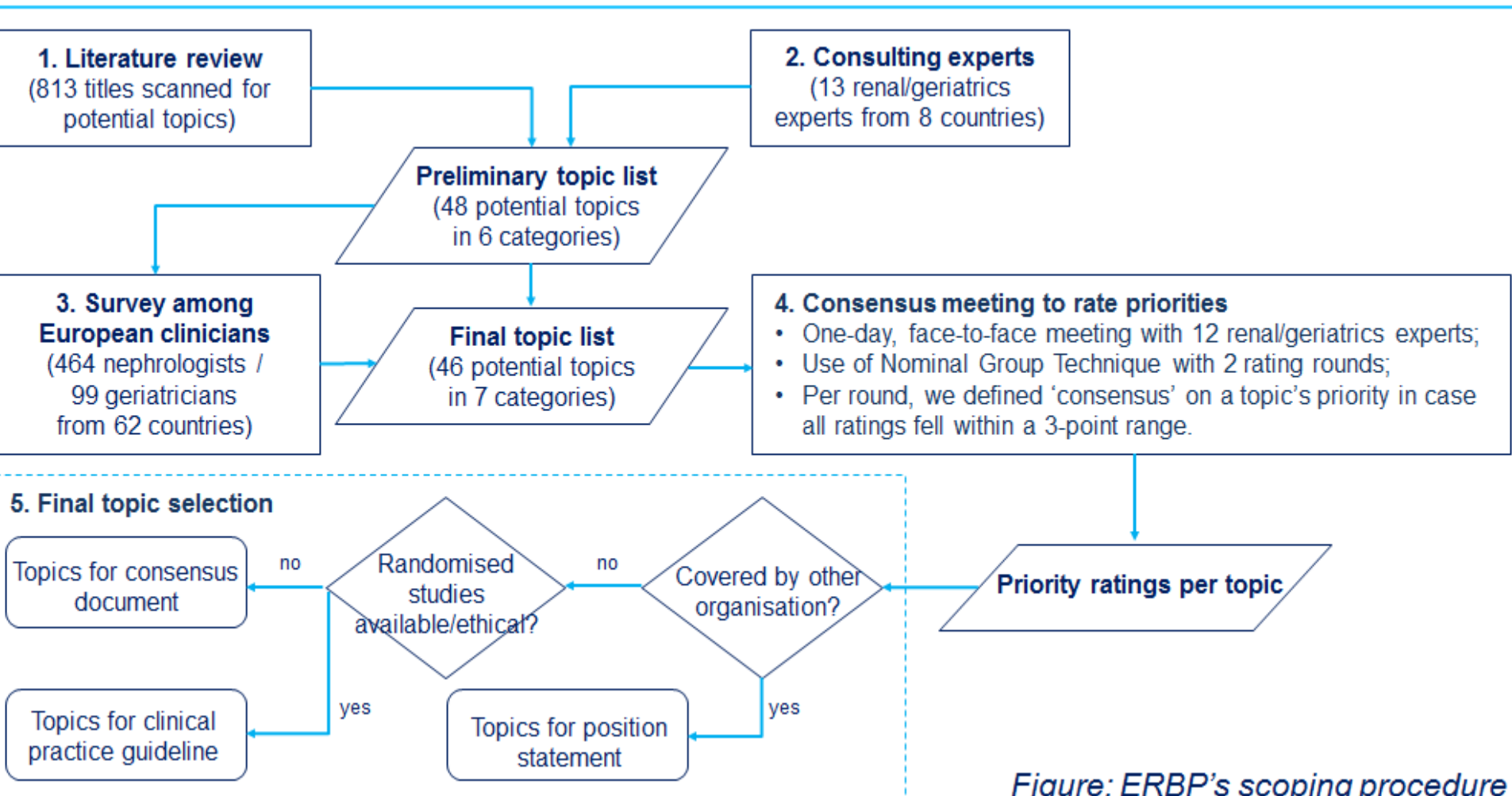


Figure: ERBP's scoping procedure

ERBP'S scoping procedure

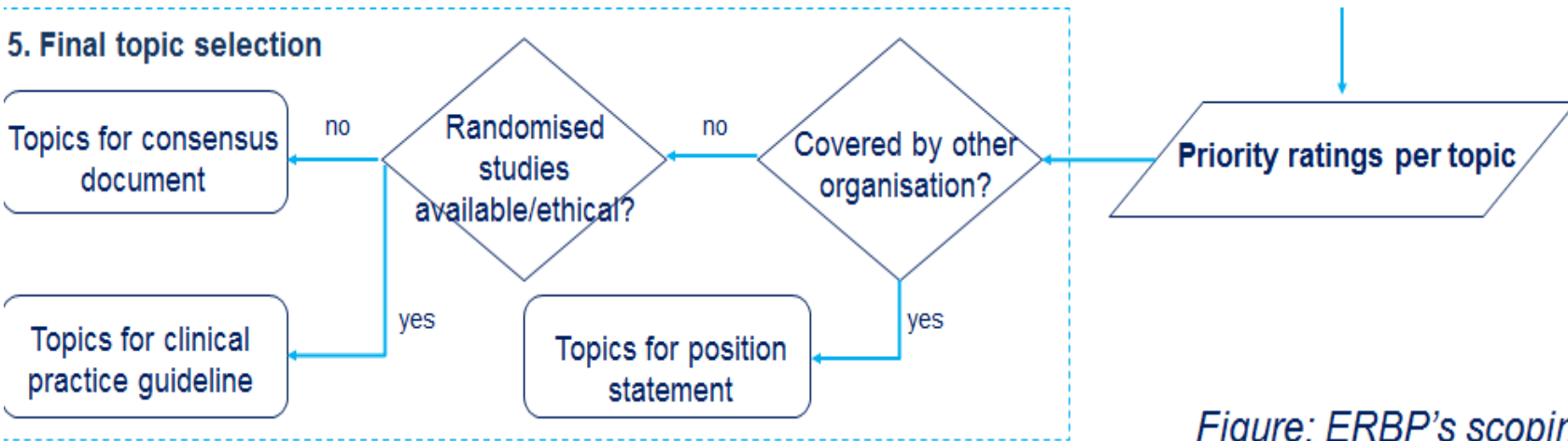
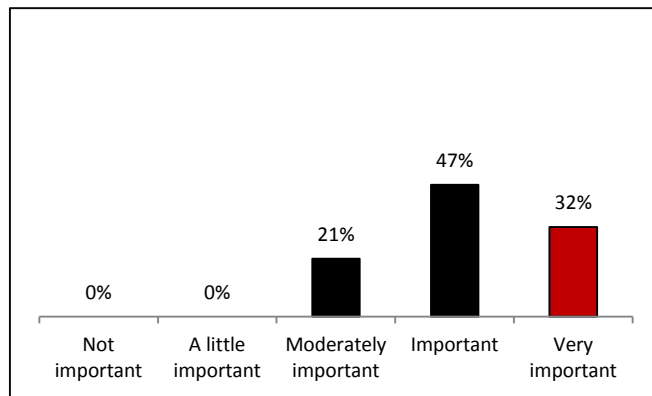


Figure: ERBP's scoping procedure

- 3 categories were chosen for further development: topics for systematic review, topics for consensus statements, and topics already addressed by existing guidance

Limitations

- High risk of volunteer bias in our study participants
- No patient ratings of topics
- Nephrologists dominated the clinicians' ratings
 - Delphi consensus procedure for patients (ongoing)



In the previous survey, you rated this topic as *very important*.

Looking at the ratings of other kidney patients, how would you rate the importance of this topic now?

Summary points

- Our scoping procedure allowed clinicians to contribute in determining the scope of renal guidance
- Furthermore the process increased expert consensus on which topics to be selected
- There was general agreement that the procedure resulted in better understanding of what the topics really cover, and why they are considered important by the other specialties.

Acknowledgments

- **All clinicians who participated in our project**

- **Elderly guideline group members**

P Bernaert, EA Brown, K Farrington, J Kooman, J Macías, A Mooney, BC van Munster, N van den Noortgate, E Topinkova, G Wirnsberger, KJ Jager, JP Michel, A Covic

- **ERBP Methods Support Team**

Sabine Van der Veer (lead author)

Evi Nagler

Davide Bolignano

Ionut Nistor

Maria Haller

Wim Van Biesen (ERBP chair)



Ionut Nistor

ERBP research fellow

✉ **Ionut.Nistor@UGent.be**

www.european-renal-best-practice.org