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ACKNOWLEDGEMENTS – SPONSORS

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FOREWORD

Dear Colleagues,

On behalf of the EDTNA/ERCA Scientific Board I am honoured to welcome you all to the 51st EDTNA/ERCA International Conference Vilnius, Lithuania, and to present to you with the Conference Abstract Book.

The conference theme this year is “Kidney Care in a challenging world – economic & sustainable implications”. Along these lines we have developed a Scientific Programme, offering a significant and valuable contribution to renal care, focusing on best research and innovations in practice. But still without overlooking the nursing core values and also the values of other healthcare professionals.

The Scientific Programme has 32 sessions in total, 1 plenary session, 3 Corporate Education Sessions, lunch symposium, the DOPPS Clinical Symposium, 1 Joint Session with other association (EDTNA/ERCA & EKHA), Lithuanian Renal Nurse Seminar, the Greek Symposium with distinguished Guest Speakers from Greece, 5 E-poster sessions, 7 workshops that cover topics like Peritoneal Dialysis, Ultrasound for Vascular access, Mental Health in CKD, and Nutrition Support in CKD. The programme schedules also a Lunchtime Discussion on Co-developing peritoneal dialysis nursing sensitive indicators and a special seminar to learn more about the EDTNA/ERCA Accreditation of Renal Education Programmes.

The international Council of Nurses has agreed accreditation of the Conference and awarded the 51th EDTNA/ERCA Conference Scientific Programme with 17,25 credits. The Abstract Book lists the abstracts of authors and guest speakers, presented in session order as they appear in the final Scientific Programme. The book can be used to keep in touch with presenters and Association members.

I take this opportunity to thank all presenting authors and EDTNA/ERCA Volunteers. Their effort, time and enthusiasm made this Conference a success. Our gratitude goes also to Industry partners for supporting education sessions, workshops and the exhibition. I would like to thank the Conference Department for their professional collaboration and my colleagues of the Executive Committee and the Scientific Board. Conferences such as this provide a precious opportunity for research scientists, industry specialists and decision-makers to share experiences and update their expertise.

Sincerely,

Ilaria de Barbieri, RN, PhD
EDTNA/ERCA Scientific Board Chair
ilaria.debarbieri@edtnaerca.org
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### COMMITTEES

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Sabine Nipshagen
Danijel Pripeljaš
SCIENTIFIC PROGRAMME HIGHLIGHTS

PLENARY SESSION

Managing renal support in times of peace and war
Anastasia Liossatou (Greece)

Principles of Nursing in Kidney Care – A joint project between EDTNA/ERCA & ESNO, endorsed by the European Kidney Patient’s Federation (EKPF)
Afra Masià Plana (Spain)

Nurses’s knowledge on the management of patients with CKD associated Pruritus receiving haemodialysis – Some final survey results – A joint project between EDTNA/ERCA & CSL Vifor
Anastasia Liossatou (Greece)

Diet and Nutrition in Adults with Chronic Kidney Disease
Anna Kalliopi Poulia (Greece)

OPENING CEREMONY

Alleviating suffering: Humanity in Kidney Care
GS: prof. Helen Noble (United Kingdom)

Addressing Health Inequalities in partnership: Kidney Research UK’s outreach work with patients and communities “at risk”: solutions focused
GS: Mrs. Neerja Jain (United Kingdom)

Lunchtime discussion
BAXTER Lunch Symposium: What is quality in PD nursing? Co-developing peritoneal dialysis nursing sensitive indicators
Jeanette Finderup ((The Netherlands), Jessica Baillie (United Kingdom), Cornelia Mikut (Germany)

EDTNA/ERCA Accreditation of Renal Education Programs – come learn more!
Theodora Kafkia (Greece)

Green Excellence in Dialysis
Challenge accepted! Moving with green dialysis toward a more sustainable future
GS: Sarah Deichmann (Germany)

Vascular Access 1
Vascular Access – how it affects the patient’s life
GS: Dr. Sondra Kybartienė-Maciulaitė (Lithuania)
Ethical, Psychological & Social Impact of CKD

Psychological Care – learning from the past, preparing for the future
GS: Mike Kelly, (United Kingdom)
DOPPS Clinical Symposium Program
DOPSS session: Latest findings on dialysis practice and outcomes

Introduction
Roberto Pecoits-Filho, MD, PhD, FACP, FASN (DOPPS Program Scientific Director)

**Patient-reported outcomes** (pruritus, PD drain pain, UK cognition study)
Rona Grieve (EDTNA/ERCA DOPPS CRA UK)

**PDOPPS – latest findings**
Michel Roden (EDTNA/ERCA DOPPS CRA Belgium)

Transfusions and anemia management in HD
Marisa Pegoraro (EDTNA/ERCA DOPPS CRA Italy)

CKD to ESKD transitions
Anna Marti Monros (EDTNA/ERCA DOPPS PM)

Greek symposium: Anemia in CKD
Kyriaki Stamatelou (Greece)
Georgios Provataris (Greece)

WORKSHOPS

**Workshop**
Diabetic foot assessment and Nutrition (a multidisciplinary workshop for nurses and dieticians)
Chrysanthis Avrami (Greece) & Liana Poulia (Greece)

**Workshop**
Nurses perceptions of the management of a Peritoneal Dialysis Unit and the importance of patient views in relation to their care planning
Sotiroula Gliki (Cyprus) & Maria Arminda Tavares (Portugal)

**Workshop**
Ultrasound guided cannulation of vascular access for haemodialysis 1 & 2
Ruben Iglesias (Spain)

**Workshop**
Addressing Health Inequalities: Getting peer education/support and engagement with “poorly served” patients / communities
Neerja Jain (United Kingdom)

**Workshop**
Developing and establishing the role of nurse practitioner in CKD care: experience and challenges
Mrs. Noeleen Berkhout-Byrne (The Netherlands)

**Workshop**
Nurse/Patient Communication – A helping hand or a deaf ear?
Mike Kelly (United Kingdom)
CORPORATE EDUCATION SESSION

Fresenius Corporate Education Session: The Art of Resilience
Why resilience, and why now?
Suzanne Mitrovich (Fresenius Medical Care Deutschland GmbH)

A journey of resilience
Gorana Radaković (Fresenius Medical Care Bosnia and Herzegovina)

The power of the team
Joao Fazendeiro-Matos, NephroCare Portugal S.A. (Fresenius Medical Care Portugal)

Mission: Resilience
Rabia Papila (Fresenius Medical Care Türkiye)

Building skills to thrive
Sabina Frumen Pivk (Fresenius Medical Care Slovenija d.o.o)

Embracing resilience
Marjelka Trkulja (Fresenius Medical Care Deutschland GmbH)

CSL Vifor Educational Symposium: CKD-associated Pruritus Management: A Patient-Centered approach for patients on haemodialysis
Insights into burden, prevalence and challenges in identifying CKD – associated Pruritus
Dr.med. Sebastian Koball (Germany)

CKD – associated Pruritus: Why the role of the nurse is pivotal to establish symptom-based care in nephrology
Ass.Prof. Jeanette Finderup (Denmark)
SCIENTIFIC PROGRAMME

Saturday, October 14, 2023

16:00–17:00 ALFA hall  Plenary Session
17:15–19:15 ALFA hall  Opening Ceremony

Sunday, October 15, 2023

09:00–10:30 ALFA hall  Fresenius Corporate Education Session: The Art of Resilience
09:00–10:30 BETA hall  Symptom management 1
09:00–10:30 LAMBDA hall  Education of people with kidney disease
09:00–10:30 EPSILON hall  Workshop: Diabetic foot assessment and Nutrition
09:00–10:30 ZETA hall  National Lithuanian Renal Nurse Seminar
11:00–12:30 ALFA hall  CSL Vifor Educational Symposium: CKD-associated Pruritus Management
11:00–12:30 BETA hall  Experience of People with Kidney Disease
11:00–12:30 LAMBDA hall  Green Excellence in Dialysis
11:00–12:30 EPSILON hall  Workshop: Nurses perceptions of the management of a Peritoneal Dialysis Unit and the importance of patient views in relation to their care planning
11:00–12:30 ZETA hall  National Lithuanian Renal Nurse Seminar
14:00–15:30 ALFA hall  Haemodialysis 1
14:00–15:30 BETA hall  Risk Management & Quality Improvement
14:00–15:30 LAMBDA hall  CKD – Prevention & Delay
14:00–15:30 EPSILON hall  Workshop: Ultrasound guided cannulation of vascular access for haemodialysis 1
14:00–15:30 ZETA hall  National Lithuanian Renal Nurse Seminar
16:00–17:00 ALFA hall  End of life & Conservative Care
16:00–17:00 BETA hall  Informal caregivers
16:00–17:00 GAMMA hall  E-poster session
17:15–18:45 ALFA hall  Annual General Meeting
### Monday, October 16, 2023

