

# Supportive care for Aboriginal and Torres Strait Islander people with advanced CKD in an urban setting

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## INTRODUCTION

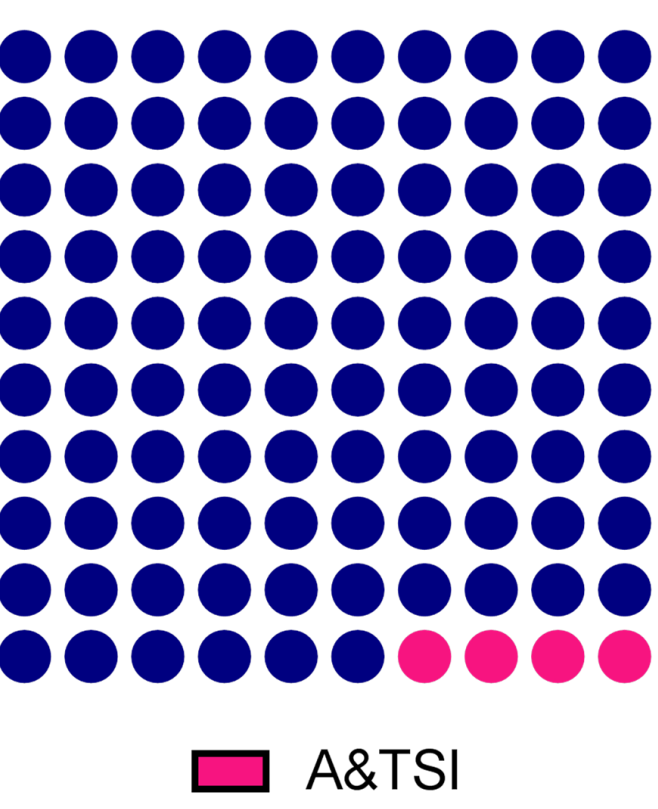
Australian Aboriginal and Torres Strait Islander (A&TSI) adults are more likely than non-indigenous Australians to be affected by and die from chronic kidney disease (CKD). Moreover, the onset of the disease is often earlier in A&TSI people and they have a faster rate of progression to end-stage kidney disease (ESKD), with those living in remote regions most affected.

While the **supportive care needs of A&TSI people** with ESKD have not been reported, the burden of disease is heavy in this population.

We describe and compare the characteristics of A&TSI people and non-A&TSI people accessing a specialist kidney supportive care (KSC) service in an urban region (Brisbane, Queensland).

