THE CHRONIC RENAL PATIENT AND THE ADHERENCE TO HEMODIALYSIS TREATMENT

O PACIENTE RENAL CRÔNICO E A ADESÃO AO TRATAMENTO HEMODIALÍTICO

EL PACIENTE RENAL CRÓNICO Y LA ADHESIÓN AL TRATAMIENTO DE HEMODIÁLISIS

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ABSTRACT

Objective: understanding in the perspective of kidney patients the factors that favor adherence to treatment of chronic renal failure. Method: a descriptive, exploratory study with a qualitative approach, performed in a clinic with six hemodialysis patients. The data were generated through interviews and analyzed using Content Analysis in the form of Thematic Analysis. The study had the project approved by the Research Ethics Committee, protocol 062/2006. Results: three issues were raised: support of the multidisciplinary team, family support and commitment. Conclusion: adapting to a new lifestyle generates a series of changes on the routine of these patients because of the needs that chronic renal failure imposes, which may hinder their adherence to treatment. In this sense, the construction of an educational approach should be highlighted as a strategy to stimulate the adhesion of these patients, decreasing the morbidity and mortality during treatment of kidney disease.

RESUMO


RESUMEN

Objetivo: comprender en la perspectiva de los pacientes renales los factores que favorecen la adherencia al tratamiento de la insuficiencia renal crónica. Método: estudio descriptivo, exploratorio, con abordaje cualitativo, realizado en una clínica con seis pacientes en hemodiálisis. Los datos se han generado a través de entrevistas y analizados mediante Análisis de Contenido en forma de Análisis Temático. El estudio tuvo el proyecto aprobado por el Comité de Ética de la Investigación, el protocolo del 062/2006. Resultados: se plantearon tres cuestiones: el apoyo de un equipo multidisciplinario, el apoyo familiar y el compromiso. Conclusión: la adaptación a un nuevo estilo de vida genera una serie de cambios en la rutina de estos pacientes debido a las necesidades que la insuficiencia renal crónica impone, lo que puede dificultar su adherencia al tratamiento. En este sentido, la construcción de un enfoque educativo debe destacarse como una estrategia para estimular la adhesión de estos pacientes, disminuyendo la morbilidad y la mortalidad durante el tratamiento de la enfermedad renal.
INTRODUCTION

The Chronic Renal Failure (CRF) can be defined as the end result of multiple signs and symptoms of kidney failure to maintain internal homeostasis of the organism, occurring irreversible loss of kidney function. Among chronic diseases, chronic renal failure (CRF), stands the striking changes caused by treatment and can be considered a source of stress responsible for the adaptation needs of the individual and the family.1

The technological advances in the area allowed changes in assistance to people with CKD, promoting an increase in their survival and improved quality of life of patients on treatment, but it is known that kidney disease is considered a major health public problem, because it causes high rates of morbidity and mortality.2

Nowadays the CKD has been considered an important public health problem, with a considerable increase in the number of CRF patients in the Brazilian population, these data confirmed by the census of 2011 dialysis of the Brazilian Society of Nephrology, where the number of patients with CKD corresponds to an approximate total of 50.128.3

The chronic disease itself requires that the treatment be permanent, and this perspective ultimately generates situations of great stress to the patient and creates stressors such as changes in personal appearance, changes in lifestyle and decreased physical energy. Thus emerges from these factors, the need for the development of coping strategies to adhere to the new living conditions.4 Studies also indicate that most patients entering treatment in hemodialysis-age, which perpetuates the influence of chronic kidney disease in socio-economic conditions of the country.5

The issue of adherence to the treatment has been studied over the years by health professionals and means how much the patient’s behavior coincides with the prescription of health professionals and the tracking of guidelines related to the adoption of a healthy lifestyle.6

The non-adherence is a common finding in patients with CRF who do hemodialysis.7, 8 Compliance with treatment of patients on hemodialysis is not a simple process. Strategies to encourage membership will meet the need for improvements in the guidance on the disease process and its pharmacological treatment.8 Moreover the non-adherence to treatment may be a causative factor of complications, which can be solved if there is the identification of their causes. Thus, behavior ratings of treatment adherence are necessary for efficient and effective planning.

