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| RRT, transplant and conservative management |

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| Review questions |

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| NICE guideline <number> |

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| April 2018 |

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| Draft for Consultation |
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| This guideline was developed by the National Guideline Centre |

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| RRT |
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# Review questions

| Evidence report | Type of review | Review questions | Outcomes |
| --- | --- | --- | --- |
| A | Intervention | When should RRT be initiated? | Critical outcomes:* Quality of life
* Symptom scores/functional measures
* Mortality
* Hospitalisation
* Other healthcare resource use
* Time to failure of RRT form

Important outcomes:* Psychological distress and mental wellbeing
* Cognitive impairment
* Patient/family/carer experience of care
* Growth (in children)
* Malignancy
* Adverse Events
	+ Infections
	+ vascular access issues
	+ dialysis access issues
	+ acute transplant rejection episodes
 |
| B | Intervention | What is the clinical and cost effectiveness of different modalities of renal replacement therapies and conservative management for established renal failure?Are there factors which suggest that certain forms of renal replacement therapy may be more appropriate for certain groups of people?Are there groups of people in which conservative management is more appropriate than RRT? | Critical outcomes:* Quality of life
* Symptom scores/functional measures
* Mortality
* Hospitalisation
* Time to failure of RRT form

Important outcomes:* Psychological distress and mental wellbeing
* Preferred place of death
* Cognitive impairment
* Patient/family/carer experience of care
* Growth (in children)
* Malignancy
* Adverse Events
	+ Infections
	+ vascular access issues
	+ dialysis access issues
	+ acute transplant rejection episodes
 |
| C | Intervention | What is the clinical and cost effectiveness of different sequences of modalities of renal replacement therapies and conservative management for established renal failure? | Critical outcomes:* Patient, family/carer health-related quality of life (continuous)
* Mortality (dichotomous and time to event)
* Time to failure of RRT form (time to event)

Important outcomes:* Hospitalisation (rates or continuous)
* Preferred place of death (dichotomous)
* Symptom scores and functional measures (continuous)
* Psychological distress and mental wellbeing (continuous)
* Cognitive impairment (dichotomous)
* Patient, family and carer experience of care (continuous)
* Growth (continuous)
* Malignancy (dichotomous)
* Adverse events
	+ Infections (dichotomous)
	+ Vascular access issues (dichotomous)
	+ Dialysis access issues (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| D | Intervention | What is the most clinical and cost effective way of planning dialysis access formation, transplant listing? | Critical outcomes:* Patient, family/carer health-related QoL (continuous)
* Mortality (dichotomous and time to event)

Important outcomes:* Pre-emptive transplantation rates (rates or dichotomous)
* Proportion starting on modality of choice (rates or dichotomous)
* Proportion with access created/transplant listed who do not go on to require or use RRT (rates or dichotomous)
* Psychological distress and mental wellbeing (continuous)
* Symptom scores and functional measures (continuous)
* Hospitalisation (rates or continuous)
* Time to failure of RRT form (time to event)
* Patient, family/carer experience of care (continuous)
* Adverse events
	+ Infections (dichotomous)
	+ Vascular access issues (dichotomous)
	+ Dialysis access issues (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| E | Intervention | When should people with progression to later stages of CKD be assessed for RRT? | Critical outcomes:* Patient, family/carer health-related QoL (continuous)
* Mortality (dichotomous and time to event)
* Hospitalisation (rates or continuous)
* Time to failure of RRT form (time to event)

Important outcomes:* Late referral rates (rates or dichotomous)
* Pre-emptive transplantation rates (rates or dichotomous)
* Proportion starting on modality of choice (rates or dichotomous)
* Proportion receiving RRT after assessment (rates or dichotomous)
* Symptom scores and functional measures (continuous)
* Psychological distress and mental wellbeing (continuous)
* Cognitive impairment (dichotomous)
* Patient, family/carer experience of care (continuous)
* Growth (continuous)
* Malignancy (dichotomous)
* Adverse events
* Infections (dichotomous)
* Vascular access issues (dichotomous)
* Dialysis access issues (dichotomous)
* Acute transplant rejection episodes (dichotomous)
 |
| F | Intervention | What assessment is needed for people with deteriorating CKD for whom RRT or conservative management may be appropriate? | Critical outcomes:* Patient, family/carer health-related QoL (continuous)
* Symptom scores and functional measures (continuous)
* Mortality (dichotomous and time to event)
* Hospitalisation (rates or continuous)
* Time to failure of RRT form (time to event)