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<td>ALFA</td>
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<td>Optimising healthcare through improved health literacy</td>
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<td>09:00–10:30</td>
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<td>EPSILON</td>
<td>Workshop: Developing and establishing the role of nurse practitioner in CKD care: experience and challenges</td>
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### Tuesday, October 17, 2023

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<td>Leadership for Renal healthcare Professionals</td>
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<td>10:45-12:00</td>
<td>ALFA</td>
<td>Ethical, Psychological &amp; Social Impact of CKD</td>
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<td>12:15-13:15</td>
<td>ALFA</td>
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Symptom Management 1

4

The Compassionate Mindful Resilience (CMR) programme for people with kidney disease

Anna Wilson1, Clare McKeaveney1, Claire Carswell1,2, Karen Atkinson1, Stephanie Burton1, Clare McVeigh1, Lisa Graham-Wisener1, Erika Jääskeläinen4, William Johnston5, Daniel O’Rourke6, Joanne Reid1, Sohem Rej7, Ian Walsh1,8,9, Michael McArdle1, Helen Noble1

1 Queen’s University, Belfast, United Kingdom; 2University of York, York, United Kingdom; 3MindfulnessUK, Tauton, United Kingdom; 4University of Oulu, Oulu, Finland; 5Patient Representative, Belfast, United Kingdom; 6Patient Representative, Bristol, United Kingdom; 7McGill University, Montreal, Canada; 8Knightsbridge Healthcare Group, Belfast, United Kingdom; 9Institute of Psychosexual Medicine, London, United Kingdom

Background
The aim of this study is to support a new service development project with Kidney Care UK (KCUK) by implementing the Compassionate Mindful Resilience (CMR) programme, developed by MindfulnessUK, and explore its effectiveness for patients who have chronic kidney disease in Stages 4 and 5 and who have received transplants.

Presently access to psychological and emotional support is not well provided or funded and KCUK was keen to explore the feasibility of delivering mental health support via virtual means as a cost-effective way to significantly reach and support more patients with mental health needs.

Objectives
1. To implement the Compassionate Mindful Resilience (CMR) programme with an interdisciplinary Advisory Group including representatives from Mindfulness UK and KCUK for use with people with kidney disease.
2. To measure the effect of the CMR on anxiety, depression, self-compassion, mindfulness, well-being, and resilience using pre and post-tests.
3. To explore factors influencing the acceptability and suitability of the intervention with patients (and the mindfulness teacher) and their commitment to practice.
4. To develop strategies for sustainability of the programme once the study is completed via a Partnership Board including representatives from KCUK, Mindfulness UK and Queen’s University Belfast.

References
A quasi-experimental, pre-test/post-test design was used alongside a qualitative exploration of acceptability.

Results
Data collection and analysis is ongoing. 75 participants were recruited to the study, 65 completed the 4-session CMR programme and 61 participants completed pre and post-test questionnaires. Data collection of 3-month post-tests is ongoing. 19 participants and the Mindfulness Teacher took part in qualitative interviews, guided by the RE-AIM QuEST framework of evaluation.

Conclusion/Application to practice
A full research-led evaluation of the CMR programme will provide additional psychological support for patients, and assess whether this programme can be sustainably maintained within KCUK’s patient support services with the potential for a future randomised control trial.

References

Abstract Country
United Kingdom

Disclosure of Interest
No
Effect of Yoga on Hemodialysis Patients’ Fatigue, Comfort, and Functional Status: Randomized Controlled Study

Safiye Yanmış¹, Mukadder Mollaoğlu²
¹Erzincan Binali Yıldırım University, Erzincan, Turkey; ²Sivas Cumhuriyet University, Sivas, Turkey

Background

Yoga is a beneficial and safe complementary treatment method for hemodialysis patients. Thanks to yoga, the patients’ quality of life can be able to increase by enabled them to cope with the symptoms they experienced.

Objectives

This study aimed to determine the effect of yoga practice on fatigue, comfort, and functional status in individuals receiving hemodialysis treatment.

References

This randomized controlled study included 67 hemodialysis patients. Data were collected using the Patient Information Form, the Piper Fatigue Scale (PFS), the Hemodialysis Comfort Scale (HCS), and the Functional Performance Inventory (FPI).

Results

Before the intervention of yoga, the patients’ mean scores from the PFS, the HCS, and the FPI were similar (p>0.05). After yoga, the mean scores of the intervention group for the PFS significantly decreased, while the mean scores of this group for the HCS and the FPI significantly increased (p<0.05).

Conclusion/Application to practice

In line with these results, it was concluded that it is beneficial for nurses to utilize yoga practices in the treatment of patients receiving hemodialysis.

References


Abstract Country

Turkey

Disclosure of Interest

No
Use of PROMIS-Fatigue v.1 in individuals on dialysis
Bincy joshwa
Wayne State University, Detroit, USA

Background
PROMIS measures have been developed by the National Institute of Health for assessment of various patient reported outcomes. There is a scarcity of studies that have utilized PROMIS-Fatigue in individuals on dialysis. In our current study, we used the computer adaptive version of PROMIS-Fatigue v.1 questionnaire (PROMIS CAT).

Objectives
The purpose of this paper is to summarize the findings obtained from PROMIS-Fatigue v.1 in individuals on dialysis.

References
A descriptive, correlational design was employed. Pre-dialysis, cognitively intact adults on HD participants completed PROMIS-Fatigue v.1. This study used REDCap software to administer PROMIS CAT fatigue.

Results
The sample consisted of 86 participants, 24-89 years old, 58.1% males, and 48.8% African Americans. Based on PROMIS Fatigue v.1, 80% individuals said that they had experienced fatigue ‘sometimes’ to ‘always’ in the past 7 days. The mean PROMIS fatigue score in the current study was significantly higher than the average US population (M =50, SD=10) (t = 5.96(85), p < .001).

Conclusion/Application to practice
This study demonstrates that PROMIS fatigue is a feasible, low cost measure that can be used clinically for fatigue assessment in individuals on dialysis. More studies are needed that can establish the psychometric properties of these measures in individuals on dialysis.

References

Abstract Country
USA

Disclosure of Interest
No
Person centred care Haemodialysis
Resilience level of Chronic Kidney Disease’s person in a Regular Hemodialysis Program

Marta Meneses1,2, Carminda Morais1,3, Joaquim Pinheiro4,6, Manuela Fonseca1, Joao Fazendeiro Matos5, Ricardo Peralta6

1NephroCare Fafe, Fresenius Medical Care, Fafe, Portugal; 2School of Health, Polytechnic Institute of Viana do Castelo, Viana do Castelo, Portugal; 3Center for Studies and Research in Health, University of Coimbra, Coimbra, Portugal; 4Health Science Institute, Portuguese Catholic University, Porto, Portugal; 5NephroCare Portugal, Fresenius Medical Care, Porto, Portugal

Background

The diagnosis of Chronic Kidney Disease (CKD) is a difficult life transition since it requires significant changes in everyday life. In the case of these people they have to adapt to a new reality, which sometimes leads to changing roles inside their families/society, causing greater stress.

Some people go through these and are able to overcome and get stronger, while others cannot. Resilience is what sets the way people deal with the same problems.

Objectives

To evaluate the level of resilience of people with CKD in HD and to identify their associations with sociodemographic and clinical profile.

References

An observational, exploratory, cross-sectional and correlational descriptive study was conducted in a haemodialysis unit in the north of Portugal. The assessment instrument used was the Resilience Scale, which scores extent between 25 and 175, with no cut-off points. For sociodemographic data, a questionnaire was constructed and the clinical data consulted through the clinical process.

Results

The mean age of the 51 participants was 64.10 (SD ± 12.59) years, with 37 (72.5%) male and 34 (66.66%) married.