The objective of this study is to understand, through the perspective of kidney patients, the factors that favor adherence to treatment of chronic renal failure. Such understanding can serve as a subsidy to the multidisciplinary team of professionals in the field of Nephrology act in promoting the health of these patients, proposing strategies to increase their adherence to treatment regimens, raising awareness of the importance of adherence and how this reflects in their life and prognosis of their disease.

METHOD

Article compiled from Labor Course Conclusion << Chronic renal patients on hemodialysis: research about the adherence to medication, dialysis and nutritional treatment >>, presented to the College of Nursing at the State University of Midwest - UNICENTRO. Author: Kelly Holanda Prezotto. Advisor: Isabella Schroeder Abreu.

This is a descriptive, exploratory study, at the light of the qualitative approach, which responds to particular issues, deepening of relations, where the study subjects belong to the same social status, have the same values, beliefs and meanings.9 The study was conducted in CLIRE - Clinic for Kidney Disease Ltd., in Guarapuava - Paraná, with six patients who were on hemodialysis for a period of at least six months, from May to June 2006.

The data were generated through interviews, which were conducted from an instrument containing questions with open-ended questions, which were recorded during hemodialysis sessions and were later transcribed.

The data were analyzed using Content Analysis in method of Thematic Analysis, where notions of issues are linked to an idea about a certain subject, and these show the reference values and models of present behaviors. This type of analysis is based on the discovery of nucleus of meaning those are part of a link whose presence or frequency means something for the proposed analytical objective.10

The study was analyzed and approved under the number 062/2006 by the Ethics Committee and Research of the State University of Midwest - UNICENTRO, in accordance with the Resolution n. 196/96 of the National Health Council (CNS/MS), governing research with human beings; it was also validated by authorization of the clinical direction of CLIRE. All involved became aware
of the purpose of the study and agreed to participate by signing the informed consent form (ICF), having preserved their identity.

RESULTS

◆ Socio-demographic variables

In the study group (n = 6), 50% of the subjects were male; some studies show that for chronic diseases and, specifically, kidney, males are more in number,5,11 which is justified because the man considered to be less vulnerable, which leads to less care of their health, exposing themselves to more risk situations,12 but in this study males accounted for half of the sample.

Regarding age, the mean age was approximately 54 years old, being 83.33% (n = 5) older than 50, as also found in epidemiological studies on the profile of CRF patients on hemodialysis at both national5 as at local levels,13,14 where the prevalent age group of patients were older than 50, which shows that chronic degenerative diseases affect more often with older individuals, thereby increasing their effect.14

Regarding the marital status, 66.66% (n = 4) were married, ie, had a partner, which can operate between other members of the family the caregiver role, crucial from the start of the treatment, given that the patient can often be limited to develop their activities autonomously due to illness and its treatment.15

In education variable, 83.33% (n = 5) patients had incomplete primary education, this finding was also found corresponding in other studies15,16 which may be an impediment as regards the comprehension and understanding guidelines and information passed on by these professionals to patients about their disease and its treatment.

In terms of origin, 66.66% (n = 4) lived in Guarapuava, municipality where the hemodialysis clinic is located, which facilitates access and shift the patient to the clinic performing the treatment.

DISCUSSION

Regarding the qualitative variables of the study, some factors that positively influence the process of patient adherence to treatment of renal disease were raised and discussed below:

◆ Support of the multidisciplinary team

The health team can play a key role in addressing the patient and his family when inserted into a chronic disease process. Specifically, the IRC imposes on people a number of changes and new perspectives on life, driving them to adopt a different way of life, including addiction treatment and constant help from others as demonstrated from the following statements: "I do hemodialysis three times a week ... I was missing before ... one day the doctor said I had to come ... I explained why I could not fail ... "(A); "When I'm not well talk to the nurses ... they help me ... "(B)

The reliance by the patient in the multidisciplinary team is a major factor in the question of adherence to treatment, leaving the patient more comfortable for dialogue with the team, exposing their doubts, fears and ideas, thus facilitating the construction of the link between the patient and team.2

Studies show that when patients show satisfaction with the care provided to them, they cooperate more with the treatment, the absenteeism index decreases and adherence to drug therapy is better.8,17

Worth noting also the importance of posture and language adopted by professionals during the implementation of guidance to patients, which may be misunderstood by patients when conducted technically, this factor that can contribute to non-adherence of patients to treatment.

