

Relationship between adherence, overhydration, potassium and phosphorus levels and acceptance of chronic kidney disease

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Introduction

Chronic diseases such as Chronic Kidney Disease (CKD) represent a state of crisis for the patients. Adaptation to the new situation results from the interaction between the demands of the disease and the ability to deal with it. According to scientific literature, non-acceptance of the disease is one of the factors that influence treatment adherence.

Objectives

To verify whether medication adherence, overhydration, potassium, and phosphorus levels are influenced by:

- Sociodemographic and clinical factors
- Acceptance of CKD

Methods

We used univariate analysis linear model:

Inclusion Criteria

- ✓ Accepted participation in the study and signed the informed consent form
- ✓ Lack of mental disorder, disorientation, or inability to complete the questionnaires
- ✓ Time on HD \geq three months
- ✓ Not being hospitalised or in vacation during assessment
- ✓ Evaluate over-hydration through Body Composition Monitor (BCM)

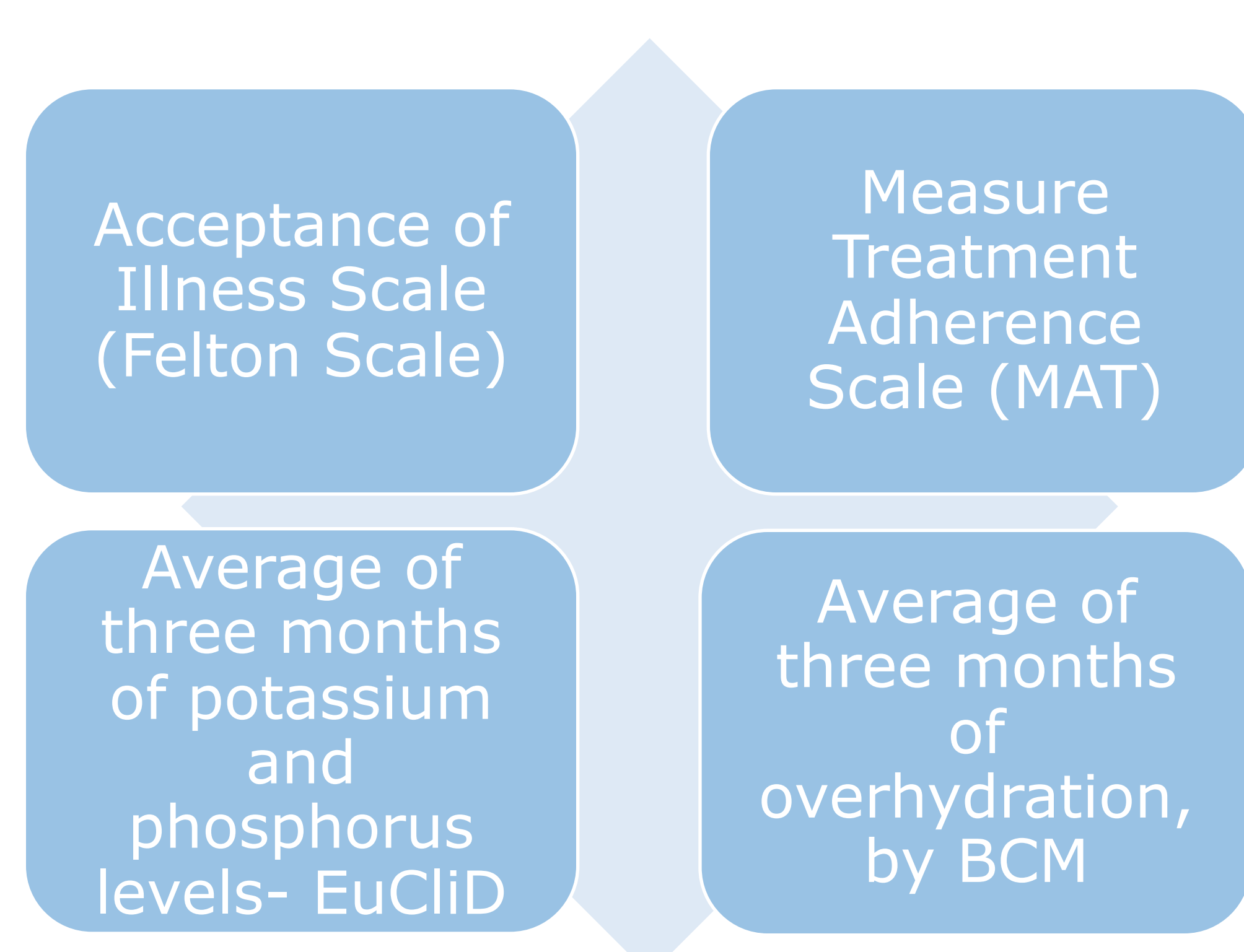
N total=152

45 excluded

N =107

Gender (M/F)		Marital Status (%)	
58.9/41.1		Unmarried	4.7
Age (average)		Married	72.0
69.16±14.47		Divorced	5.6
Home address (%)		Widower	17.8
Village	57.0	Professional Activity (%)	
Town	17.8	Student	0.9
City	25.2	Employee	10.3
Lives (%)		Unemployed	2.8
Accompanied	79.4	Retired	86.0
Institutionalized	4.7		
Alone	15.9		

Table 1 – Sociodemographic characteristics of the sample



Picture 1 – Data collection means

Results

Of the various results, the most relevant are presented in the following tables (2 and 3).

These results showed statistical significance.

Variable	Estimated Parameters		
	Estimate	P-Value	95% CI*
Intercept	31.438	.000	25.259, 37.618
Village	-2.677	.032	-5.121, -.233
Married	3.951	.004	1.281, 6.620
Age	-0.119	.006	-0.203, -0.35

* Confidence Interval

Table 2 - Felton univariate analysis

Variable	Estimated Parameters		
	Estimate	P-Value	95% CI*
Intercept	43.972	.000	40.033, 47.911
Unemployed	-8.747	.000	-11.929, -5.565
Institutionalized	2.537	.046	0.047, 5.027
K ⁺	-0.851	.029	-1.611, -0.091

Table 3 - MAT univariate analysis

Conclusion

- Patients living in villages showed worst acceptance of CKD
- Married and minor patients showed better acceptance of CKD
- Patients unemployed showed reduced medication adherence
- Institutionalised patients showed better medication adherence
- Patients with high potassium levels showed reduced medication adherence.

References

1. BEUTER *et al.* (2008)- Fatores que influenciam a adesão ao tratamento na doença crónica: o doente em terapia hemodialítica. Rev Gaúcha Enferm., Porto Alegre, available in <http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/7638/4693>
2. MARTINS, G.; CUNHA, S.; COELHO, R. (2005) – Estudo da aceitação da incapacidade em doentes com insuficiência renal crónica: comparação de duas escalas. Revista Portuguesa de Psicossomática, Vol 7, Nº ½, available in <https://bibliotecadigital.ipb.pt/bitstream/10198/2882/1/artigo%201.pdf>
3. DELGADO, A.; LIMA, M. (2001) - Contributo para a validação concorrente de uma medida de adesão aos tratamentos. Psicologia, Saúde & Doenças, 2 (2), 81-100, available in <http://www.scielo.mec.pt/pdf/psd/v2n2/v2n2a06.pdf>