Important outcomes:* Psychological distress and mental wellbeing (continuous)
* Cognitive impairment (dichotomous)
* Patient, family/carer experience of care (continuous)
* Growth (continuous)
* Malignancy (dichotomous)
* Adverse events
	+ Infections (dichotomous)
	+ Vascular access issues (dichotomous)
	+ Dialysis access issues (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| G | Intervention | What are the indicators for transferring between the different modalities of RRT? What are the indicators for discontinuing RRT?  | Critical outcomes:* Patient, family/carer health-related quality of life (continuous)
* Mortality (dichotomous and time to event)
* Time to failure of RRT form (time to event)

Important outcomes:* Hospitalisation (rates or continuous)
* Preferred place of death (dichotomous)
* Symptom scores and functional measures (continuous)
* Psychological distress and mental wellbeing (continuous)
* Patient, family and carer experience of care (continuous)
* Growth (continuous)
* Malignancy (dichotomous)
* Adverse events
	+ Infections (dichotomous)
	+ New onset DM/worsening control (dichotomous)
	+ Vascular access issues (dichotomous)
	+ Dialysis access issues (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| H | Qualitative | What are the most important symptoms to recognise for people undergoing RRT or receiving conservative care? | - |
| I | Intervention | What is the clinical and cost effectiveness of dietary management and fluid restriction for RRT? | Critical outcomes:* Patient, family/carer health-related quality of life (continuous)
* Mortality (dichotomous and time to event)

Important outcomes:* Hospitalisation (rates or continuous)
* Subjective global assessment or malnutrition universal screen tool (continuous)
* Interdialytic weight gain (continuous)
* Symptom scores and functional measures (including grip strength, continuous)
* Psychological distress and mental wellbeing (continuous)
* Blood pressure (continuous)
* Patient, family and carer experience of care (continuous)
* Growth (continuous)
* Adverse events
	+ Infections (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| J | Intervention | How frequently should people on the different forms of RRT be reviewed? | Critical outcomes:* Patient, family/carer health-related quality of life (continuous)
* Mortality (dichotomous and time to event)
* Time to failure of RRT form (time to event)

Important outcomes:* Transplantation/transplant listing (rates/dichotomous)
* Hospitalisation (rates or continuous)
* Preferred place of death (dichotomous)
* Symptom scores and functional measures (continuous)
* Psychological distress and mental wellbeing (continuous)
* Patient, family and carer experience of care (continuous)
* Growth (continuous)
* Malignancy (dichotomous)
* Adverse events
	+ Infections (dichotomous)
	+ Vascular access issues (dichotomous)
	+ Dialysis access issues (dichotomous)
	+ Acute transplant rejection episodes (dichotomous)
 |
| K | Qualitative | What information, education and support is important for people for whom RRT or conservative management may be appropriate and their families/carers? | - |
| L | Intervention | What is the clinical and cost effectiveness of decision support interventions for people who may require renal replacement therapy? | Critical outcomes:* Patient, family/carer health-related QoL
* Mortality
* Decision quality/conflict
* Knowledge of relevant decision area
* Psychological distress and mental wellbeing
* Patient, family/carer experience of care
 |
| M | Intervention | What are the most clinical and cost effective ways of co-ordinating care during RRT or conservative management? | Critical outcomes:• Patient, family/carer health-related QoL (continuous)• Symptom scores and functional measures (continuous)• Mortality (dichotomous and time to event)• Hospitalisation or other resource use (rates or continuous)• Time to failure of RRT form (time to event)Important outcomes:• Pre-emptive transplantation (dichotomous)• Psychological distress and mental wellbeing (continuous)• Patient, family/carer experience of care (continuous)• Control of co-existing conditions (e.g. HbA1c for DM, BP for hypertension, continuous or dichotomous)Adverse events |