

The Recent Views in Treatment Decision Making for Chronic Kidney Disease

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Chronic kidney disease (CKD) is a global problem with psycho-socio-economic consequences. In end stage renal disease, step-wise replacement therapy should be initiated, including hemodialysis (in center/home), peritoneal dialysis and kidney transplantation. Patient's information and education alongside a team of healthcare professionals are key points for appropriate management. The level of patient engagement for self-management depends on education, facility, cultural factors and government policy. Regarding patient educational plan, two types of patient educational materials have been proposed, basic (general overview, short and easy-to-read materials) and beyond the basics (in-depth information).¹ Although, the traditional approach to patient participation in CKD management is partially effective, it is not sufficient. Recently, several projects have been designed to improve the quality of life for patients with CKD/ESRD by involving them and their caregivers in making decisions related to selection of replacement therapy.^{2,3} These projects propose to improve patient quality of life by a peer mentoring program for patients and their caregivers. This approach was designed by Peggy Jayne Pierce in Pennsylvania and has gained national acknowledgment as a potential model to be followed internationally.⁴ There is evidence that this approach can be beneficial in helping patients with CKD, providing them self-confidence. It should be emphasized that peer support is a complex, with multi factorial concepts.^{2,4,5} In developing countries, patients with CKD have some limitations for replacement therapy compared to patients in developed countries and a specific form of renal replacement therapy might be obligatory for them due to socio-economic conditions and/or governmental policy. Therefore, shared decision making via peer mentoring will require modification in different countries with different cultures and facilities. The term years of life lost (YLL) is missed in much of the research conducted in developing countries regarding chronic disorders such as CKD. And for decreasing the disability adjusted life years (DALY) for these patients, both governmental aid and presence of active NGOs with a new vision are required. In this issue of the journal,

an excellent review article is published by Dr. Ghahramani, Medical Director of the Kidney Foundation of Central Pennsylvania's Patient and Family Partner Program. Nine years of experience with the unique peer mentoring program formed the basis for his role as principal investigator of a 3-year study, funded by the Patient Centered Outcomes Institute to evaluate the impact of the program on patients and their families in Pennsylvania.³ Finally, I finish my comment with some conclusions of this review article: It is important to emphasize that strategies such as peer mentoring are not intended to replace traditional education, but to complement it. While traditional education provides information and skills, novel strategies are needed to teach problem-solving strategies.⁶

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