From the analysis of the results, an average level of resilience of 147.80 (SD ± 14.71) was verified, with males presenting a better score, as well as the married group.

Conclusion/Application to practice

The results obtained are in line with the literature, being evident that there is a tendency towards resilience in people in HD, which is more favorable in males and married people.

The study of resilience represents a paradigm change as it prioritizes the potential for producing health instead of just focusing on disorders and diseases. We consider it important to identify resilience determinants to implement patient-oriented programs in order to facilitate the adaptation to their clinical condition, empowering each individual’s internal resources and involving them in therapeutic adherence, minimizing the negative effects of the CKD on people’s well-being.

References


Abstract Country

Portugal

Disclosure of Interest

No
110 Symptoms Haemodialysis
Chronic kidney disease associated pruritus among dialysis patients in the French-speaking part of Switzerland

Nancy Helou1, Dina Nobre2, Olivier Bonny1, Ould Maouloud Hemett1, Olivier Phan4, David Fumaux5, Anne Cherpillod6, Georges Halabi6, Floriane Beaud6, Menno Pruijm2

1HESAV / University of Applied Sciences and Arts Western Switzerland HES-SO, Lausanne, Switzerland; 2Lausanne University Hospital CHUV, Lausanne, Switzerland; 3HFR Cantononal Hospital Fribourg, Villars-sur-Glâne, Switzerland; 4Broye Intercantonal Hospital, Payerne, Switzerland; 5Hirslanden Clinique Cecil, Lausanne, Switzerland; 6Northern Vaud Hospital, Yverdon, Switzerland

Background
The prevalence of Chronic Kidney Disease Associated Pruritus (CKD-aP) in adults on dialysis varies between 20-42% across developed countries and may be affected by sociodemographic and clinical variables. Data on the prevalence of CKD-aP in Switzerland are lacking.

Objectives
This ongoing study aims to determine the prevalence and severity of CKD-aP among dialysis patients in the French-speaking part of Switzerland and to investigate its association with demographic and clinical factors.

References
Patients aged ≥18 years, on maintenance hemodialysis or peritoneal dialysis for ≥1 year, and free of cognitive impairment are recruited. Clinical, laboratory and dialysis prescription characteristics are collected by an independent research nurse, who also performs CKD-aP assessment using the Visual Analog Scale (VAS, numeric score 0-10) and the Verbal Rating Scale (VRS, 0= no itch – 4 = extremely severe itch). Multiple linear regression analysis will be carried-out to investigate CKD-aP association with demographic and clinical factors when data collection is completed.

Results
Preliminary data from 174 participants (mean age 69.2, SD 13.07; 62.6% men) showed a CKD-aP prevalence of 31.6%. Most participants with CKD-aP (78%) reported generalized itching and 39% reported waking-up at night because of the itching. Mean VAS in participants with CKD-aP (n=55) was 5.27 (SD 2.09) during the last 24 hours and 6.82 (SD 2.22) for the worst intensity itching during the last 24 hours. VRS highlighted that most participants with CKD-aP suffered from moderate (51%) to severe itching (33%) and 61% experienced at least one severe episode of itching during the last 24 hours.

Conclusion/Application to practice
Despite high dialysis standards and easy access to medications, the CKD-aP prevalence is high in the Swiss dialysis population, and its intensity is moderate to severe. Once completed, the results will be used to increase clinicians’ awareness of CKD-aP, improve its regular screening and ensure severity reporting.

References

Abstract Country
Switzerland

Disclosure of Interest
No
Pruritus associated chronic kidney disease (Pa-CKD) in hemodialysis: What’s new folks?
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Background
Pruritus associated with CKD (Pa-CKD) is the itching sensation directly related to kidney disease, without another pathology that justifies it. This annoying symptomatology affects the burden of disease and the quality of life of renal patients. Despite technological advances in dialysis sessions and the better treatment, it is still a relatively frequent entity in our patients, often being underdiagnosed.

Objectives
To describe the prevalence of Pa-CKD in our HD patients as well as to analyze the main clinical, biochemical variables and dialysis characteristics.

References
Single-center descriptive study of Pa-CKD patients on HD at our institution. We analyzed the main sociodemographic data, biochemical parameters (MBD), dialysis characteristics, the intensity of itching using the worst 24h itching numerical scale (WI-NRS), the severity of itching using the self-severity disease scale (SADS) as well as related medical treatment.

Results
17 of 61 prevalent patients on HD, were diagnosed with Pa-CKD (27.8%). Main patient data Pa-CKD: 24h WI-NRS 6 ± 1.9, (52.9% moderate); SADS scale: A 47.1%, B 35.3 %, and C 17.6%. 47.1% presented generalized Pa-CKD. 41.2% had associated skin lesions, only 5.9% had been assessed by dermatology. Mean MBD values (Ca 8.4 ± 0.6 mg/dl, P 4.7 ± 1.2 mg/dl, i-PTH 244.5 ± 90.8 pg/ml, Ca×P 39.4 ± 08) and dialysis adequacy (KT 51.4 ± 6.5). The 76.5% used emolient creams. Antihistamines (35.3%) were the most used oral treatments, although 52.9% did not receive any treatment for Pa-CKD. No significant associations were observed between WI-NRS and SADS with the rest of the parameters analyzed.

Conclusion/Application to practice
Our HD patients presented a considerable prevalence of Pa-CKD, with moderate intensity and severity. We did not observe relevant biochemical data or dialysis adequacy in the diagnosis of Pa-CKD. With these results and their clinical implications, we should routinely include the assessment of CKD-Pa, as well as optimize the available therapeutic alternatives according to their symptoms.

References


Abstract Country
SPAIN

Disclosure of Interest
No
Education of People with Kidney Disease

8

The Effect of Education and Art Therapy with Telehealth Method on Hemodialysis Patients

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Background

Telehealth methods offer the opportunity to interact with individuals to improve the health behaviours of individuals with chronic diseases. In addition, they provide convenience in providing medical counselling to populations who have problems in accessing health services during pandemic periods, and accordingly, they reduce health expenditures, increase patients’ compliance with treatment and reduce the psychological problems they experience.

Objectives

This study was conducted to evaluate the effect of telehealth education and art therapy on diet-fluid restriction and anxiety in hemodialysis patients during the Covid-19 pandemic.

References

This randomized controlled study included 60 hemodialysis patients (30 in the intervention group and 30 in the control group). Data were collected using Patient Information Form, Dialysis Diet and Fluid Non-Adherence Questionnaire (DDFQ), Beck Anxiety Inventory (BAI), Modified Morisky Scale (MMS).

Results

Following the education and drawing activity, systolic blood pressure (SBP), diastolic blood pressure (DBP), hemodialysis (HD) admission weight, creatinine values, frequency and degree of dietary non-compliance, frequency of non-compliance with fluid restriction and anxiety levels of patients in the intervention group receiving hemodialysis treatment decreased (p<0.05) and their compliance with treatment increased (p<0.05).

Conclusion/Application to practice

It is critical to support patients receiving hemodialysis treatment during the Covid-19 pandemic by providing education with an interdisciplinary approach and drawing activities with a multidisciplinary approach.

References


Abstract Country

Turkey

Disclosure of Interest

No
International mapping exercise of Arts Interventions in renal units: the PAINT project

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Background
Many patients living with end-stage kidney disease (ESKD) experience a reduced quality of life, with depression affecting up to one-quarter of patients and a higher prevalence rate for anxiety compared to the general population. The use of the arts to promote and support health and wellbeing has received ongoing attention since the publication of the All-Party Parliamentary Group on Arts, Health and Wellbeing report in 2017 outlining the benefits of the arts on psychological, social and physical health and wellbeing, and the World Health Organisation 2019 report on the evidence for arts.

The Renal Arts Group (RAG) is a collaborative research group established in 2016 at the School of Nursing and Midwifery, Queen’s University Belfast, between patients with ESKD, carers, clinicians, academics, and artists to develop a programme of research aimed at developing and evaluating arts interventions to improve the physical and psychological quality of life of those living with kidney disease.

Objectives
To undertake an international mapping exercise to identify the current provision of arts programmes for renal patients co-produced with a consortium made up of members of RAG in partnership with arts programmes based in the Philippines, United States, Ireland and at the World Health Organisation.

References
The study will undertake a mixed methods approach to identify the current provision of arts interventions in renal units globally, including an online survey, along with a series of semi-structured interviews with units identified from the survey to further explore their delivery.