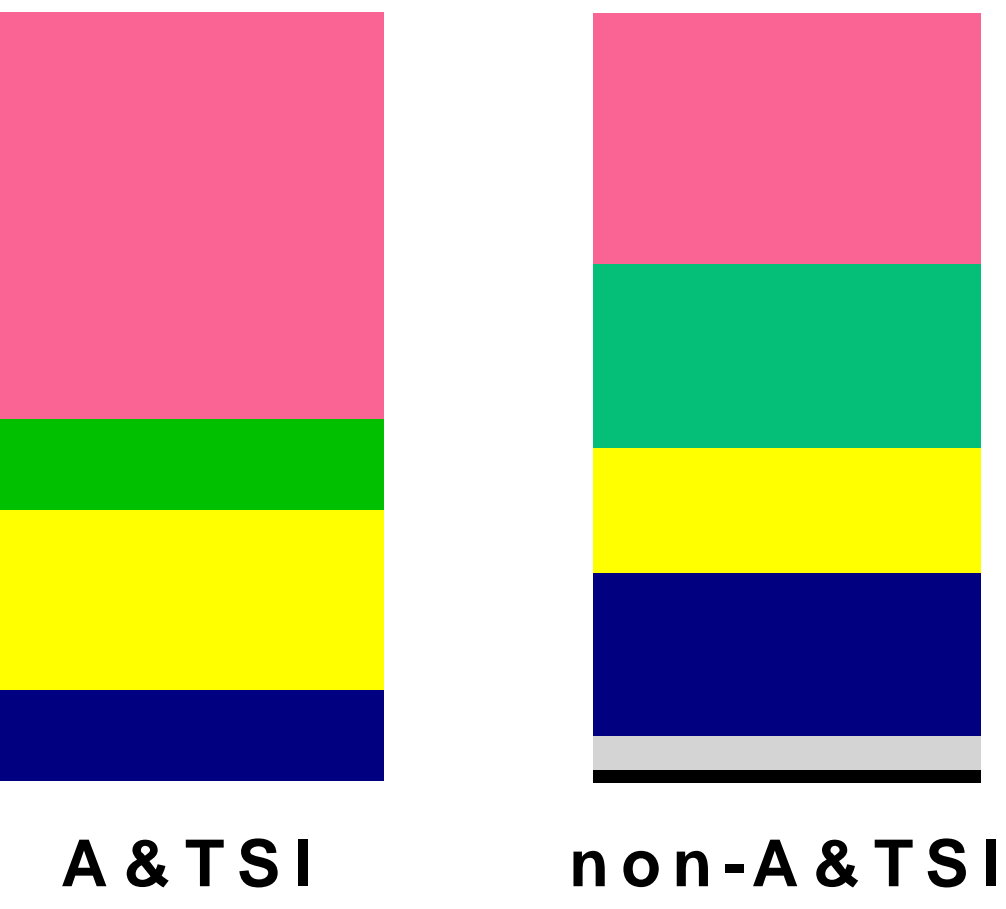
## RESULTS

Of 378 people referred to KSC between Feb 2016 and Feb 2019, 4% identified as A&TSI. All were either on a dialysis pathway or pre-dialysis decision-making.



