

Acknowledgements

The listed authors wrote on behalf of all authors of the original article.³ The views expressed in this letter are those of the authors and do not necessarily reflect the official policy or position of the Department of Health and Human Services or the US Government.

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Influence of a Predialysis Education Program on the Choice of Renal Replacement Therapy

To the Editor:

Liebman et al¹ document that 52% of patients who expressed a preference for peritoneal dialysis (PD) after a predialysis education program (PDEP) received treatment with hemodialysis (HD) when renal replacement therapy was initiated.

We do not observe such a discrepancy in our population: of 81 patients who were exposed to our PDEP² between January 2006 and December 2010 and then initiated dialysis therapy before January 2012, a total of 59 (73%) began renal replacement therapy with the self-care dialysis modality they originally selected (PD, home HD, or self-care in-center HD) and another 7 (8%) started treatment with an alternative self-care dialysis modality (Table 1).

How can we explain this? First, our multidisciplinary nephrology team favors self-care. Second, our PDEP is run by experienced nurses whose only responsibility is self-care modalities. At the core of our PDEP is an in-house interactive video with real patients describing their experiences. We believe that seeing what is involved in each modality and having explanations from individuals with real-life experience enhance the information. Third, we encourage patients' families to be involved in the information and decision-making process. Finally, patients have regular predialysis contacts with the self-care dialysis team in order to receive

treatment with intravenous iron and erythropoiesis-stimulating agents, providing an opportunity to reinforce information.

In sum, our experience indicates that by giving choices to patients and supporting their decision making, most will initiate renal replacement therapy according to their initial preferences or opt for an alternative self-care modality.

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In Reply to 'Influence of a Predialysis Education Program on the Choice of Renal Replacement Therapy'

We appreciate the comments of Goovaerts et al¹ regarding our recent publication² and acknowledge the difference in modality discrepancy. We agree that differences in the predialysis education program (PDEP) are likely a major contributor. Most of our patients had one session with the educator, and although they were encouraged to call back with further questions, few did so. Throughout the study, our educator had no other clinical responsibilities. Perhaps, as suggested by Goovaerts et al,¹ repeated exposure to the dialysis educator and further opportunity for discussion, counseling, and questions would help solidify the modality decision such that the patient and educator are more vested in the choice. A single exposure simply might not be enough.

In the study by Goovaerts et al,³ 21% of patients were deemed not to be candidates for a self-care modality and therefore were not referred to the PDEP. Our study started with a cohort that had already attended an education session, and it is not clear how our percentage of nonreferred patients compares with that of Goovaerts et al.³ It is possible that some of the differences between the 2 studies reflect different patterns of referral for education.

Another consideration is that our patients were referred relatively late, with a mean estimated glomerular filtration rate of 15.5 mL/min/1.73 m². There are limited data regarding the timing of referral to a PDEP; however, there are data linking late referral to a nephrologist with lower use of peritoneal dialysis.⁴ Thus, timing may be a factor in our population.

Finally, one cannot overstate that the decision of dialysis modality is complex, with contributions from patient-, physician-, and disease-specific factors. There are numerous unresolved questions. Can a PDEP be structured to take these factors into account? If so, what is the optimal method? Implicit in answering these questions is the opinion of patients whose chosen and actual modalities were discrepant. Given our high rates of mismatch, this is a crucial next

Table 1. Preferred Versus Actual Dialysis Modality

Modality Preferred During PDEP	Modality Initiated				
	Self-care In-Center HD	Home HD	PD	Total Self-care	In-Center HD
Self-care in-center HD (n = 12)	7	2	1	10	2
Home HD (n = 24)	0	18	1	19	5
PD (n = 45)	3	0	34	37	8

Note: N = 81.

Abbreviations: HD, hemodialysis; PD, peritoneal dialysis; PDEP, predialysis education program.