Results
The survey has been ‘live’ online since mid-January 2023 and preliminary findings of the study will be available for dissemination at EDTNA.

Conclusion/Application to practice
This project will identify policy recommendations for future development of arts in health programmes for renal patients and will provide an overview of what is being offered globally in terms of arts activities for renal patients.

References

Abstract Country
Northern Ireland, United Kingdom

Disclosure of Interest
No
Creation and development of Video’s for Patient Education within a Shared Care programme

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Background
Shared Care is where the health care team offers the choice, support and training for patients to participate in the tasks related to their HD treatment to the extent that they wish. Such a programme within the dialysis unit of an acute hospital setting led by the RANP ensures the patients are offered support and training to participate in their treatment to the extent that they wish.

Objectives
The Fresenius 6008 machine unit is the primary machine for Shared Care. The patients are also educated on the use of the Fresenius 5008. Patients are encouraged regardless of age to participate in as little or as detailed as they would like to learn. Patients are at various levels of care and independence within the unit. All patients involved in the programme have the support of the unit staff throughout the dialysis treatments.

References
A standardised evidence based approach for caring for patients choosing shared care Haemodialysis was implemented by the author. A Shared Care Policy and supporting documentation are accessible via the hospital Q Pulse system.

Results
Outcome-June 2022-Nine patients were asked to participate in a Shared Care Survey and five returned the audit form. Communication aides-use of medical vocabulary and photographs to support the training. Information Posters to be visible on Shared Care. Audio Visual Supports-A board to be placed in the waiting room to be accessible with information on the TV screen regarding Shared Care. The RANP in conjunction with the Education Technology Project lead nurse are developing training video’s to assist with this programme which will be accessed by patients in the Dialysis Unit to support the hands on learning. Images will be printed on completion of video’s and made accessible.

Conclusion/Application to practice
Reevaluate March 2023
Videos x 6 on tablet. Installation of a TV in Shared Care Room so as videos also accessible

References

Abstract Country
Ireland

Disclosure of Interest
Yes
Develop a mobile-application to support self-management of people with chronic kidney disease in Vietnam

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Background
Chronic kidney disease (CKD) is a major public health problem in Vietnam, with estimated chronic kidney failure prevalence in the general population reached 8.9% in 2015 due to the rise in diabetes and hypertension, along with poor nutrition and sanitation practices. The Vietnamese government has taken measures to improve primary care initiatives to provide better access to treatment and affords subsidies to help patients cope with the financial strain of illness. However, to live with the disease, people with CKD still struggle physically and mentally due to the changes of lifestyle, diet and their treatment regimen. Previous kidney support interventions using a mobile application tool have shown effective outcomes in improving the patients’ self-management. There is a need to have a mobile-based and tailored program for this population.

Objectives
To provide an overview of the Smart Kidney program protocol and report the project progress and preliminary results of the program development.

References
Co-design methods were used to design and develop the program including two phases: Phase 1 is the development of a mobile-application involving patients with CKD in each developing step; Phase 2 is to evaluate the feasibility and acceptability of this program. Up to date, 128 patients with CKD completed a survey to identify the needs and requirements for the application as the first step of Phase 1.

Results
Patients reported their needs of support on the disease treatment and diets the most, following with knowledge of kidney basics, mental wellness and physical exercise support.

Conclusion/Application to practice
By using co-design, the smart kidney program is expectedly both evidence based, culturally and contextually tailored for people with CKD in Vietnam.

References

Abstract Country
Vietnam

Disclosure of Interest
Yes
Education of patients Haemodialysis

Relating literacy to quality of life in patients with chronic kidney disease

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Background
Over the last decade, there has been an increase in people undergoing haemodialysis for chronic kidney disease. This increase has led to many questions about the health literacy and quality of life of these patients.

Objectives
The main objective of this study is to evaluate the health literacy and quality of life of chronic kidney patients undergoing regular haemodialysis.

References
We conducted a cross-sectional study using quantitative, descriptive-correlational methods, and assessed health literacy using the HHL-EU-PT assessment instrument and quality of life using the KDQOL-SF.

Results
The sample consisted of 268 patients aged between 25 and 90 years from 7 haemodialysis clinics in mainland Portugal. Our results demonstrate that the literacy level of chronic kidney patients is lower (p<0.001) compared to the general population. We also found that there was a relationship between the level of health literacy and the level of education of the CKD patients (p<0.001). In the application of the KDQOL-SF, we found that the dimensions with the best scores were encouragement from dialysis staff (82.46) and social support (77.49). Gender had an impact on scores in several dimensions: physical function (p=0.023), pain (p=0.011), and emotional well-being (p=0.020). Overall, we found an association between the medium score of literacy and patients’ quality of life: for each additional point in health literacy, the quality-of-life score increased by 0.78 points (p<0.001).

Conclusion/Application to practice
Therefore, improving the level of health literacy may be a possible strategy for improving quality of life for CKD patients.

References

Abstract Country
Portugal

Disclosure of Interest
No
Experience of People with Kidney Disease

101
Reference nurse, the future for the holistic care of the person on hemodialysis
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Background
The basis for providing quality care is to coordinate and reconcile the satisfaction of the person and the family. The organisation of care by the reference nurse (RN) is based on the continuity of care as the basis for its operational process. In hemodialysis (HD) units, this method enhances the interaction between nurse/patient/caregiver as it facilitates joint decision, using an adjusted and realistic communication.

Objectives
Assess the satisfaction of the person on HD and the caregivers, in patients with dependence, with the method of RN.

References
A descriptive prospective study was carried out. The sample consisted of 52 responses, of which 91.9% were from patients, and the remainder from caregivers. 51.6% are male and 56.5% have been in HD between 1 and 5 years.

A survey was applied using a Likert scale to assess the satisfaction of patients/caregivers. The analysis was performed using Excel.

Results
Data analysis showed that 75.8% of respondents confirmed that they had been given the information leaflet on the change in the organisational method, 85% of respondents were able to identify their RN, 84% of patients/caregivers state that they feel a better follow-up and 86% feel included in decisions related to treatment. Regarding safety, 90.4% reported feeling safer with the introduction of the RN. As for the empathic bond, 57.7% reported a stronger bond with their RN.

Conclusion/Application to practice
This study concludes that the use of the RN satisfies the person/caregiver on HD. The best organisational model of nursing care is the one with the person at the centre of care. The well-being and inclusion of the person in the treatment are essential for the quality of care. Thus, RN assumes the role of manager promoting holistic and complex care.

References
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Abstract Country
Portugal

Disclosure of Interest
No
103 Therapeutic Self-Care Scale score on Haemodialysis Patients

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Background

The Therapeutic Self-Care Scale (TSC) is an instrument consisting of 13 items asking patients to rate on a 6-point scale their awareness about medication, treatment, capacity to recognize signs and symptoms, ability to carry out prescribed treatments and knowledge of what to do in an emergency.

Objectives

Assess Therapeutic Self-Care Score on Haemodialysis Patients

References

A cross-sectional study was performed on 586 patients from 37 dialysis centres. All participants were adults, aged over 18 years old, who started haemodialysis for more than 6 months, know to read and write Portuguese, without mental disorders and who consented to participate in this study. The TSC scale was administered by nurses in haemodialysis units between February 2020 until April 2022.

Results

A total of 565 patients, 36.7% female and with average age of 66.52 (SD=13.66) years and with 7.27 (SD=7.56) years on haemodialysis. Most patients (57.1%) have basic skills at school, while 84.1% have retired. The analysis was carried out in three dimensions: (A) – the management of symptoms; (B) – medication management; (C) – the ability to carry out activities of daily living. All three dimensions, patients showed high TSC scores, A = 4.64 (SD=1.13); B = 5.45 (SD=0.97); C = 4.85 (1.18). In dimension A, we identified that the age (p<0.001), the time on hemodialysis (p<0.001) and education (p<0.006) showed different results for the TSC score. In dimension B, age (p<0.008), time on hemodialysis (p<0.05) and education (p<0.001) showed significant differences in TSC score. In dimension C, age group (p<0.001), occupation (p<0.007) and education (p<0.036) showed significant differences in the TSC score.

Conclusion/Application to practice

The development of an intervention model to promote TSC in dialysis patients should consider the individuality of each patient, so that we can establish an individualized approach and define priorities in the approach, considering the different dimensions of the process of TSC.

