

Awareness and perceptions of home therapies amongst in-centre haemodialysis population.

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Background:

Home dialysis is associated with improved patients' experience and outcomes compared to in-centre conventional haemodialysis (HD). However, home therapies, which are peritoneal dialysis (PD) and home haemodialysis, remain under-utilised with wide variation of uptake across renal centres in the UK. Studies regarding barriers to home therapies uptake amongst in-centre HD population are limited.

Objectives:

To examine the awareness and explore the perceptions of home therapies amongst in-centre HD patients in a single renal unit.

Methods:

We conducted a cross-sectional survey of patients receiving in-centre HD in a single renal unit in the UK in 2019. Data was collected using a paper questionnaire consisted of nine questions. Free text area on the questionnaire was provided to explore concerns about home therapies.

Results:

Of the 380 patients receiving in-centre haemodialysis, 94 (male: 50; female: 44) completed the questionnaire. The mean age was 69 (SD: 14) year-old. Most patients (98%) reported to be aware of home therapies, predominantly home HD (96%) compared to PD (82%). They recalled being made aware of the options of home therapies by dialysis nurses (48%), doctors (47%), chronic kidney disease nurses (29%), other patients (9%) or relatives or friends (5%). Overall, 36% patients had previously considered home therapies whilst a further 6% had previously been on home therapies. Better flexibility and freedom (59%), improve quality of life (21%), improve energy level (18%), better blood pressure control (15%), reduce medication burden (15%), improve sleep quality (15%), reduce recovery time (13%) and improve survival (12%) were perceived as the benefits of home therapies by some of the patients. Conversely, 7% did not believe home therapies as having added beneficial. With regard to barriers to home therapies, five themes emerged from the qualitative data, namely (1) environmental constraints, concerning limited space or young children at home, or lack of social or medical support in the community; (2) negative emotions of loneliness, being overwhelmed, lack of confidence or not wanting to be a burden to family members; (3) physical limitations, due to old age, poor mobility or low blood pressure; (4) inability to perform home therapies, with regard to self-needling or commitment to higher dialysis frequency associated with home haemodialysis and (5) complications of home therapies, concerning infections, raised blood glucose or weight gain.

Discussion:

Majority of the patients receiving in-centre haemodialysis were aware of the options of dialysing at home. However, a significant number of the patients surveyed were not fully aware of the benefits of home therapies. In addition, this study also highlighted the social, emotional and physical barriers perceived by the patients to home therapies. Such issues identified by this study will help to tailor patients' education

provided by the healthcare professionals and aim to empower patients to consider home therapies as viable options of treatment.