

EDUCATION FOR THE DIETARY REGIMEN AND USE OF PHOSPHATE BINDERS

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INTRODUCTION

Dialysis patients often have high levels of phosphorus, and therefore, focus has been placed on providing consistent dietary regimen education. The long-term increase in the levels of phosphorus in the blood can result in damage to the bones, blood vessels and other organs. Besides dialysis, the patient's adherence to dietary measures and proper use of phosphate binders is necessary to ensure successful treatment. Adherence is not just the extent to which the patient's behaviour is consistent with the advice provided by healthcare professionals, but also their awareness and active attitude in sharing decisions related to treatment. Sufficient adherence has a clear beneficial effect on treatment outcomes. Patients with a higher adherence to treatment are better able to adapt to chronic illness.

Each patient should be approached individually and the proper education technique should be chosen.

OBJECTIVE

Our aim is to achieve optimal phosphorus levels and the maximum adherence of the patient to the defined dietary measures as well as the proper use of phosphate binders. Another objective is to give patients the maximum amount of information about the disease, the principle of treatment, dietary restrictions and possible complications, all this in a form that is easy to understand for patients.

METHODS

Patients are repeatedly educated by a primary nurse, a nutrition coordinator and a physician. However, phosphorus values have been unsatisfactory in some patients over a long period, resulting in an increased risk of complications.

We have set educational goals where the client understands the information provided about their illness, treatment principle, dietary constraints, and complications. The client understands the need to maintain dietary restrictions and proper use of phosphate binders, which has been the focus of our efforts.

WE HAVE USED THE FOLLOWING FORMS OF EDUCATION:

- Verbal education of patients by the primary nurse within the "90 days"
- Verbal education by the nutrition coordinator
- Handing out printed educational materials and links to web pages
- Questionnaire focused on the appropriate nutrition of dialysis patients and the appropriate use of phosphate binders
- Crossword puzzle focused on the dietary regimen
- Group quiz

CROSSWORD:

1. Carp, zander, pike...
2. Exotic fruits with a high potassium content
3. A dairy product, which I am only allowed in limited quantities
4. Medicines that I always have to take with food
5. Part of an egg with a high phosphorus content
6. Heat-treated foods, high in phosphorus

1.	R	Y	B	Y (FISH)			
2.			B	A	N	Á	N (BANANA)
3.	S	Ý	R (CHEESE)				
4.		V	A	Z	A	Č (BINDER)	
5.	Ž	L	O	U	T	E	K (YOLK)
6.	U	Z	E	N	I	N	Y (SAUSAGES)

QUESTIONNAIRE – EDUCATION ON DIETARY REGIMEN

Name:

Age:

- up to 30 years old 56–65 years old
 31–45 years old 66–75 years old
 46–55 years old 76 years old and over

Do you know the name of your phosphate binder?

- a) Yes
b) No

Which of the following food should I not eat/drink at home?

- a) Processed cheese
b) Cream cheese
c) Coca-Cola
d) Fruit muesli

Do you know why you are using phosphate binders?

- a) To improve my appetite
b) To avoid weight gain
c) To reduce the level of phosphorus in the blood

How do I take phosphate binders?

- a) With every inappropriate meal
b) 3 times per day with other medicines
c) Not at all
d) When I remember

Which of these substances does not threaten my health?

- a) Phosphorus
b) Potassium
c) Vitamin C

When do I take the binders?

- a) Before a meal
b) After a meal
c) During a meal

Which of these foods should I not eat at home?

- a) Nothing
b) Banana
c) Apricot dumplings
d) Apricot marmalade

I was educated about the dietary measures at the centre by:

- a) Primary nurse, I know which one
b) Doctor
c) Nutrition Coordinator, I know which one

RESULTS

Most patients were willing to cooperate and complete the questionnaires and crossword puzzles. Initially, a questionnaire was distributed to patients regarding food suitable for dialysis patients. At least one error occurred in 90% of these questionnaires. After additional training through the use of crossword puzzles and group quizzes, the patients were once again given the questionnaires. After this, errors occurred only at a rate of 25%.

CONCLUSION

The education of patients using a more entertaining form has proven successful. The used methods not only educated, but also entertained the patients during haemodialysis. The patients demonstrated interest and increased effort in the group quiz. They even suggested extending the quiz to other areas of education. In upcoming years, we plan to monitor phosphate levels following educational sessions in an entertaining form.

PRACTICAL RECOMMENDATIONS:

Our recommendation is to attract the patients by means of an entertaining form of education. Find the time and space for this type of education.