

Quality of Life after Simultaneous Pancreas-Kidney Transplantation

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Introduction

- Simultaneous Pancreas-Kidney transplant (SPK)
 - Offered to individuals with type 1 diabetes and diabetic nephropathy
 - Almost 200 people currently on waiting list
 - 2016/17: 163 SPK transplants; 2007-17: >2000
 - Patient survival: 97% 1yr; 89% 5yrs
 - Graft survival: 88% 1yr; 78% 5yrs

Issues

- Significant risk of morbidity
 - Highest complication rate of any abdominal transplant procedure
- Little known about psychosocial outcomes
 - Qualitative: Limited studies
 - Negative effects downplayed when successful
 - Quantitative: Heavy reliance on SF36
 - Limited conclusions – lack of depth; specifics not assessed
 - Overall improvement in HRQoL

Study Aims

- To compare quality of life outcomes in SPK recipients compared to kidney alone
- Pilot study
- Analysis of provisional data

Methods

- Deceased donor kidney recipients (DDR)
 - Living donor kidney recipients (LDR)
- } January 2013 - December 2016
- SPK recipients – Jan 2013 - June 2017
 - Questionnaire:
 - Quality of life measures
 - Transplant specific questions

Life Satisfaction	Satisfaction with life scale
Distress	General Health Questionnaire 12
Depression	Patient Health Questionnaire 2
Health-Related Quality of Life	Short Form 12