The support of the multidisciplinary team is essential for the individual and their loved ones that might best respond and assimilate the experience of chronic illness and treatment.4

◆ Family Support

The role of the family as part of the chronic renal patient support network is critical, exerting a protective role and socialization of its members, as well as serving as support in coping with the difficulties resulting from chronic illness and its treatment. "My family supports me ... they want me as well ... they know they help me even ... Recommend me not taking liquid ... "(C)

In addition to the commitment from the patient regarding its treatment, the accession process should also involve their families or caregivers, considering they are directly involved in the treatment.2,4

The family is central to society and it provides the ingredients to determine the quality of life for its members at all ages.8,15

It is important to highlight the participation, and especially the involvement of the family in providing care to patients on hemodialysis, mainly from the implementation of health education activities, and when family members are active in the process,
The chronic renal patient and the adherence... giving constant support, the pain of chronic renal patient is then shared with all.\textsuperscript{18}

The public health policies should turn to guidelines that may guide the care of the person with chronic illness and their families, as an increasing number of families living with chronic disease, which causes loss, dysfunction, and an ultimate change in family life.\textsuperscript{19}

\textbf{Commitment}

Compromised patients are those who are aware that they are responsible for the improvement of their prognosis, where the level of assimilation to adhesion is always depending on the value that the individual attaches to himself and his life, the way the people of his family and social network perceive the condition and the support they offer on their trajectory.\textsuperscript{5,19} This commitment is demonstrated in the speech: "I take the medication rightly... I follow the diet that the nutritionist passes and not miss dialysis sessions ..." (D)

With the passage of time the individual begins to have greater knowledge about its disease, its treatment, the use of specific drugs with greater ease and understands the information provided by health professionals.\textsuperscript{4}

Independent of the medical level in long-term management of chronic disease and their disabilities, the goal of most individuals is to seek a better quality of life adapting to existing conditions.\textsuperscript{4,18-9} The question of commitment can also be related to factors such as age, education level and acceptance of the disease.

Adults or elderly patients may show greater adherence to treatment, compared to teenagers or younger, which is justified by the issue of maturity and greater responsibility towards itself and treatment. Elderly patients may become more dependent on their relatives in relation to care, so changes in relation to their responsibilities and exercised by each family member roles, thus generating feelings of guilt or inadequacy.\textsuperscript{20}

Regarding the educational level, some studies show that when the level of education is low, there are more chances of noncompliance and the low educational factor impairs learning of these patients due to lack of cognitive, foundational skills for understanding the guidelines specific about treatment.\textsuperscript{4,8,16}

Studies show, still, that a committed individual with its treatment is the one who first accepts the disease itself, which is characterized by the way this patient faces the most diverse situations encountered and how they leave impact on these situations in its daily life, this will depend on individual circumstances, the patient's self-esteem, support networks, among others, which will favor them dealing with different situations, reacting and adapting to the disease and the changes imposed by it.\textsuperscript{4,15,18}

It is important to highlight that the role of nursing staff through the nursing consultation is essential in the identification of vulnerable users in relation to adherence to treatment and consequently the renal complications of chronic disease. Studies like this equips the professional development of actions for care of health education as important for the individual in pursuit of integral care.\textsuperscript{21}

\textbf{CONCLUSION}

The present study provided moments of reflection, from the experience of each patient regarding the treatment they undergo and on some factors considered important in their adherence to treatment of CRF.

The adaptation to a new lifestyle generates a series of changes in the routine of these patients, because of the needs that the IRC require it, such as changing eating habits and fluid intake, strict medical treatment, beyond the need for weekly performance of dialysis sessions, the guidance and support of the multidisciplinary team to these patients in order to facilitate the understanding of their disease; seek to overcome differences and changes in their lifestyle is fundamental.

The construction of educational approach should be evidenced as a strategy to stimulate the adherence of these patients, decreasing the morbidity and mortality during treatment kidney disease. Perceive and value the chronic renal patient means trying to understand their needs, their motivations, and this fact will provide its cooperation with the team, valuing their own life, assuming their responsibilities, adhering to treatment and complying with their obligations.

\textbf{REFERENCES}


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