


Assessment of severity of illness in end-stage renal disease patients: need for multi-disciplinary effort

Sirs,

Dr Weisbord and colleagues [1] ought to be congratulated in their attempt to validate the severity of illness in patients with end-stage renal disease (ESRD). A perusal of the symptoms listed in table 2 [1] depicts a range of complaints which may be easily overlooked, if not actively sought for, by the medical personnel. The usual guidelines for adequacy for dialysis and reliance on surrogate markers (creatinine, albumin, haemoglobin, etc.), may fall short in an attempt to understand the symptom load of the patients, as is demonstrated in the current paper.

In spite of annual mortality of 24% in this population, which far exceeds that of several malignancies [2], there lies an inherent inertia among both physicians and patients to communicate and understand the gravity of the situation. There may be several reasons for this behaviour, including, inability to adequately address care of symptoms, lack of training in palliative care, over-reliance on surrogate markers, lack of time, increasing confidence on the ability of dialysis to prolong life, to name but a few.

A rather simple approach to assess the severity of illness would be to address the patients’ response to four elements of severity, namely, distress, disability, seriousness and urgency [3]. Distress deals with symptoms which make the patient feel unwell, disability deals with interference with functions, seriousness indicates issues which are a threat to life and urgency deals with the time construct for an intervention. A quick survey of these four elements could cover a lot of ground covered in the HRQoL questionnaire indicated in the current study.

The complexity of care involved in the management of patients with ESRD warrants a multi-disciplinary effort involving the nephrologist, the social worker, the dietician and palliative care, as in the current study. The high qualitative appreciation for palliative intervention by both physicians and patients in the current study (76% and 68%, respectively), in the absence of any demonstrable reduction in the number of symptoms, indicates that in an evidence-based management of assessing the effectiveness of intervention, a sum total of both qualitative and quantitative analysis is indicated. Over-reliance only on quantitative measures would tend to ignore the complex non-linear trends of symptoms which accompany chronic medical disease [4].

The current article challenges us to continuously revisit our current treatment strategies when it comes to taking care of patients with ESRD.

Conflict of interest statement. None declared.

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Risks related to catheter locking solutions containing concentrated citrate

Sirs,

We are concerned that risks of using concentrated sodium citrate for a catheter lock solution (CIT) are not well understood. Routine haemodialysis is safe, partly as a result of patients with end-stage renal disease (ESRD) awaiting renal transplantation. A perusal of the upper gastrointestinal tract in hemodialysis patients awaiting renal transplantation. Am J Gastroenterol 1983; 78: 328–331