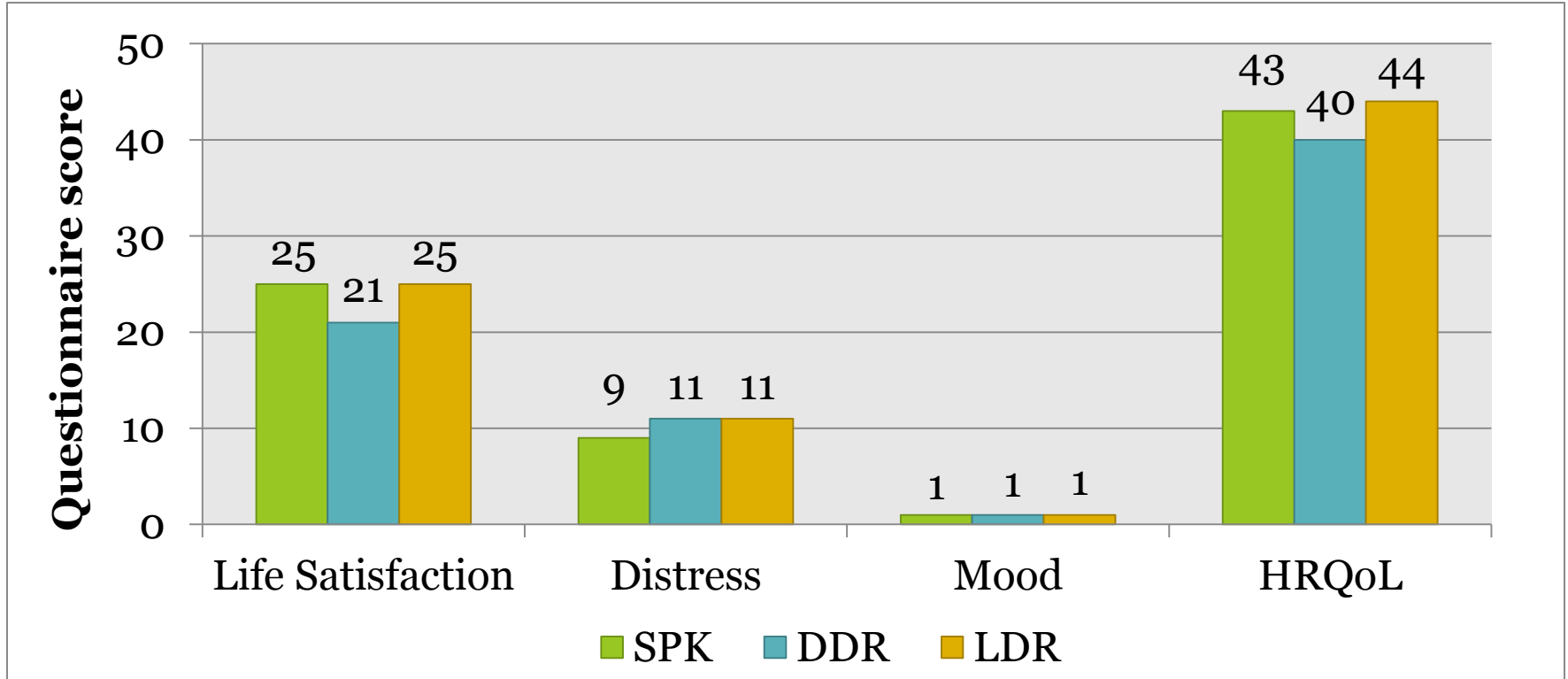
- **Transplant questions**

1. Do you feel it was beneficial for you to receive your transplant? Yes/No
2. Did your new transplant meet your expectations? Yes/No
3. How has your life changed since having your transplant? Better / Worse / No change
4. Do you regret having your transplant? Yes/No

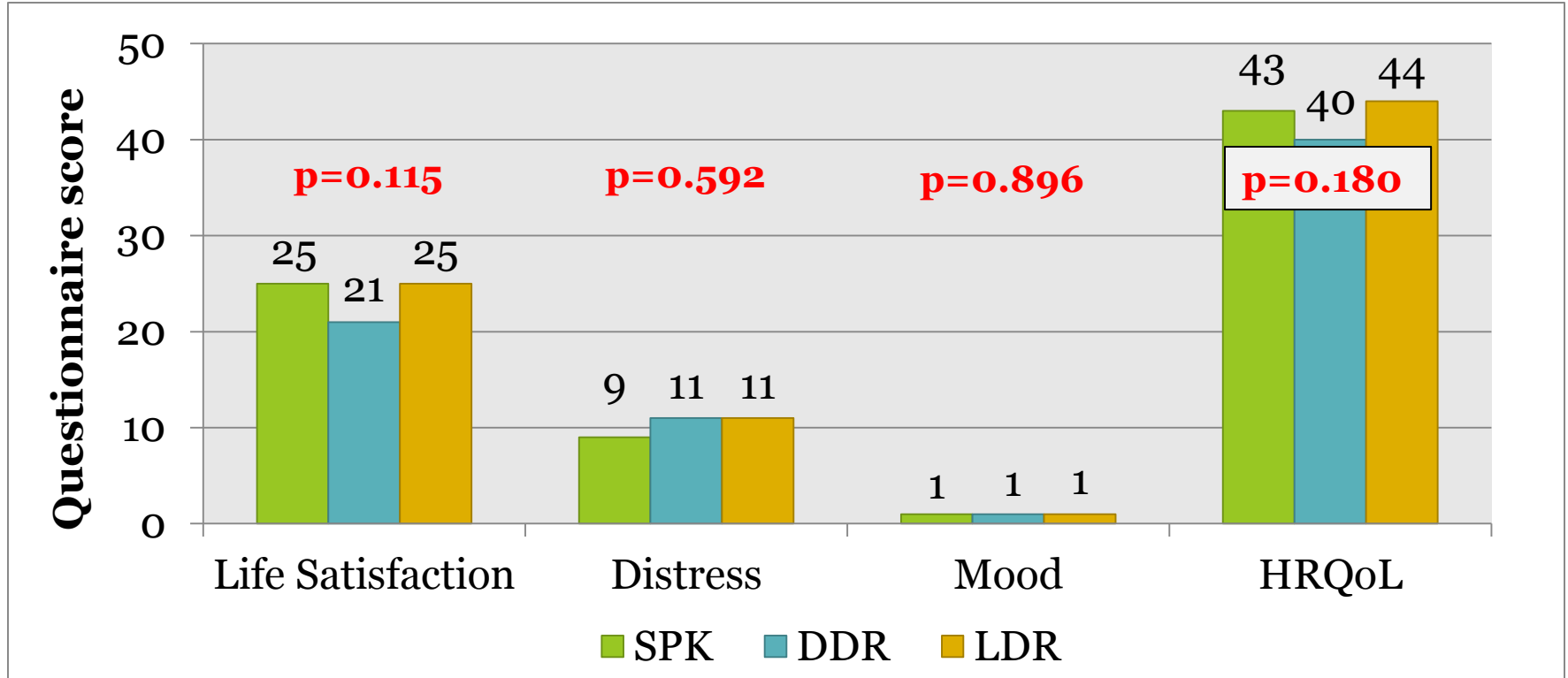
Results (1)