References

What do patients not know about chronic kidney disease?

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Background
The persistent global increase in chronic kidney disease (CKD) prevalence highlights the importance of providing patients with sufficient knowledge to allow them to self-manage their disease.

Objectives
To gain insights into non-dialysis CKD patients' knowledge of their disease, and assess associations between knowledge and sample characteristics.

References
A descriptive cross-sectional design was undertaken. A convenience sample of 203 stages 3–5 CKD patients was recruited. The Kidney Disease Knowledge Survey (KiKs) was used.

Results
This study revealed that the mean age of the patients was 47.34 years. 50.2% were male and most (75.9%) were married. The mean score of knowledge (measured using KiKs) relating to kidney disease was 17.87 ± 3.212. The lowest scores were related to knowledge of effects of proteinuria (13.3%), meanings of “glomerular filtration rate” (29.6%) and “targeted blood pressure” (31.5%). Although more than 60% of participants knew about some kidney functions, they misunderstood others, including those related to glucose control (23.6%) and blood pressure (54.7%). Patients displayed knowledge scores >70% for five other areas, including disease stage and time since diagnosis. Almost all participants did not know that chronic kidney disease (CKD) could be asymptomatic. The results showed that late-stage CKD (Stages 4 and 5) and longer time since diagnosis of CKD were independently associated with a higher score of knowledge (r = 0.18, p = 0.017; r = 0.41, p < 0.001; r = 0.26, p = 0.001, respectively).

Conclusion/Application to practice
This study provided initial insights on CKD-related knowledge among patients with Stage 3–5 CKD in the Kingdom of Saudi Arabia. Many gaps in knowledge were identified, especially those relating to blood pressure. More studies are required to fully understand the extent of the knowledge deficit in the wider population; however, these findings will allow nurses to address significant gaps.

References
Measuring sexual dysfunction in kidney disease: a systematic review

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Background
Sexual dysfunction includes a heterogeneous group of disorders (McCabe et al. 2015) and is reflective of a wide variety of patient-reported measurement tools. Sexual dysfunction is a common difficulty in kidney disease (Chou et al. 2021; Harrison et al. 2020). However, the psychometric properties of these patient-reported outcomes have not been compared in patients with kidney disease.

Objectives
This systematic review aimed to identify and evaluate the scientific validity and reliability of patient-reported outcomes for sexual dysfunction in patients with kidney disease.

References
Key search terms were identified and applied to relevant databases. Data were searched from inception to March 2023. Data was recorded using a PRISMA table. All assessment characteristics and psychometric properties were evaluated.

Results
This review is currently underway however preliminary results suggest few patient-reported outcomes assessing sexual dysfunction have been validated in this patient population.

Conclusion/Application to practice
To improve the identification and management of sexual dysfunction in kidney disease, it is important to identify a gold-standard tool.

References

Abstract Country
Northern Ireland

Disclosure of Interest
No
The process of commitment of the person with chronic kidney disease: an ethnographic study

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Background
A person with chronic illness leads to very significant changes in the person’s life. The person goes through multiple phases, ranging from the appearance of the first symptoms, the impact of the diagnosis, and acceptance of the disease, to the adaptation of the illness and treatments. (Strauss and Glaser, 1975).

Van Hooft (2008) states that commitment is an existential posture towards a specific good, which has a significant duration, through which the subject defines himself and in the light of which he makes choices. It is the state of being emotionally or intellectually attached to a course of action, if one cares about something and it is essential then one will act accordingly.

Objectives
Exploring and describing the process of commitment to health by patients with chronic kidney disease.

References
An ethnographic methodology was used with in-depth interviews, participant observation, and field notes. Data were collected from 15 adults with chronic kidney disease.

Data analyses were made by using content analyses by Krippendorff.

Results
We found 3 major categories, commitment focus, commitment level, and commitment type.

Conclusion/Application to practice
The commitment to the course of the disease is a predictor and supports changes in health behaviors. The levels of commitment are related to the levels of satisfaction, the size of the investment, and the quality of alternatives in the life changes made related to the disease. The greater the commitment, the more easily they make and maintain the changes necessary for the stability of the disease. Commitment to the disease is greater and more easily maintained if the management of the therapeutic regime is shared with the family.

Recognizing commitment as a guideline and a line of action can be essential for health professionals to find appropriate strategies for each person that help with self-care and control over the disease.

References

Abstract Country
Portugal

Disclosure of Interest
No
Patients’ Perception of Care; a renal network experience from North Macedonia

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Background
Patients’ perception of care refers to patients’ views of services received and the treatment results. Patients’ perception of care monitors the delivery and quality of healthcare services. When patients feel that healthcare professionals and institutions truly care about their health and needs, they’ll be more willing to cooperate. Also, staff may enjoy their work more when they can interact with patients who value the provided care and how they are cared for.

Objectives
To assess patients’ views on the care they receive and the clinic where they receive care. To evaluate the results of the Patients’ Perception of Care surveys for 2021 and 2022.

References
In October 2021 and October 2022, patients gave feedback on their Perception of care they are getting in the dialysis clinics through the survey Patients Perception of Care (PPC). Included 661 (2021) and 680 (2022) patients from 9 dialysis clinics in North Macedonia. The survey covers 12 domains for example: access, communication, information, needling, fluid intake and diet, privacy and dignity, support, transport, laboratory tests and investigations. The survey was anonymous and made electronically through a smartphone.

Results
88.4% of the patients completed in 2021, and 91.4% in 2022.
Net Promoter Score (NPS) for 2021 was 64.0%, and for 2022 was 68.5%.
We found an increase in scores between 0.05 to 0.18 in most of the domains, except for the transportation (-0.01) and environment (-0.15).

Conclusion/Application to practice
2022 results show the effectiveness of the analysis, action plans and implementation of 2021 PPC results. Despite room for improvement, results show that adequate action plans and related activities can improve PPC overall results and delivering added value for patients is all about understanding their circumstances, needs and p

References.

Abstract Country
North Macedonia

Disclosure of Interest
No
Green Excellence in Dialysis

How to decrease water consumption at the renal care centre?

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Background
Every HD/HDF treatment requires high water consumption to prepare the dialysis fluid of appropriate quality.

Objectives
Demonstrate how to decrease water consumption through the operating procedures implementation, water consumption measurement, and monitoring of environmental aspects and indicators.

References
In 2019, we implemented regular monitoring of environmental indicators into our daily practice. Our goal was to reduce water consumption per HD/HDF treatment with a maximum of 500 liters per HDF treatment and 400 liters per HD treatment. We modified procedures regarding the reverse osmosis switch-on time before the morning shift, rules for water quality checks, reverse osmosis switch-off time, and use of stand-by mode on dialysis machines. We have installed calibrated water meters in the reverse osmosis helping us to detect potential malfunction of the pre-treatment system, such as softeners.

Results
At the time of the initial environmental review, our average water consumption reached 507.50 liters per HD/HDF treatment. The implementation of operational procedures for the optimal use of reverse osmosis and detailed water consumption monitoring helped us achieve an average water consumption of 450 liters per HDF treatment in 2022.

Conclusion/Application to practice
The implementation and optimization of clinical practice, staff education, regular monitoring, and analysis of water consumption ensured that we achieved our target. We proved that our approach contributes to environmental protection, brings economic benefits, and minimizes the ecological burden of dialysis. We believe that our experience can inspire other countries.

References
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   www.edtnaerca.org
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Abstract Country
Czech Republic

Disclosure of Interest
No
Environmental performance in a hemodialysis unit

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Background
Climate change represents a great public health problem globally. Ecologic dialysis is necessary in order to reduce the ecological footprint (JA Moura-Neto, 2019). Dialysis relies on technology, pharmaceuticals and disposable products. These take not only a financial expense, but also an expense of natural resources, being an impact that is regular and prolonged in time. EDTNA/ERCA has developed an environmental checklist in order to various renal care centers evaluate their own environmental performance and seek areas for potential self-improvement through environmental management. This checklist consists of 40 questions from 5 different areas. Answers that are not positive have potential improvement aspects (EDTNA/ERCA,2021).

Objectives
To characterize the environmental performance of a renal care facility in the center of the country applying the EDTNA/ERCA's environmental checklist. To analyze the water and energy consumption, as well as cardboard, plastic and biological waste produced in kg per treatment in 2022.