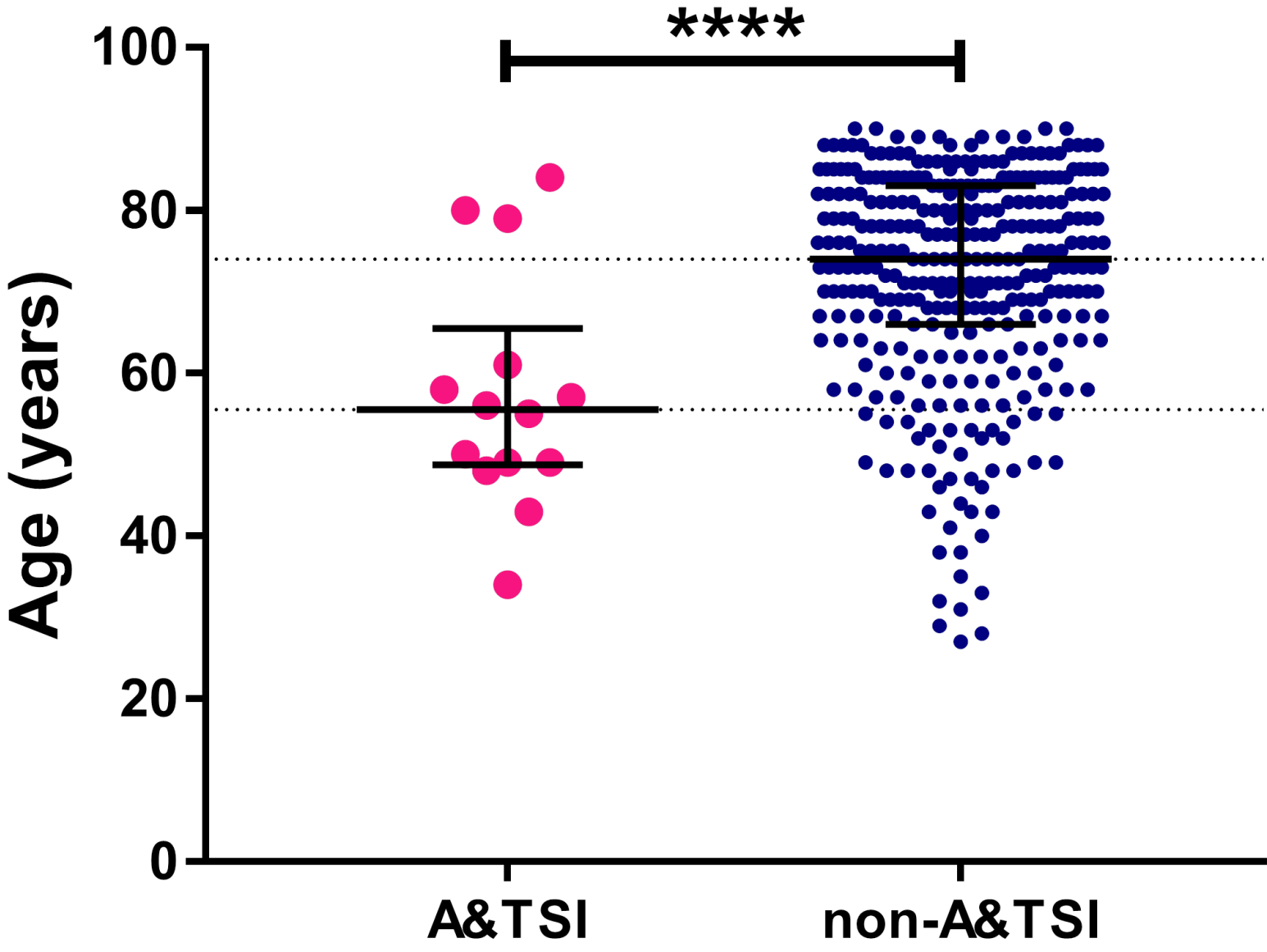
Reasons for referral to KSC

A need for symptom management was the most common reason for referral in both groups



- Symptom management
- Decision making
- Advance care planning
- Conservative management
- Education
- Not specified

