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P244 -The role of illness perceptions in designing psychological interventions for haemodialysis (HD) patients from South Asian backgrounds

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Background: Patients from South Asian backgrounds (Indian, Pakistani, Bangladeshi) comprise a significant proportion of renal service users in the UK. Members of Black and Asian Minority Ethnic (BAME) groups are under-represented in research, an obstacle which we have sought to overcome in an ongoing programme of work funded by the BRS/ BKPA and NIHR. We have successfully provided South Asian patients with culturally tailored opportunities to participate in studies specifically in relation to screening and diagnosis of depression when being treated by haemodialysis (HD). Whilst patient engagement in depression screening has been favourable, there is reluctance to engage in treatment for low mood stemming from familial and cultural barriers.

Objective: In the current study, we sought to explore whether illness perceptions- the organized beliefs that patients hold about their condition- provide a more suitable basis from which to engage South Asian patients with interventions for mood. Illness perceptions have been associated with depression on HD and importantly, are amenable to change.

Method: HD patients from Indian Gujarati speaking and Pakistani Urdu speaking backgrounds were recruited from across 4 NHS Trusts. Patients were invited to take part in focus groups facilitated by bilingual project workers. The focus groups were designed to unearth patient beliefs around the five dimensions of the illness perceptions framework; illness identity, cause, timeline, consequences and cure/control. Focus groups were transcribed verbatim, forward translated and quality checked prior to thematic analysis.

Results: Six focus groups were held involving a total of 19 patients. Seven carers also attended. The majority of patients were Gujarati speaking (95%) and male (68%). Patients had a range of beliefs about both their illness and treatment, with cultural factors having a larger impact on consequences and the cure/control domains of the framework. Additional questioning revealed that whilst there were individual differences in preferences for support for low mood, the majority of patients felt that the group discussion structure was a highly positive experience.

Conclusion: We have demonstrated consistency in the illness and some treatment beliefs of HD patients from South Asian backgrounds as compared to those reported in studies involving the white majority. Additionally, there is evidence that psycho-social interventions based around illness perceptions may be more attractive to some patients although there are quite individualized preferences, often based on language proficiency.