References
In order to characterize the environmental performance of this renal care center, we carried out an internal survey about the advocated environmental politics and analyzed the water and energy consumption per treatment, as well as the plastic, cardboard and biological waste produced in kg per treatment (III and IV Groups) in 2022. We applied in December 2022 the EDTNA/ERCA's environmental checklist that is available online.

Results
The analysis of our monthly consumption shows that not all objectives were achieved.

From the applying of the environmental checklist we obtained a score of 23 points, which translates in a average environmental performance with several improvement aspects.

Conclusion/Application to practice
This paper is an opportunity for awareness, since we’re responsible agents, individually and as a group, for changing. It’s important to adopt and implement the suggested interventions in a short and mid/long terms since they lead to an immediate reduction of our environmental footprint.

References
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EDTNA/ERCA ENVIRONMENTAL CHECKLIST FINAL PROJECT VALIDATION REPORT Switzerland 2021 ISBN 978 84 615 9967 7

Abstract Country
Portugal

Disclosure of Interest
No
Environmental impact of dialysis. Mitigation needed.
Joao Fazendeiro Matos, Bruno Pinto, Carla Félix, Ricardo Peralta
NephroCare Portugal, Fresenius Medical Care, Porto, Portugal

Background
Hemodialysis is an activity with high environmental impact, strongly due to water and energy consumption, and to the use of single-use medical devices and significant volumes of dialysate solutions, not to mention the impact of hygiene and infection control measures, waste production and patient transportation needs.

Objectives
- Identify the main categories that may impact environment
- Identify which measures may be implemented to reduce dialysis’ carbon footprint.

References
An assessment of practices and bibliographic review were carried out.
Each identified dimension was stratified and scrutinized to identify subdimensions and the relative impact of each.
Based on groups of dimensions and subdimensions, mitigation measures were identified, and intervention plans settled.

Results
Four main categories were identified which were related with: patient care per se, hygiene and infection control, waste management and patient transportation. Water consumption per treatment and waste production were identified as the main contributors for the carbon footprint, however the consumption of water not direct related to the dialysis session represented around 40% of the total consumed water. Waste management was identified as having the greatest improvement potential.

Conclusion/Application to practice
The environmental impact of each hemodialysis dimension may be reduced by the implementation of a variety of mitigation measures, such as: promotion of home therapies, improvement of water treatment efficiency, choice of therapeutic modality according to patient’s needs, blood and dialysate flows’ optimization, use of online fluids, use of Ol-HDF (when combined with flows optimization), production of in-house solutions, adjustment of equipment turn on-off times, use of greener and more efficient hygiene products, adoption of sweep® systems for cleaning and in-house laundry with process automation, preparation of in-house disinfectants from concentrated products, hand hygiene with alcoholic solutions whenever indicated, reduction of waste produced, recycle and value waste products, and finally adherence to digital practices whenever possible (reduction of paper).

References

Abstract Country
Portugal

Disclosure of Interest
No
Quality and sustainability in hemodialysis and vascular access nursing practices
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Diaverum, Lisboa, Portugal

Background
According to Lok et al. (2020) „The longevity in Hemodialysis (HD) is directly proportional to the quality of treatment, and this quality depends on the reliability and integrity of the patient’s vascular access”, which makes vascular access an invaluable resource. In turn, several authors (e.g., Sousa, 2009; Carvalho, et al., 2011) state that complications associated with vascular access in hemodialysis are responsible for 25% of hospitalizations and 50% of hospital costs related to HD patients, while nurses are the main performers in the management of vascular access.

Objectives
This study aims to relate nursing practices applied to the HD patient’s vascular access with quality outcomes in hemodialysis and to comprehend its sustainable implications.

References
This study included 161 patients undergoing hemodialysis for End-Stage Renal Disease from January 2018 to March 2023 at Diaverum Amadora. The applied methodology was divided between the exploratory and descriptive research method, field research, and post-fact research. An extensive literature review on nursing practices applied to vascular access and their relationship with quality and sustainability in hemodialysis was carried out. Data collection required the systematic observation and monitoring of HD patients’ vascular access and the use of the IRIMS software archive for post-fact data. An experiment with QA (blood flow) assessment has also been done.

Results
The majority of hospitalizations were related to vascular access complications. Fistula use has fallen, and catheter use has risen substantially. Area puncture is the most common cannulation technique used by recent dialysis nurses and fistula aneurysm development is prevalent. QA results depend on nurses’ expertise in cannulation, as the same patient presents better results with an optimized cannulation technique.

Conclusion/Application to practice
Hemodialysis nurses have a decisive role in the prevention of complications associated with vascular access as they are experts in the art of cannulation. Therefore, their practices ensure hemodialysis quality and sustainability.

References
Haemodialysis 1

19

Patient with increased creatine kinase due to hypocalcemia

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ATTIKON University Hospital – Nephrology Department, Athens, Greece

Background
Electrolyte disturbances affect many systems and many functions of the body. Hypocalcemia affects the musculoskeletal system, the cardiovascular system, causes seizures, swelling of the optic papilla, as well as psychiatric manifestations.

Objectives
Presentation of a patient who was hospitalized in our nephrology department.

References
This is an 80-year-old man with a history of chronic kidney disease who was admitted to ATTIKON University Hospital, due to worsening in his kidney function. On admission, severe hypocalcemia was detected with serum calcium of 3.9 md/dl and ionized calcium of 0.41 mmol/l. Additionally he presented with a high creatine kinase of 1344 U/L and a concomitant decrease in muscle strength of the left upper limb. High creatine kinase as well as hypocalcemia were also found in an earlier laboratory test. The low value of serum parathyroid hormone (20pg/ml) combined with the history of thyroidectomy raised the suspicion that the hypocalcemia was due to hypoparathyroidism of surgical etiology. The calcium value was corrected with intravenous and oral calcium administration and vitamin D administration. By correcting the hypocalcemia value, the creatine kinase value was also corrected.

Results
Hypocalcemia can lead to an increase in the value of creatine kinase. A rare but existing complication described in the literature that is needed to be early noticed by the healthcare team, in order to be reversed with correction of hypocalcemia.

References

Abstract Country
Greece

Disclosure of Interest
No
Specificity of conducting hybrid dialysis – our experiences
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Background
Hybrid dialysis implies the application of slow, extended daily dialysis (SLEDD) within a given time interval. It can be considered as a middle ground between intermittent and continuous method of hemodialysis because it unifies the therapeutic advantages of continuous renal replacement therapy (CRRT) and the logistical/financial advantages of intermittent hemodialysis (iHD). The hybrid dialysis is used to remove small molecules, improve patients hemodynamic stability and decrease the need for anticoagulant therapy. It also reduces treatment time in the intensive care units and the costs compared to a continuous treatment method.

Objectives
The procedure is primarily carried out for treatment of critically ill patients with acute kidney injury, with slower removal of excess volume and uremic toxins in relation to iHD, and faster in relation to the CRRT.

References
The process of hybrid dialysis is carried out using a modified dialysis device, a preparator, an Aquator, the Aquator’s control cabinet and the reverse osmosis system.

Results
In this paper we are going to present a case of conducting hybrid dialysis in a patient immediately after a kidney transplantation. The procedure was carried out for the purpose of kidney function replacement during a delayed takeover of graft function. In the early post-transplantation period we conducted six procedures of hybrid dialysis with significant differences in the values of blood test results before and after the procedure. Hybrid dialysis treatments in combination with the plasmapheresis process and immunosuppressive therapy offer a favourable result.

Conclusion/Application to practice
We are the only department in the Republic of Croatia that offers patients this type of renal function replacement. Working with the system and devices for hybrid dialysis is not possible without specially educated and trained nurses. Therefore we can say that nurses have a central place in the process of therapy implementation.

References

Abstract Country
Croatia

Disclosure of Interest
No
First patient treated with Double filtration plasmapheresis (DFPP) in Croatia – case report

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Background
Therapeutic plasma exchange (TPE) is a blood purification technique, which removes large molecular weight particles such as autoantibodies, immunoglobulins from plasma. The underlying mechanism of this procedure is accomplished by either centrifugation or filtration using semipermeable membranes. Double filtration plasmapheresis (DFPP) is a technique in which plasma is not entirely removed, only antibodies, using special filters.

