

# Shared care for patients with chronic kidney disease in nephrology and general practice.

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The hypothesis is that patients with chronic kidney disease will meet treating goals better when they are treated in a shared care model by a general practitioner, a practice nurse and with online consultation of a nephrologist.

**Ethische beoordeling** Positief advies

**Status** Werving gestart

**Type aandoening** -

**Onderzoekstype** Interventie onderzoek

## Samenvatting

### ID

NL-OMON20375

### Bron

NTR

### Verkorte titel

SHARING

### Aandoening

1. Chronic kidney disease;

2. Diabetes mellitus;

3. Hypertension;

(NLD: verminderde nierfunctie, diabetes mellitus, hypertensie).

### Ondersteuning

**Primaire sponsor:** Department of General Practice

Radboud University Medical Center Nijmegen (UMCN)

Department of Nephrology, Radboud University Medical Center Nijmegen

**Overige ondersteuning:** Dutch Kidney Foundation (Nierstichting Nederland).

## Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

A blood pressure below 130/80 mmHg or decline in blood pressure of 5 mm Hg.

## Toelichting onderzoek

#### Achtergrond van het onderzoek

A randomized controlled trial will be performed: 9 GP practices will be randomised to control or intervention. Patients with hypertension and/or diabetes mellitus with an estimated glomerular filtration rate < 60 ml/min/1.73 m<sup>2</sup> (MDRD) will be included in the study with a minimum of 20 and a maximum of 28 patients per practice.

The patients in intervention practices will be monitored:

1. Cardiovascular risk (smoking, blood pressure, cardiovascular co-morbidity);
2. Laboratory: creatinine, ureum, sodium, potassium, calcium, phosphate, Hb, MCV, lipids, fasting glucose, glyHb;
3. Urine: albumin, protein, creatinine;
4. Important co morbidity;
5. Medication;
6. UKPDS or SCORE riskengine score.

After 12 months this monitoring will be repeated.

The intervention patients will be treated by GP and practice nurse according to a shared care model. Patients with a GFR < 30 ml/min/1.73 m<sup>2</sup> or a GFR between 30 ->60 GFR /min/1.73 m<sup>2</sup> and proteinuria will be presented to a nephrologist by web based consultation.

In control practices of the NMP project patients will receive usual care (according to the diabetes- and cardiovascular risk-guidelines of the Dutch College of General Practitioners).

## **Doe**

The hypothesis is that patients with chronic kidney disease will meet treating goals better when they are treated in a shared care model by a general practitioner, a practice nurse and with online consultation of a nephrologist.

## **Onderzoeksopzet**

Blood sample and blood pressure when included (baseline) and after 12 months.

## **Onderzoeksproduct en/of interventie**

In intervention practices patients will be treated conform a shared care model by a practice nurse, a GP and a nephrologist. A treatment protocol and web based consultation will be part of this shared care model.

Goals are optimal management of cardiovascular risk.

## **Contactpersonen**

### **Publiek**

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### **Wetenschappelijk**

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## **Deelname eisen**

### **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

Patients with hypertension and/or diabetes mellitus with an estimated glomerular filtration rate < 60 ml/min/1.73 m<sup>2</sup> (MDRD).

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Patients with serious medical or psychiatric conditions or drug or alcohol abuse;
2. patients under specialist care for chronic kidney disease in the last year;
3. analphabetism or not being able to read/understand Dutch language (including cognitive disorders);
4. participation in another intervention trial within 30 days before the start of the study.

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

### **Deelname**

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-04-2008
Aantal proefpersonen:	225
Type:	Verwachte startdatum

## Ethische beoordeling

Positief advies

Datum: 25-11-2007

Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

### Register ID

NTR-new NL1105

NTR-old NTR1140

Ander register Department of General Practice, Nijmegen : PV 35 (dutch kidney foundation)

ISRCTN ISRCTN wordt niet meer aangevraagd

## Resultaten

### Samenvatting resultaten

N/A