

KDQOL: A Powerful Under-utilized Tool

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The KDQOL (Kidney Disease Quality of Life) instrument is a valuable tool that provides patients and care givers with information that is central to patient-centered care and when fully implemented should improve patients' lives and should pave a path for choices of patients and interventions by providers. Traditionally, the KDQOL has been used to evaluate health quality and quality of life for groups of individuals choosing different treatment strategies for the same disease. For instance, the KDQOL instrument has been used to identify and quantify the differences in health statuses achieved when patients choose kidney transplant over dialysis for treatment of ESRD.

The KDQOL has much greater utility than simply providing insurers and care-givers with data on effectiveness of one therapy compared to another. As applied to patients undergoing chronic dialysis for treatment of ESRD, the KDQOL can provide very valuable information about the particular patient's health status, the treatment they might be receiving to achieve optimal health and the changes over time in their quality of life. The KDQOL is a powerful tool because it is simple, reproducible, and reliable. It has been widely validated.

The KDQOL allows the practitioner to track an individual patient's perception of health status over time. It has a number of health related domains and a number of kidney disease state related domains. Thus, the practitioner can review the data from an individual patient and uncover whether that patient is experiencing depression or another psychiatric problem complicating their ESRD or whether the patient perceives significant limitations in their physical functioning or cognition. Deteriorations in scores in these domains should help identify opportunities for focused therapeutic interventions. For instance, allowing practitioners to identify and treat conditions such as depression or sleeplessness that might otherwise go unrecognized. An appropriate interdisciplinary team intervention when such conditions are identified would be a referral, after a comprehensive evaluation by the nephrology social worker, for further assessment and intervention for depression by a psychiatrist if indicated or further assessment of sleep patterns that might lead to identification of restless legs syndrome or symptoms most attributable to obstructive sleep apnea. Either of these sleep disorders which occur commonly in ESRD should prompt further formal evaluation and changes in management.

Additionally, certain conditions that are dependent on or influenced by the delivery of an adequate dialysis prescription including, for instance, the sleep disorders referred to above, may be identified by the KDQOL. In this latter circumstance, deterioration in the KDQOL score might alert practitioners to the individual patient who is not adequately dialyzed or who is malnourished or who is experiencing deterioration in ADL or cognition. Examples of appropriate interventions that might be considered under these circumstances would importantly begin with further assessment by the dietitian, clinicians and social workers of the patient's mental status or physical status and/or referral for physical therapy.

Examples of other interventions that might be initiated by the nephrologist arising from a thorough review of KDQOL scores include:

1. Initiation of an exercise program to improve a low Physical Component Score (PCS)
2. Referral to social worker to discuss vocational rehabilitation to work toward patient's goal that was identified as part of KDQOL review
3. Review anemia management to improve low PCS and potentially improve RLS
4. Referral to the interdisciplinary team to discuss overall goals of care and alternative options for treatment of ESRD. If a patient is not achieving a good KDQOL this might provide an opportunity to discuss alternative dialysis modalities (for instance, home therapies compared to in-center hemodialysis) or renal transplantation.

Patients with low KDQOL scores or who have experienced a significant drop in their scores demonstrate a diminished survival and require more intense healthcare resource utilization. If the practitioner is successful in reversing the causes of the low KDQOL scores, subsequent scores will improve. Thus, the KDQOL can be used to track an individuals' evolving health related quality of life (HrQOL).

In summary, the KDQOL is a validated standardized instrument that allows for comparison of treatment outcomes between settings and patients and longitudinally for the individual patient over time.

If the results of the KDQOL survey become an important part of informing a patient's care, implementation of the KDQOL process in a particular practice should translate into improved patient health outcomes and satisfaction and improved efficiencies of care and health dollar resource utilization.