Objectives
DFPP is a 2-step process during which plasma is first extracted from the patient blood and then circulated through a second (cascade) filter, plasma fractionator. The plasma is filtered and then returned to the patient avoiding or minimizing the need for replacement fluids.

References
The large pores of the plasma separator membrane enables plasma proteins and pathogens into the plasma component separator. The plasma component separator, of smaller pore size, selectively removes pathogenic substances from the plasma. The treated blood/plasma is returned to the patient. Substitution fluid may be added. Pathogenic substances and some plasma are discarded. With this paper we want to present our experience in introduction of DFPP in the Republic of Croatia as a new therapeutic method.

Results
First DFPP treatment was conducted in December 2022, in our Department of dialysis and since then we are the only center in Croatia that provides this procedure. We treated only one patient, and till now we conducted 3 DFPP.

Conclusion/Application to practice
Although our experience is based on only one patient for now, we can conclude that DFPP is safe and effective treatment when conducted by a specially educated nurses who knows how to cope with the challenges of conducting DFPP procedure.

References

Abstract Country
Croatia

Disclosure of Interest
No
Oral health in hemodialysis patients; a single center experience

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Background

Patients with end stage renal disease (ESRD) have a high rate of cardiovascular morbidity and mortality. Studies suggest oral health, especially missing teeth, are associated with a higher coronary artery calcium score and atherosclerotic cardiovascular disease. In this cohort of patients with ESRD, treated by hemodialysis (HD), we did a review of the oral health. The goal of this study was to establish which oral problems are prevalent in this single center cohort.

References

Data collection took place in prevalent patients on HD that participated in our biobank. The parameters that were scored were oral Health Assessment Tool (OHAT), by means of extra- and intra-oral clinical visual inspection. The outcome variables were the condition of lips, tongue, gums and tissues, saliva, the number of decayed teeth, the number of natural teeth, the presence and condition of denture(s), oral cleanliness and dental pain. Additional questions were scored to gain an impression of participants’ oral situation and hygiene habits. Age, gender and the time on treatment since start HD were retrieved from patient files.

Results

A total of 44 patients undergoing HD participated in this study. Most of the patients had dental caries (52.3%), plaque/calculus (93.2%), and showed signs of periodontal inflammation (75%), and/or dry mouth (47.7%). A referral to an oral health professional was required for 35 (79.5%) of the patients. No significant differences were found in oral health variables between patients with different levels of oral hygiene and different periods of HD; except for the lips and tongue regarding the different periods of HD therapy.

Conclusion/Application to practice

Dental caries and plaque/calculus, periodontal inflammation and dry mouth are commonly present in ESRD patients on HD. No remarkable differences were found in oral health variables between patients with different levels of oral hygiene and time on treatment since start HD.

References


Abstract Country

Netherlands

Disclosure of Interest

No
Risk Management & Quality Improvement

20
Using a digital feedback system to improve service quality through patient voice
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Background
Improving patient care includes a focus on involving patients and creating an environment with the best conditions for listening to them to better understand their needs. Although our service had various mechanisms for patient feedback, the system had short comings including reliance on staff to manually enter the data which was time consuming and often not formally registered, there was a lack of transparency and potential for manipulation. Additionally, some patients had difficulty expressing their concerns directly to staff and felt stigmatized or embarrassed, so valuable feedback was missed.

Objectives
To collect real-time transparent feedback from patients and reduce additional workload of frontline nursing staff entering feedback manually. The digital feedback system needed to capture compliments, complaints, and suggestions for improvement directly from stakeholders across multiple countries/clinics and link to the existing feedback management system to facilitate a prompt effective coordinated response.

References
A regional Online Suggestion Box, was developed with multi-language support where a patient scans a QR code displayed in a clinic, enter their details (or can remain anonymous), select the category (complaints, compliments, or suggestions for improvement) and enter the feedback information. The feedback is automatically captured into the Management System triggering an automated email to the Clinic Manager for management.

Results
Since implementation there has been 220\% increase in feedback received from patients, additionally the resolving of complaints is more effective, prompt and coordinated. Survey results indicate the system has improved patient’s respect and confidence in our service, whilst service gaps are now identified and mitigated more efficiently improving clinical care and operational processes.

Conclusion/Application to practice
The Online suggestion box has significantly improved the feedback process, it is more transparent, accurate, reduced staff workload and increased patient confidence in our service. Patients voice is the centre of governance and service delivery facilitated through their sharing of vital feedback.

References

Abstract Country
Australia

Disclosure of Interest
No
Patient Safety Culture Perception for Sustainability of NGO Haemodialysis Centres in Malaysia

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Background
Patient Safety Culture (PSC) was initiated in 2000 due to the high incidence of errors and harm, such as infections in healthcare settings. Haemodialysis needs to study PSC to ensure sustainability as a non-profitable NGO. Ensuring PSC is vital in improving quality healthcare. PSC creates a healthy environment and reduces the risk of unnecessary healthcare-related harm to an acceptable minimum. Embedded within the concept of patient safety is an ingrained safety culture, a vital component of quality health services.

Objectives
To determine the level of perception of patient safety culture among staff working in haemodialysis centres in Malaysia and benchmark it against other similar industries. Precisely, to determine the level of teamwork, staffing, organizational learning and continuous improvement, response to error, supervisor, manager or clinical leader support for patient safety, communication about the error, communication openness, reporting patient safety events, hospital management supports for patient safety, handoffs and information exchange.

References
It is a cross-sectional quantitative study utilizing a validated survey utilizing a validated tool of Survey of Patient Safety (SOPS) from the Agency for Healthcare Research and Quality (AHRQ). Data will be entered into Microsoft Excel to generate graphs and calculate descriptive statistics for the survey responses to explore response patterns. The findings of this survey will then be compared with other institutes from database of AHRQ.

Results
This is an ongoing study, and results will be presented during the conference.

Conclusion/Application to practice
The study result and analysis will be utilized to create awareness of patient safety culture among the leaders and members in dialysis centres and used for improvement plans in improving PSC. There is limited evidence to support the impact of costly policies on patient safety outcomes to support the sustainability of an NGO.

References

Abstract Country
Malaysia

Disclosure of Interest
No
59

Protecting our patients from risk of blood loss whilst on haemodialysis

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Background

An alert was received in August 2022. The UK Kidney Association (UKKA) and Kidney Patient Safety Committee (KPSC) have been informed of two incidents related to a low venous pressure alarm in haemodialysis machines which has been implicated in two patient deaths in the last three years. Both patients had venous line disconnection leading to death by exsanguination.

Objectives

To ensure our processes are mitigating the risks of patients of blood loss whilst on dialysis.

References

A review of all incidents logged under – accidental disconnection or venous needle dislodgement was undertaken for 2020-2022 on our electronic incident report log.

Our practice in clinics was reviewed which included:

- Monthly risk assessments for risk of venous needle dislodgement or central venous catheter dislodgement (based on the EDTNA recommendations).
- Root cause analysis completion for such incidents.
- Shared learning at clinic level and national level via forums such as area meetings, clinical governance meetings, and NHS trust review meetings.
- Availability of equipment for high risk patients which would alarm if any blood loss detected available in all clinics.
- Monthly needle taping audit to ensure compliance with correct needle taping to minimise the risk of needle dislodgement.
- Mandatory check of access/lines each time an observation is logged on treatment guidance system.
- Patient awareness was increased and they were educated not to silence or reset machine alarms.

Results

A total of 72 incidents were recorded over 3 years.

Review highlighted that our monthly audit did not capture those patients dialysing via a catheter or make any reference to visibility of access.

Audit tool updated to include all vascular access and visibility. The frequency of audit was also increased to weekly.

Conclusion/Application to practice

Excellent practice is established in our clinics but regular review allows opportunity for continuous improvement.

Abstract Country

United Kingdom

Disclosure of Interest

No
61

Treatment Guidance System (TGS) in United Kingdom – Digital Aid Towards Consistency of Care

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Background
The use of digital tools improves collaboration and coordination among healthcare professionals, reduces possibility of errors, and improves data management, all of which lead to more efficient and consistent care delivery.

Objectives
To explore how digitalisation assists towards consistency and efficiency of care delivered to haemodialysis patients and how this improves the nurses user experience.