- 115 responses
 - 18 SPK; 34 DDR; 63 LDR
 - Time since transplantation: 27.2 months (SD 11.932)
- Age:
 - 47.5 yrs SPK
 - 59.0 yrs DDR
 - 54.0 yrs LDR } p=0.009
- No significant difference in gender or ethnicity

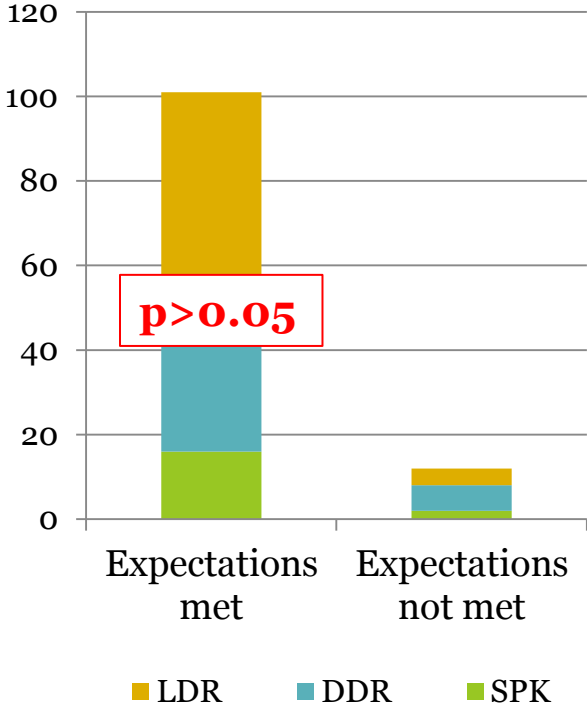
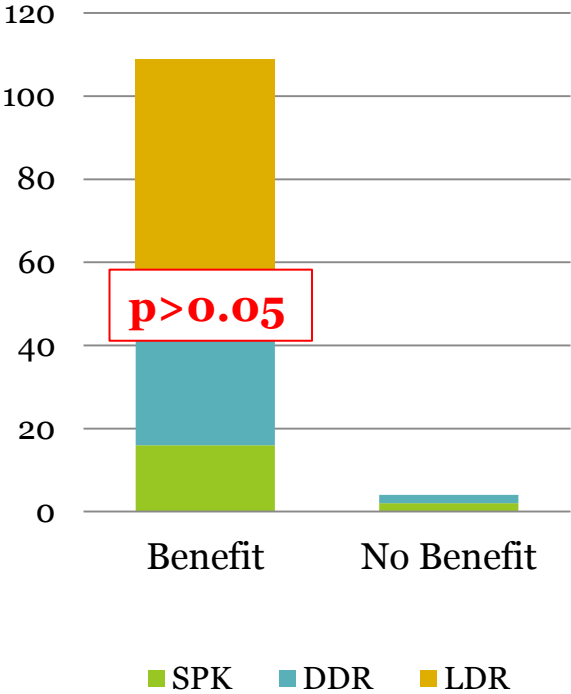
Results (2)