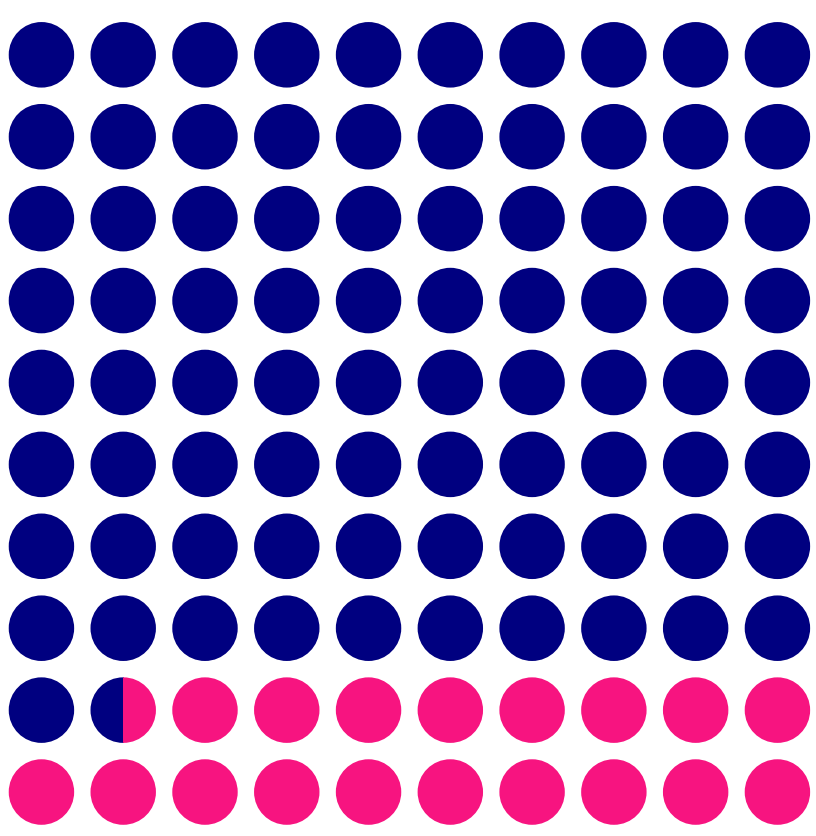
Age distribution of KSC patients



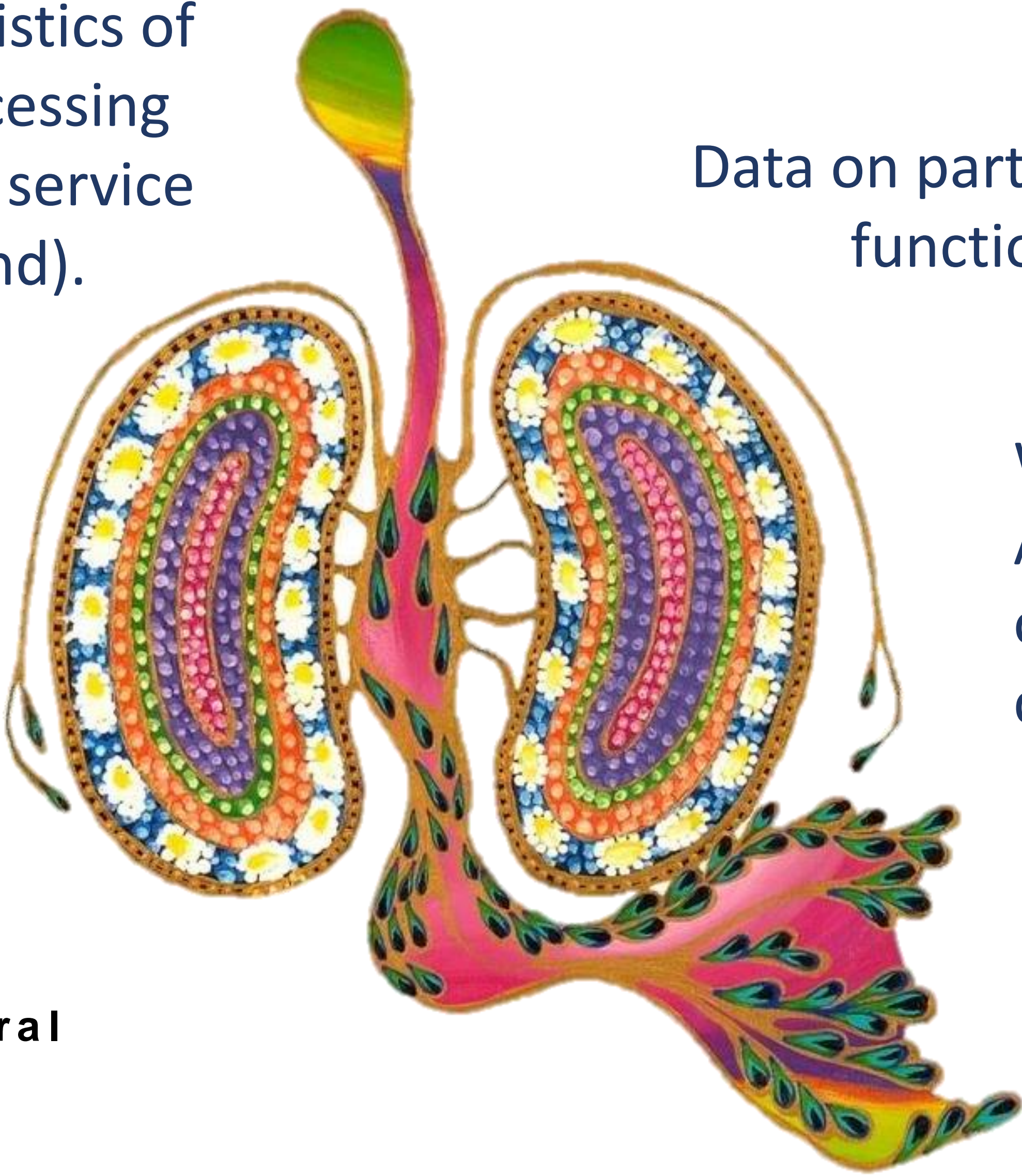
Data expressed as mean IPOS-Renal symptom scores; \* $p < 0.05$

While functional status was similar between groups, A&TSI people were referred to KSC at a younger age than non-indigenous people.

A&TSI people with CKD in QLD



Data source: Kidney Health Australia



## Kidney Supportive Care

KSC integrates renal and palliative care to manage symptom burden and to facilitate advance care planning and shared decision-making around dialysis options in people with advanced CKD.

