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The Effect of Educational Intervention (Eat Well and Protect your Kidneys) to Improve Blood Pressure Control Among Minority Patients with Chronic Kidney Disease

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Adherence to a low sodium diet and blood pressure control are vital to slowdown progression of chronic kidney disease (CKD). However, minority patients often lack knowledge about low sodium diet and lack access to healthy food. The purpose of this study was to assess the effect of an educational intervention (Eat Well and Protect your Kidneys) to increase patients' knowledge about a low sodium diet and achieve target blood pressure control (<140/90 mmHg) among CKD patients. A one-group pretest-posttest design was used. Patients were recruited from a renal clinic that serves large minority communities. The Eat Well and Protect your Kidneys class curriculum included (a) understanding about CKD, and (b) maintaining a low sodium diet to preserve kidney function. All participants were assessed for food insecurity using the Food insecurity Questionnaires (2-items). The participants' knowledge was assessed using the Chronic Kidney Disease Knowledge Questionnaires (10-items). Pre-intervention blood pressure was calculated using two pre-intervention readings (3 months prior to the baseline and the day of the intervention). The post-intervention blood pressure was measured at the 6-8 weeks post baseline. A total of 18 patients participated in the intervention. The majority were African Americans (67%) and Hispanics (27%). A total of 16 patients (89%) had a history of hypertension and were screened positive for food insecurity. Paired t-tests revealed a statistically significant increase in knowledge after the intervention ($p < 0.00$). However, there was no statistically significant differences between pre-and post- blood pressure readings. The educational intervention was effective in improving patient knowledge. However, it is essential to address food insecurity issues to improve adherence to a low sodium diet and achieve target blood pressure among minority CKD patients.

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