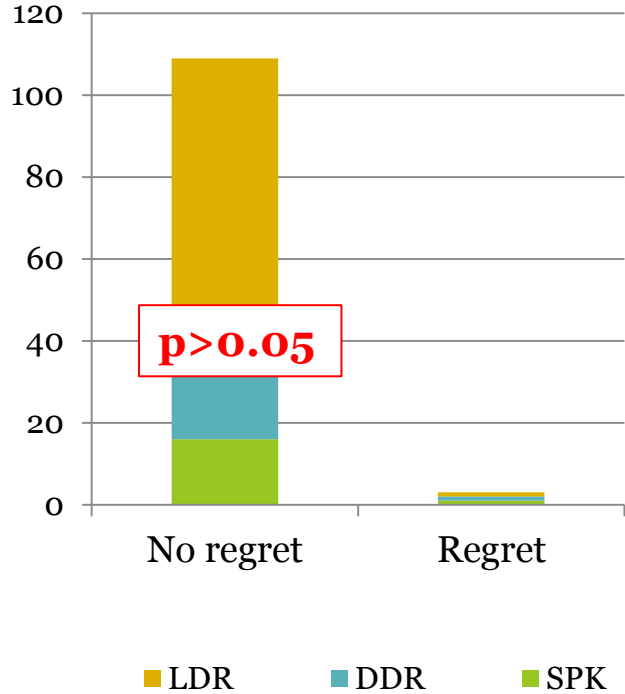
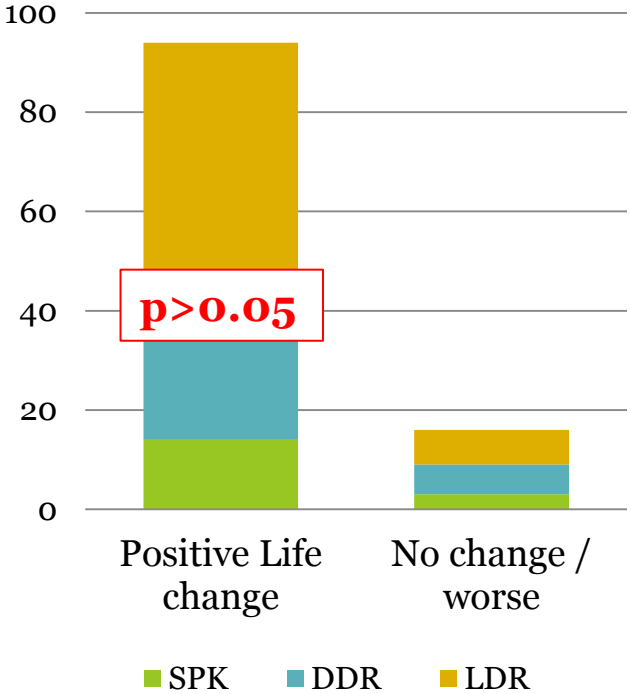
Results (2)



Results (3)



Results (4)



Conclusion

- Quality of life outcomes after SPK are comparable to those after kidney transplantation alone

- However...

Why were there so few responses?

Discussion

- Preliminary data – more responses to come; reminder letter
 - Change methodology to clinic based / face-to-face approach
- Clinical data
 - Are recipients giving positive responses despite complications?
- Does the response rate reflect something else?
 - Have a lot of recipients disengaged?
 - Is there a large amount of psychological (+/- physical) morbidity that we are not capturing?

Future work

- More sophisticated studies exploring the psychosocial issues inherent to SPK are warranted
 - Prospective, multi-factorial, mixed methods
 - It is not enough to just measure HRQoL
 - Specific focus on those with suboptimal outcomes
- ATTOM extension
 - Cambridge, Edinburgh and Guy's Hospitals
- Oxford group

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