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Gastrointestinal Symptoms among African Americans with ESRD Undergoing Hemodialysis

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Incidence of end stage renal disease (ESRD) is more than 3 times higher in African Americans (AA) than Caucasians. Treatment regimens needed to sustain life contribute to gastrointestinal (GI) complaints, and patients who have received transplant with corticosteroids have a higher prevalence of GI symptoms. The purpose of this study was to examine GI symptoms in AA patients undergoing hemodialysis (HD) utilizing The Gastrointestinal Symptom Rating Scale (GSRs). This psychometrically sound scale consists of 15 items that assess stomach and bowel problems. A descriptive correlational research design was used. Because many variables were not normally distributed, data were analyzed using nonparametric tests. Probabilities were set at the .05 level.

There were 120 participants; 53% were females. Seventy-nine percent had earned at least a high school diploma, but 37% had income less than the US poverty level. Age ranged from 23 to 90 years. Younger participants were more likely to report mild indigestion, while older participants reported severe indigestion or none at all. Females were more likely to report GI symptoms, specifically constipation, abdominal pain, and moderate to severe nausea. Commonly reported comorbidities included hypertension, diabetes, and heart disease. Those reporting the most comorbidities were more likely to experience heartburn, acid reflux, stomach bloating, burping, flatus, constipation, and indigestion. Time on HD ranged from 1 to 279 months. Those who had been on HD the longest were more likely to report acid reflux, stomach rumbling, and mild diarrhea. This study provides a foundation for early diagnosis and treatment of GI problems in AA patients diagnosed with ESRD. AA patients undergoing HD report many GI symptoms which contribute to their discomfort and diminish treatment adherence. Nephrology nurses may identify strategies to decrease these symptoms and improve quality of life.

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