Integrating Guidelines, CKD, Multimorbidity, and Older Adults

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Aging is characterized by a decline of anatomical integrity and function across multiple organ systems and a reduced ability to respond to stress. The multisystem decline is associated with increasing pathology, disease, and progressively higher risk of death. Although the true mechanisms that drive the aging process are still a mystery, there is evidence that both genetic and environmental factors may affect the rate of appearance of phenotypes characteristic of the aging process. Thus, aging appears in part to be modulated by a genetic–environmental interaction.

In a broad sense, the principles and practice of geriatric nephrology should not in many ways be different from younger patients and the importance of early detection and timely management of hypertension and metabolic complications cannot be over-emphasized. However, at present, the various CKD treatment recommendations are mostly on the basis of evidence extrapolated from studies in younger age cohorts, thus caution should be exercised when applying this to older CKD patients. For example, in the frail elderly the usually recommended treatment targets may not be appropriate, and physicians may have to use clinical discretion to choose therapeutic targets without unduly compromising optimal function and QOL. This is important as the elderly usually view their health in terms of how well they function rather than in terms of the disease alone. High quality prospective data are required to determine treatment targets and to develop evidence-based criteria not only for selecting patients for dialysis but also to define the subgroup of elderly in whom RRT is likely to be futile. The concept of non-dialytic care should not be confused with abandonment of care, and there is a need for a robust evidence based conservative management care

pathway for active disease management of these patients including planning of end-of-life care. With an increasing number of elderly CKD patients, non-dialytic conservative treatment will increasingly be recognized as a valid and legitimate alternative modality of care for ESRD. Rational treatment decisions with the aim of avoiding those that are futile and detrimental to patients are a necessary part of responsible clinical practice.

Clinical practice guidelines provide guidance in decision making relating to diagnosis, management, and treatment in specific areas of health care. They play an essential role in the evaluation and synthesis of an ever-expanding evidence base and are of increasing importance in aging societies with a high prevalence of overlapping disease comorbid conditions. Integration of chronic disease guidance is essential, particularly in older people, in order to understand critical disease interactions and the potential adverse effects that individual guideline statements may engender in different disease areas. This requires a need for flexibility that not only recognizes the differences in patients' characteristics, but also their preferences for medical interventions and health outcomes.