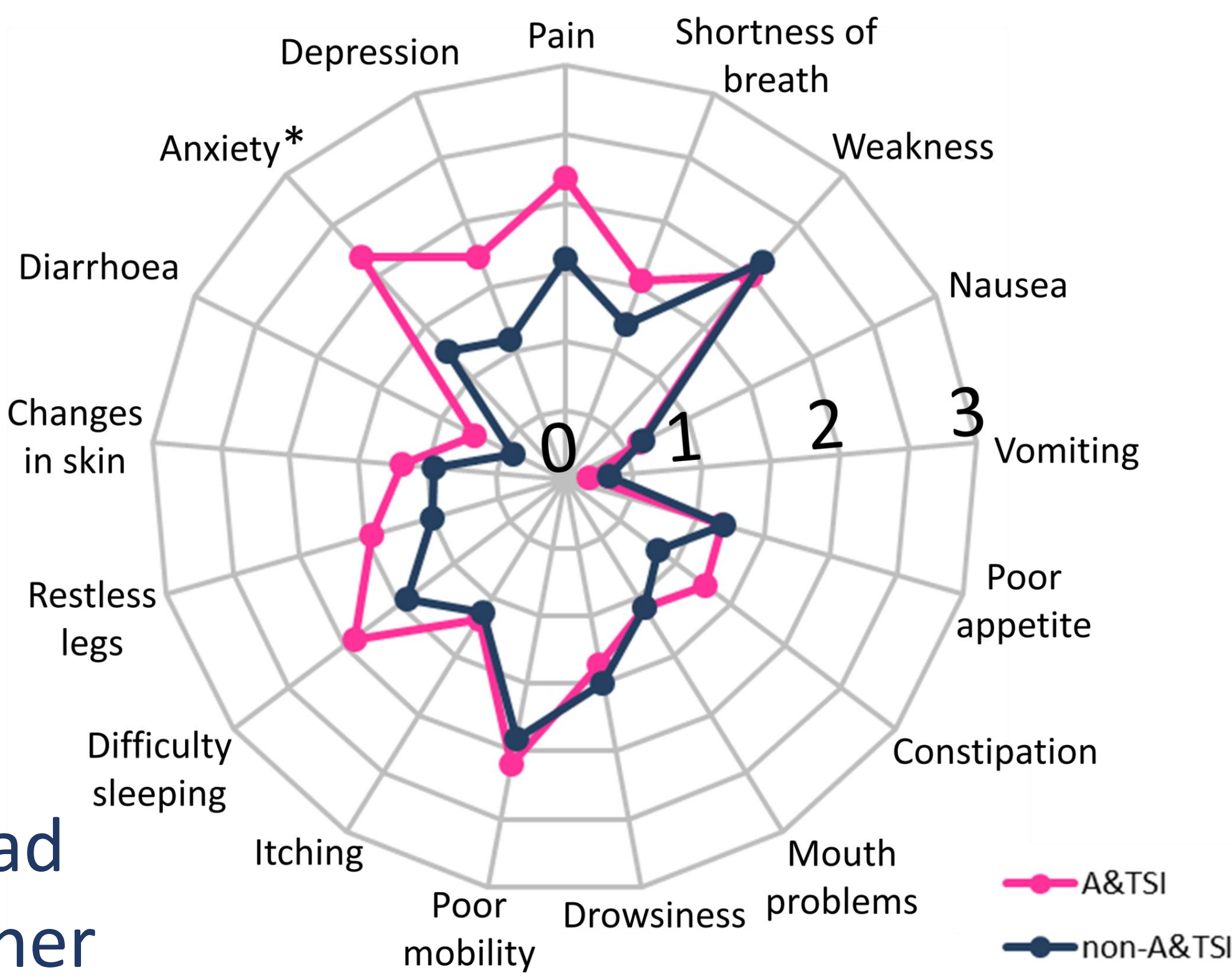
A multidisciplinary KSC service comprising nephrology, nursing, palliative care, pharmacy and social work was implemented in Metro North, Brisbane in 2016. People receiving dialysis access the service as well as those on a non-dialysis pathway.

## METHODS

Data on participant demographics, co-morbidities, functional status and symptom burden were systematically collected and analysed.

We compared the A&TSI and non-A&TSI cohorts using unpaired t-tests or chi square tests, with  $p < 0.05$  considered statistically significant.

Symptom scores at baseline



Data expressed as mean IPOS-Renal symptom scores; \* $p < 0.05$

A&TSI people had significantly higher anxiety scores than non-indigenous people.

## CONCLUSIONS

A&TSI people with ESKD access supportive care at a younger age than non-A&TSI people, usually for better management of a heavy symptom burden. Effective management of symptoms in this group, who are likely to be actively pursuing dialysis, is key to delivering a better quality of life.