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# P185 -Cultural acceptance of Type 2 Diabetes and Hypertension within Black, Asian and Minority Ethnic groups may hinder the awareness of chronic kidney disease in some UK communities – an opportunity to increase engagement.

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BACKGROUND: The UK renal registry shows patients from Black, Asian and Minority Ethnic (BAME) groups have a significantly higher incidence of chronic kidney disease (CKD), requiring renal replacement therapy (RRT) more often than Caucasian populations. Although BAME groups have a higher rate of type 2 diabetes (T2DM) and hypertension (HBP), to date there is no definitive epidemiological link between existing co-morbidities and the higher rate of RRT.

Over the next decade the BAME population is expected to increase in the UK, therefore it is vital to explore and understand any modifiable factors that may explain the higher rate of RRT in certain ethnic groups.

METHOD: We carried out 3 focus-groups within the local BAME community as part of the patient and public involvement arm for a database study examining the impact of Ethnicity on the development of CKD. 20 African-Caribbean (n=5) and South-Asian (n=15) BAME people took part in semi-structured focus groups in local community centres. The interviews explored the participants' knowledge of kidney disease, diabetes, high blood pressure, the impact of these conditions to health, experience and engagement with clinical services and recommendations for improving awareness of CKD.

The focus groups were audio- recorded, transcribed verbatim and analysed thematically using principles of grounded theory. All participants gave informed written consent to take part in the study.

RESULTS: Three major themes were identified. Both African-Caribbean and South-Asian participants were knowledgeable about the impact of kidney disease to health; the seriousness of CKD including hospitalisation and treatment (dialysis, transplant) and the consequences of reduced life expectancy and death.

Both groups perceived HBP and T2DM and medication usages as normalised and an inevitable part of their health. Being aware of the high prevalence of diabetes in their BAME community and amongst family seemed to lead participants to normalise and downplay the seriousness of the condition. Participants also perceived their General Practitioners as being unable to improve knowledge for BAME people about CKD, HBP and T2DM and the relationship between them.

DISCUSSION: The results of the analysis suggests that although awareness of RRT is high amongst the participants, few understood the link between kidney disease and hypertension/diabetes. There appeared to be a cultural acceptance and normalisation of diabetes and hypertension amongst the participants that suggested many did not perceive these two risk factors as major health care problems.

Additionally, many of the participants did not feel primary care practices were a good source of health care information. This was partly down to time pressures at GP surgeries, but also some cultural barriers, and

suggests future interventions to improve patient engagement in this area should explore non-health care community based venues/settings.

CONCLUSION: Our findings suggests there is opportunity to sign-post BAME communities to improve the knowledge link between hypertension/diabetes which are often regarded as a ‘normal’ part of life, and preserving kidney function. However, any interventions deployed need to reflect how local BAME communities’ best engage with health care, and understand local cultural barriers in order to maximise impact.