ILLNESS PERCEPTIONS ARE ASSOCIATED WITH ADHERENCE TO FLUID INTAKE IN HAEMODIALYSIS PATIENTS

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OBJECTIVE: To investigate differences in illness perceptions (common sense self regulatory model) between fluid-adherent and fluid non-adherent haemodialysis patients. In addition, we explored the utility of illness perceptions in predicting fluid non-adherence behaviour, after controlling for clinical parameters including residual renal function.

METHODS: Illness representations were assessed (revised illness perception questionnaire IPQ-R) in 100 haemodialysis patients. Clinical parameters were collected and averaged over a 3 month prior to, and including the month of the IPQ-R assessment. Functional status, co-morbidity and demographic information were also collected. Fluid non-adherence was defined using two physiological measures; interdialytic weight gain and dry weight. Patients in the upper tertile of percentage weight gain where defined as non-adherent.

RESULTS: The percentage of weight gained between dialysis sessions, correlated negatively with time-line perceptions and, positively with illness identity. Non-adherent patients had significantly weaker time-line perceptions as compared to the adherent ($p=0.007$). Causal beliefs correlated modestly with functional status. In logistic regression, age, urea and residual renal function were significant predictors of non-adherence. After adding the IPQ-R dimensions in a second regression model, time-line perceptions alone improved the model fit, independently predicting fluid non-adherence (Beta= -0.128, $p=0.032$).

CONCLUSIONS: We have shown differences between fluid adherent and non-adherent patients with regards to time-line perceptions. In addition we have demonstrated the predictive utility of illness perceptions in explaining fluid non-adherence after considering clinical factors.