**Problem**

Chronic kidney disease (CKD) is increasingly recognized in elderly patients. There is uncertainty whether dialysis benefits older CKD patients, when quality of life, functional status, survival and morbidity are considered. Many first world kidney units now offer non-dialysis maximum conservative management (MCM), as well as dialysis options, to such patients as they approach end-stage kidney disease. We have previously examined the demographics and outcome of patients in our programme that had chosen MCM, but later changed their minds and underwent dialysis interventions.

**Purpose**

The aim of this study was to characterise the patients that had initially opted for renal replacement therapy but subsequently changed their minds to MCM. We have examined how frequently this occurred and the outcome for these patients.

**Design**

In our unit all patients are assigned a renal treatment modality. We searched our low clearance database from June 1998 to March 2017 to identify patients whose modality had changed from one of pre renal replacement therapy (pre-RRT) to MCM. We then looked at their demographics, Charlson comorbidity index, frailty scores, reasons for the change in decision, and their outcome in terms of survival.

**Findings**

From the cohort of 594 patients, 68 (11%) were identified as changing their modality of treatment from pre-RRT to MCM. Their mean age was 81.6 years (range: 52-95), and 68% were female. They had an average co-morbidity index of 8.3, average percentage estimated 10 year survival of 0.2% and average frailty score of 5.5. Over half (52%) of patients cited preferring quality of life over longevity as the reason for their decision, whilst other reasons included previous failed attempts at dialysis access putting them off further attempts, frailty and malignancy. To date 51% have died.

**Conclusions**

These results demonstrate that an important minority of older CKD patients do change their initial choice of treatment modality, largely in order to maintain quality of life in the context of poor prognosis. Previous work has demonstrated that whilst survival may be improved in RRT compared to MCM, RRT patients have higher hospitalisation rates leading to comparable hospital-free days. Our work supports the fact that in some patients, RRT does not provide an advantage to their quality of life.

**Relevance**

The findings of this study could help similar patients make informed decisions about their choice of treatment modality.