

# PSYCHO-PHYSICAL WELL-BEING IN THERAPEUTIC ADHERENCE IN WOMEN WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE: AN OBSERVATIONAL STUDY

Brioni E.1,2, Magnaghi C.3,2, Delli Zotti G.4, Sangiovanni E.5, Sciarrone Aliprandi M. 6, Ratti MM. 7, Sarno L.8, Manunta P.9, Apuzzo L. 10, Burrai F.11,12

1.San Raffaele Hospital, Nephrology Dialysis and Hypertension Unit, Milan, Italy. 2.SIAN Research Center, Bologna, Italy. 3.San Raffaele Hospital, Dialysis, Milan, Italy. 4.San Raffaele Hospital, Clinical and Health Psychology Service, Milan, Italy. 5.San Raffaele Hospital, Clinical and Health Psychology Service, Milan, Italy. 6.San Raffaele Hospital, Nephrology Dialysis and Hypertension Unit, Milan, Italy 7.San Raffaele Hospital, Clinical and Health Psychology Service, Milan, Italy. 8.San Raffaele University, Clinical and Health Psychology Service, San Raffaele Hospital, Milan, Italy. 9.San Raffaele University, Nephrology Genomics of Renal Diseases and Hypertension, Milan, Italy. 10 S. Anna and S. Sebastiano Hospital, Intensive Care Unit, Caserta, Italy. 11.ATS Sardegna, Research and Organizational change Department, Sassari, Italy. 12.SIAN Research Center, Bologna, Italy.

## BACKGROUND:

Autosomal dominant polycystic kidney disease (ADPKD) is the most common inherited renal disease and affects less than 5 people in 10000.1 There are many effective treatments, including blood pressure management, physical activity, low sodium diet and hydration .Therapeutic education is part of patient’s care and treatment. This approach is an essential strategy in order to face the current healthcare scenario where there is a progressive increase of people affected by chronic diseases.2

## METHODS:

This was a prospective, longitudinal observational pilot study, on the effects of therapeutic education in female patients affected by ADPKD. The sampling methodology was consecutive type , inclusion criteria included confirmed diagnosis of ADPKD, age from 18 to 65 years old and ability to provided informed consent.

## RESULTS:

Therapeutic education in patients affected by ADPKD can have a positive impact on patient’s health by improving compliance with pharmacological therapy, diet and lifestyle.

## MESURAMENTS:

Measurement instruments: Kidney Disease Quality of life-Short Form (KDQOL-SF),Hospital Anxiety and Depression Scale (HADS), Body Uneasiness Test (BUT).This study had 3 visits and each visit lasted one hour. In T0, a nurse screened patients with ADPKD, controlled blood pressure, provided written indications on low salt diet and on the importance of following a moderate but constant physical activity, moreover sensitized the patient to the correct intake of drug therapies.T1,the patient returned for interview with a psychologist and the compilation of psychological tests. At the third visit (T2), a psychologist interview was held with the restitution and evaluation of the tests performed and an interview with the nurse for evaluation of adherence to the prescriptions, a physical activity, diet ,water intake, drug therapy, blood pressure control

Variable	Group G1	Group G2	T -value	p
KDQOL Pain	89,17 ± 16,32	67,96 ± 32,09	2,144	0,013*
BUT Psychological Symptom Distress Index	1,59 ± 0,42	2,35 ± 0,70	3,433	0,026*
BUT Avoidance	0,18 ± 0,27	0,60 ± 0,78	2,348	0,002*

Compliance	N (%)
Total compliance	12 (32,4%)
Physical activity	17 (45,9%)
Medical examinations	26 (70,3%)
Adherence dietary patterns	28 (75,5%)
Water intake	32 (86,5%)
Pharmacological therapy	37 (100%)
Controlled blood pressure	28 (75,7%)
BMI	
Normal weight > 18,5 (<25,0)	23 (62,2%)
Overweight> 25,0	14 (37,8%)



## CONCLUSIONS:

Therapeutic education improve the patient’s knowledge of the disease, treatments and correct behaviors in order to promote an independent management of the disease. The patient would be empowered to modify wrong behaviors and obtain a balance between his and the disease’s needs and therefore improving compliance with treatments and quality of life.

## REFERENCE:

1.Neumann H Jilg C Bacher J Nabulsi Z Malinoc A Epidemiology of autosomal-dominant polycystic kidney disease: an in-depth clinical study for south-western Germany. Nephrol Dial Transplant 2013; 28: 1472–1487.  
2.Beghelli. A, Ferraresi. A, Manfredini.M, Educazione terapeutica. Metodologia e applicazioni, Ca-rocci Faber, ediz. 2015.