

FACTORS INFLUENCING THE DECISION MAKING PROCESS FOR ADOLESCENTS AND YOUNG PATIENTS WHEN CHOOSING THEIR MODE OF RENAL REPLACEMENT THERAPY

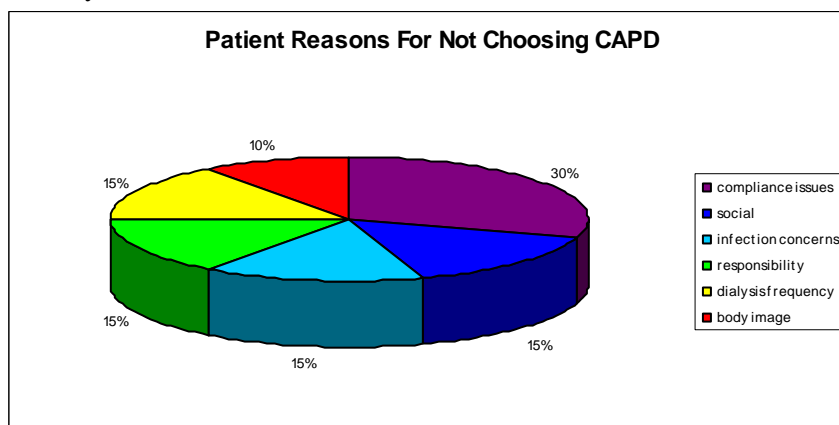
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PROBLEM: The number of patients treated with End Stage Renal Disease is increasing dramatically within the U.K. Projections for hospital – based haemodialysis (HD) indicate an annual growth rate of 6 – 8%¹. We aimed to investigate why young people, who are usually deemed most suitable and fit for Continuous Ambulatory Peritoneal Dialysis, (CAPD) fail to opt for this dialysis modality as an alternative option to hospital based treatments.

PURPOSE: The aim of this study was to identify patients currently receiving HD as their form of renal replacement therapy and to investigate why they chose this form of treatment rather than CAPD. It aims to identify if these reasons could influence our future educations or support for patients to encourage them to opt for CAPD. In turn reducing the need for hospital based treatments preserving their veins should CAPD fail in the future.

DESIGN: Data was collected from patients under 40 years of age currently receiving HD from across the trust, who had received their education from our team. (Some trusts do not offer a choice of treatment). Patients were asked to identify factors which affected their decision which ultimately led to their current modality.

FINDINGS: Forty-one patients were originally identified, less than forty years of age and currently receiving HD. Five of those patients did not receive their education from this trust and two were in the process of transferring over to CAPD. Ten patients had previously had CAPD but developed complications (peritonitis and leaks), and four patients were deemed medically unsuitable.



CONCLUSION: From these results we have concluded that we may need to give patients more education regarding CAPD to reduce fears of infections, which can be treated, and encourage patients to move back onto CAPD once the infection has cleared. Fifteen percent of patients were concerned about the frequency of the treatment and we could therefore look at alternatives such as earlier use of APD. Other patients were concerned about the responsibility of conducting the treatment themselves, but with additional support and information especially when the patient returns home to perform their treatment, they may favour this option more. Ten per cent of patients were concerned about body image, which may justify the use of counsellors, of which we currently have no access to and in general revise our education to promote the positive aspects of CAPD.

¹ Department of Health. National Service Framework for Renal Services – part two: renal failure and end of life care. London: Crown Copyright; 2005