

9th International Conference on

Dialysis and Renal Care

August 18-19, 2016 London, UK

The impact of controlled fluid and salt intake training in patients undergoing haemodialysis

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Background: Serious complications can occur when patients have difficulty in adhering to fluid and salt recommendations.

Objectives & Design: This study was designed as an experimental study with the aims of evaluating the effects of controlled fluid and salt intake training on the intra-dialytic process and on the level of patients' knowledge. The factors that had an impact on the training process were also evaluated. The effectiveness of the planned training was evaluated at 0, 1, 3 and 6 months.

Results: There were no significant differences in salt intake exceeding 3 g per day ($p>0.05$) between the preliminary and final test, although a statistically significant change was observed at months 1 and 3. The effectiveness of training decreased, by the end of the 3rd month. A statistically significant change was obtained prior to and after the training at months 0, 1, 3 and 6 with respect to the rates of daily fluid intake exceeding 1500 ml, hypovolaemia, hypervolaemia, awareness of salt-rich food and correct calculation of daily fluid intake by the patients. Also a significant reduction was observed in the volume of oedema after the training. The patients' age, gender, marital status and educational background did not have a significant effect on daily salt intake of more than 3 g, daily fluid intake of more than 1500 ml, and level of knowledge regarding fluid and salt control.

Conclusions: The training was effective at some time points in decreasing salt and fluid intake. This training should be repeated at certain intervals for the behavioural changes to become permanent.

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The predictors of quality of life among selected adults with chronic kidney disease on hemodialysis

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Hemodialysis is both life-saving and life-altering, as it changes patients' patterns of daily living. The degrees of lifestyle change needed from adherence to diet and medications to the symptom burden affect patients' quality of life (QOL). For people living on hemodialysis, QOL scores become both a critical outcome as well as an indicator of morbidity and mortality. Therefore it is essential to examine the predictors that can affect QOL among HD patients in order to help improve their daily living and medical treatment. This study examined the relationship of predictors like age, weight, treatment adherence, social support and educational level on the QOL scores: physical composite score (PCS), mental composite score (MCS), & kidney disease component summary (KDSC). The respondents, adult CKD patients on hemodialysis in a private tertiary hospital in the Philippines were chosen through convenience sampling. A validated Filipino version of Kidney Disease Quality of Life Short Form Version 1.3 was utilized. Bivariate correlation and multiple linear regressions were then used in data analysis. It is concluded that PCS might be predicted by treatment adherence while social support and educational level could be predictors to MCS. In contrast with previous studies, it was found out that rare treatment adherence can seemingly have a positive effect with MCS. It might be due to fact that the treatment-related lifestyle restrictions could affect patients' personal illness beliefs, sense of control, leading to depression, and in turn adversely influence coping and adjustment. For KDSC, treatment adherence and social support showed positive correlation, while age shown inverse relationship, unlike with previous studies. Nurses and other healthcare providers should consider the impact of these significant predictors when rendering care for adult HD patients in order to improve their quality of life.

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