

This guideline includes a number of recommendations where the evidence identified did not show a clear clinically and cost effective benefit of one option over any other (please see Evidence report B). In these situations patient choice is even more critical than usual. Below is a summary of the key pieces of information gathered in the guideline that may help inform those choices. However, guideline development is a distinct process from construction of full, validated decision aids (for example the threshold for evidence quality may vary considerably), therefore the committee has also included links to other decision aids that may be useful for patients and healthcare professionals.

	Dialysis				Conservative management
	Haemodiafiltration /haemodialysis (HDF/HD) at home	Haemodiafiltration /haemodialysis (HDF/HD) in centre	Peritoneal dialysis (CAPD)	Automated peritoneal dialysis (APD)	
1. How well it works	The evidence comparing the risk of dying early with different types of dialysis was mostly very low quality, but suggests that there is probably no clinically important difference in this risk between any of the modalities				The only evidence comparing the risk of dying early with conservative management compared with dialysis was in people aged over 70 years and was very low quality and contradictory. In most cases, opting for conservative management will lead to people dying sooner than if they opted for dialysis. However, for some people with a particularly poor prognosis otherwise, conservative management may be no worse than dialysis in terms of extending people's lives.

2. Person's experience	For more information see decision aids like YoDDA				
	<p>HDF/HD requires creation of vascular access which is usually done via a fistula about 6 months before anticipated start of dialysis.</p> <p>HDF/HD can be done in centre or at home.</p> <p>HDF/HD typically involves dialysis for around 4 hours, 3 times a week.</p>		<p>Peritoneal dialysis requires creation of access to the abdomen which can be done around 2 weeks before anticipated start of dialysis.</p> <p>Peritoneal dialysis is typically done at home.</p> <p>Peritoneal dialysis typically involves dialysis every day.</p>		<p>Conservative management involves a much smaller treatment burden than dialysis. There is no need to create an access, or for frequent hospital visits or home modifications.</p>
	HDF/HD done at home involves fewer hospital attendances, but more training.	HDF/HD done in hospital/satellite centre involves more hospital attendances, but less training.	CAPD is done for around 45 minutes, 4 times a day, every day	APD is done about 9 hours, overnight each night	