

Occupational therapy needs in a new starter haemodialysis population

Lisa Ancliffe¹

¹*Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom*

It is recommended to have integrated and co-ordinated care across the renal pathway to meet the increasing complexities of patients, and renal patients have been shown to have amongst the highest levels of complexity.^{1 2} The DOPPS study highlights that haemodialysis (HD) patients have higher levels of functional dependence compared to the general population especially in the younger age range, they advocate for more of an emphasis on symptom management alongside traditional dose-related dialysis care to improve patient outcomes and reduce withdrawal from treatment.³ Occupational Therapists (OTs) are dual trained across both physical and mental health so can consider the entirety of an individual's needs by assessing and providing interventions across physical, cognitive, environmental and societal barriers. Interventions can include activity analysis and modification, energy conservation, environmental adaptation, teaching coping strategies and behaviour changes.⁴

Fatigue is reported to affect between 60-97% of HD patients but does have a tendency to be underreported, overlooked or be seen as an unavoidable side effect of treatment; it can restrict a person's ability to complete daily occupations, affect personal and medical relationships and impact on attendance/compliance with appointments and treatments.⁵

Historically in this Trust OT would only see patients referred as inpatients on the wards, on the acute dialysis unit and more recently referred via the kidney clinic. In response to the introduction of a pilot new starter unit for all new HD patients, OT established a pathway which aimed to proactively screen all patients for OT intervention and symptom education.

48 patients were screened over a six month period which included completing a comprehensive OT initial interview and the EQ-5D-5L.⁶ Five patients were missed due to low staffing levels. 17 symptom concerns in total were identified, patients tended to report multiple symptom burden with fatigue (74%) and sleep (36%) being highlighted as common symptoms impacting on daily occupations. On average patients scored their overall health as 61/100 on the EQ-5D-5L. OT interventions included symptom management education, equipment provision and onward referrals. 11% required associated follow-up assessment at home.

By establishing a new way of working and seeing patients earlier in the pathway OT has been able to address previously unrecognised and unmet occupational needs in the HD population. Outcomes have shown the importance of having OT as an integral part of the renal specific MDT to ensure patients received holistic and comprehensive assessments as they transition to HD. Future work and development should continue to optimise the service provision to manage the symptom burden on dialysis patients and reduce the impact on daily activities and quality of life. The service would benefit from tailored self-management patient information for sleep and fatigue to normalise the experience of these common symptoms and support self-efficacy. OT is well placed to be able to develop these resources and play a pivotal role within renal services to raise the profile for symptom management to be an integral part of HD treatment and optimise patient's engagement in meaningful occupations for quality of life.