

Perceived Barriers to Adherence to Hemodialysis Dietary Recommendations

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Background

- ❖ Hemodialysis diet is a complex regimen
- ❖ Geared to achieve adequate energy (caloric) and protein intake, while minimizing excess fluid, sodium, potassium and phosphorus
- ❖ Hypervolemia associated with excessive sodium intake results in increased need for more intense fluid removal during hemodialysis
- ❖ This fluid removal and subsequent fluid and electrolyte shifts lead to an increased prevalence of hemodialysis related symptoms
- ❖ Despite this fact, non-adherence to dietary recommendations is well documented¹⁻⁴
- ❖ Little data exists, however, to describe barriers to maintaining dietary restrictions in vulnerable US hemodialysis patients
 - ❖ In particular insights into barriers experienced by African Americans are needed

Purpose

Therefore, we sought to explore barriers experienced by North American minority and nonminority hemodialysis patients in a Northeastern metropolitan area when attempting to follow the hemodialysis dietary restrictions.

Methods

We conducted digitally recorded, semi-structured, telephone interviews with 30 hemodialysis patients.

Participants

- ❖ Purposive sample from parent R01 (NR010135)
- Inclusion Criteria:
 - ❖ ≥ 18 years of age
 - ❖ Receiving maintenance hemodialysis for at least 3 months
- Exclusion Criteria:
 - ❖ Inability to read, write or speak English
 - ❖ Plan to move out of the area or change dialysis centers
 - ❖ Terminal illness or life expectancy less than 12 months
 - ❖ Residence with another study participant
 - ❖ Institutionalization or incarceration
 - ❖ Inability to see or use hand-held device and accessories required for parent R01 intervention

Results

Variable	n (%)
Race	
Caucasian	16 (53)
African American	14 (47)
Age	
<65 Years	14 (47)
≥65 Years	16 (53)
Gender	
Male	19 (63)
Female	11 (37)
Marital Status	
Single	20 (67)
Married or Coupled	10 (33)
Income Adequacy	
Income Adequate	12 (40)
Income Inadequate	15 (50)
Other	3 (10)
Education	
High School	20 (67)
> High School	10 (33)
Employment Status	
Employed	5 (17)
Unemployed	25 (83)
History of CVD	18 (60)
Variable	Mean (SD)
Mean Age, Years	63.2 (13.3)
Dialysis Vintage (months)	45.7 (42.7)

- ❖ Interview duration was approximately 20 minutes (mean 13.7, range 8 to 34 minutes)
- ❖ Themes identified by study participants included barriers associated with:
 - ❖ Time and Convenience
 - ❖ Financial Constraints
 - ❖ Experience of Routine Dietary Counseling

“If you don’t eat before you get up and get out, and then you're hungry when you get out, and there really isn't a place where you can get some regular food. You might go to McDonald’s and all that fast food really isn't good for you.”

“We live on SSB [social security benefits], and combined, after we pay utilities and everything, it hurts. We are down to \$200 in the bank, and that ain’t crap to have, you know what I mean?”

“Try to specialize with certain people. I know there are those who are really sickly and need to follow [the hemodialysis diet] to the “t” because they have other systemic problems. But try to tailor it a little more for that person.”

Limitations

- ❖ All hemodialysis centers were in one geographical area
- ❖ Sample predominately male, unemployed, and African American or Caucasian
- ❖ Little variation within or between groups
- ❖ Statements not cross-referenced with actual dietary sodium intake
- ❖ Participants had extensive hemodialysis experience

Conclusions

- ❖ Cost and time limitations were identified by ESRD patients as important barriers to dietary adherence.
- ❖ Participants satisfied with dietary counseling efforts made, but perceived difficulty individualizing recommendations and desired greater customization
- ❖ Results can potentially inform interventions geared to reduce impact of identified barriers

References
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