

9th International Conference on

Dialysis and Renal Care

August 18-19, 2016 London, UK

Treatment adherence among patients undergoing hemodialysis

Niru Khatiwada

Tribhuvan University, Nepal

Introduction: Treatment adherence with four domains: hemodialysis schedule, diet restriction, fluid restriction and medicine adherence, is a crucial factor that influences morbidity and mortality of hemodialysis patients. The aim of the study was to assess treatment adherence among patients undergoing hemodialysis and the associated factors in the year 2014.

Methods: A total of 166 patients undergoing hemodialysis for at least 3 months in National Kidney Center, Kathmandu were interviewed. Patients with communication problems and those who were too sick for interview were excluded. Relationship between four domains and various factors were identified using inferential statistics.

Results: The self-reported treatment adherence was found to be 73.5%, 32.5%, 39.8% and 78.9% in hemodialysis schedule, diet restriction, fluid restriction and medicine adherence respectively. Adherence to hemodialysis schedule was significantly associated with duration of hemodialysis ($p=0.050$), companion to reach the center ($p=0.038$), time to reach the center ($p=0.020$) and type of transportation ($p=0.004$). Fluid restriction had significant association with marital status ($p=0.034$), adequacy of treatment expenditure ($p=0.015$) and Interdialytic Weight Gain (IDWG) ($p=0.012$). Adherence to diet restriction had significant association with counseling on the same ($p=0.013$). Medicine adherence was significantly associated with age ($p=0.017$) and duration of hemodialysis ($p=0.049$). It also showed association of age ($p=0.001$), Hepatitis C infection ($p=0.013$), Diabetes mellitus ($p=0.012$), duration of hemodialysis ($p=0.010$) with IDWG.

Conclusion: There is an immediate need for strategies to promote the treatment adherence of the patients under hemodialysis with focus on diet and fluid restriction adherence.

nirukhatiwada142@gmail.com

Bilateral transarterial nephrectomy in a case of autosomal dominant polycystic kidney disease

Dorin Dragos¹, L Damian², D Ionescu¹ and A Bucur¹¹Carol Davila University of Medicine and Pharmacy, Romania²Bucharest Emergency University Hospital, Romania

Chronic kidney disease, urinary tract infections, nephrolithiasis and hematuria are common renal complications of autosomal dominant polycystic kidney disease (ADPKD). Although rarely used in ADPKD, transcatheter arterial embolization has among its indications persistent, debilitating or life threatening hemorrhage. This is the case of a 44 years old female that presented at the emergency room with frank hematuria and asthenia. Her family history and grossly enlarged kidneys with multiple cysts on ultrasound suggested ADPKD complicated with hematuria and chronic kidney disease. Cystoscopy showed blood coming from both ureters at a higher rate from the left one. A 1.5 g/dl drop in the hemoglobin concentration in 48 hours associated with marked symptomatology led to the decision to embolize the left renal artery, especially since the renal function was already severely compromised. Hematuria persists with worsening anemia and severe renal dysfunction, forcing the initiation of hemodialysis and right renal artery embolization. Bilateral transarterial nephrectomy was later complicated by a post-infarction syndrome with significant leukocytosis, fever and severe lumbar pain remitted under conservative treatment. An interesting feature was the presence of nephrotic range proteinuria (20 g/24 h), uncharacteristic for ADPKD. The evolution was favorable with remission of the inflammatory syndrome and continuation of hemodialysis without further complications. We can conclude that, although unusual in ADPKD and having known specific complications, transarterial nephrectomy can be successfully used in this pathology when there is a life threatening non-self-limited kidney hemorrhage, especially in the setting of significant/advanced renal insufficiency.

alina_medcon@yahoo.com