References
Information is collected, stored and data analysed in the systems, these help to identify trends in care delivery and outcomes to assess consistency of care. Clinical Performance Measures (CPM) or the equivalent of clinical quality measures, are used to track efficiency of care among patients. Surveys were undertaken and feedback noted regarding how this impacts on nurses user experience.

Results
The use of digital tools in determining consistency of care help to track patients care progress among clinics. The project helped to identify care areas like fluid management and blood pressure monitoring. Staff reported overall satisfaction in the use of the system and how it helps in achieving efficient care. Feedback will be shared to improve the TGS system.

Conclusion/Application to practice
The use of digitalisation helps to gather, analyse and share data among system platforms to give more comprehensive understanding of patients’ condition and care. This helps to create better care planning, leading to consistent, efficient, and improved patient outcomes. It also helps care providers to identify issues and trends in patients’ data.

With the continuous development and improvement of health care technology, we may anticipate even better consistency and efficiency approach in care for dialysis patients in the future.

References

Abstract Country
United Kingdom

Disclosure of Interest
Yes
71
Automated Documentation tool “Treatment Guidance System” in a multinational hemodialysis centers: An Innovative approach

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Background
For many years, dialysis data are copied on a flowsheet then transcribed to a computer for electronic record keeping. Because hemodialysis care is characterized by a high patient flow, timely decisions are critical. However, manual documentation can be associated with poor completeness and delays. Therefore, introducing Treatment Guidance System (TGS) was initiated to improve the current practice by using tablet allocated to each dialysis machine, to save time and develop a better data record keeping.

Objectives
To test the data completeness and accuracy registered in the system.
To measure staff satisfaction, work-load and adaptability to new technology.
To explore time efficiency during documentation.

References
This is a prospective and observational multicenter study conducted between November 2021 to January 2023 in Saudi Arabia, Spain, Portugal, UK and Kazakhstan. Inclusion criteria are clinics rolling-out TGS with d.connect and participants with no TGS experience.

The 3 phases includes:
- Phase 1 (2weeks prior TGS): Conducting NASA survey to measure staff work load and adaptability to new technology. Documentation timing observation to measure efficiency. Dialysis data extraction to check data completeness. Black box memory from machines retrieval to compare data accuracy with fetched data.
- Phase 2 (after 1month): NASA and staff satisfaction survey. Dialysis data and machine black box memory extraction.
- Phase 3 (after 3months): NASA and staff satisfaction survey. Documentation timing observation. Dialysis data and machine black box memory extraction.

Results
There are 20 clinics and 223 participants involved in the study. Satisfaction rate showed 3.86 and 4.03 rating after 1 and 3 months of TGS respectively. NASA survey indicated 30% improved nurses capability to adapt to technology with reduced mental, physical and temporal effort. Time efficiency improved 47% from pre- and post-TGS.

Conclusion/Application to practice
The study presented the effectiveness of TGS as new automated data recording on accuracy, completeness, time efficiency, nurse workload and satisfaction in hemodialysis setting.

References

Abstract Country
Saudi Arabia

Disclosure of Interest
No
91
Self-audit system in a haemodialysis clinic
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Background
Quality management is implemented in various healthcare facilities; however, performance and indicator management system that monitors, evaluates, and measures the results of the dialysis services is also important to ensure continuous quality. At the same time, an audit system is required for the elimination of nonconformities and continuous improvement in maintenance services based on performance and indicators.

Objectives
In order to facilitate the clinical implementation of our Quality Management System (QMS), we initiated a self-audit study in order to reduce the stress of the clinics against the audits by evaluating themselves, to ensure that the clinical practices are carried out in accordance with our Standards, and to minimize the nonconformities that may be encountered in the audits.

References
Ten pilot clinics were identified for the study. A nurse was selected from each clinic to perform the self-audit. For self-audit, a list of 45 questions was prepared, mainly including nursing practices and hygiene practices. These questions were selected from our audit system questions. The nurses and clinic managers who will carry out the self-audit were trained through an online meeting.

Results
As a result of the application, a significant improvement was observed in the parameters of the self-audit questions in the audits made by the expert auditors to the clinics. In addition, as a side output of the application, the interest and participation of health professionals in the quality management system has increased.

Conclusion/Application to practice
The success and improvement of the audit system in health institutions depends on the understanding of these systems and the creation of a culture by the health workers and management units within the institution. As a result, employees’ awareness of their own shortcomings and improving them is an important factor in improving the quality of patient care.

References
1. E. Sadikoglu, H. Olcay; The effects of total quality management practices on performance and the reasons of and the barriers to TQM practices in Turkey (2014)
2. E. Sallis; Total quality management in education (2014)

Abstract Country
Turkey

Disclosure of Interest
No
Immunoadsorption in systemic lupus erythematosus – case report
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Background
Immunoadsorption (IA) is a method of extracorporeal removal of specific antibodies and immune complexes from human plasma. The procedure begins with plasmapheresis, but in this procedure no replacement fluid is required. The patient’s separated plasma is further processed by another special device in which pathological molecules are removed by adsorption.

Immunoadsorption is used as the therapy of choice in severely ill patients with systemic lupus erythematosus (SLE) resistant to conventional therapy.

Objectives
Systemic lupus erythematosus (SLE) is an autoimmune disease that affects multiple organs, and in 60% of patients the kidneys are affected. SLE is caused by a loss of immune tolerance leading to the production of autoantibodies, such as anti-double-stranded DNA (anti-dsDNA) autoantibodies and the development of immune complexes. Cardiovascular diseases are mentioned as the most common cause of death in SLE.

References
This paper presents the case of a patient with SLE who was diagnosed with lupus myocarditis in the peracute phase. The patient’s global renal function was also impaired. In addition to the existing immunosuppressive therapy, she was indicated for additional therapy aimed at removing circulating antibodies – immunoadsorption. A total of five IA procedures were performed after which we recorded significant clinical improvement, as well as an improvement in the cardiac and renal status.

Results
Immunoadsorption is a procedure that is relatively rarely performed in patients with SLE, but when it is performed by experienced and professional nurses, the procedure is safe and effective, and can greatly contribute to improving the clinical condition of this group of patients.

Conclusion/Application to practice
There is a great responsibility on nurses and medical technicians who, with their experience and conscious work can contribute to the improvement of the IA procedure in patients with SLE, thereby raising the results of treatment and nursing care to a higher level.

References

Abstract Country
CROATIA

Disclosure of Interest
No
Reference Nurse and Control of Diabetes in People with Chronic Kidney Disease on Hemodialysis

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Background
According to the World Health Organization, diabetes is a public health disease that should be considered a priority in the management of the health system. According to National Diabetes Observatory, there are many diabetics who are unaware that they are what will condition the appearance of complications from the uncontrolled disease, increasing the risk of premature death and decreasing the quality of life (SPMI, 2021).

Objectives
To access how the diabetes reference nurse contribute to the control of diabetes in the person with CKD (Chronic Kidney Disease) on hemodialysis

References
Descriptive exploratory study based on data collected through the application of a questionnaire and the Summary Scale of Diabetes Self-Care Activities, before and after consultations with the reference nurse.

This included diabetic users over 18 years old with CKD undergoing hemodialysis.

Patients with cognitive alterations and patients on vacation were excluded from this study.

Results
After the application of this nursing consultation strategy by a reference nurse, there was a decrease in Glycated Hemoglobin values and there was an increase in the phenomena of adherence to diabetes control.

Conclusion/Application to practice
There is an increase in people with diabetes, in addition to the increase in human life expectancy, these being the main factors for CKD and its slow and progressive development.

Nurses in primary prevention are important on health promotion and prevention. The reference nurse must make an effort so the user accepts the treatment and challenges encountered throughout the process.

The reference nurse must be attentive, as through a careful consultation he can guide the user to obtain healthier lifestyle habits and is responsible for providing care with a holistic view. It is necessary to prescribe care, individual needs, encourage self-care, advise on the disease and forms of treatment.

References
Directorate-General for Health (2020). Mortality in Portugal. Available in: https://app.powerbi.com/view?r=eyJrIjoiOGRhNjdjYzgtOGZmNy00NDJjLWI1YTctNQyNyZRIzMg3Nz%20JiIiwidCI6IjQyOTc3ZjkwLWE1NjItNDk1OS04ZjJjLTE4NDE2NjIwZDc2NjIjIiwidSI6IHsiaHR0cHM6LyI6LyIyQy00NzZkZGQ2LTMxN2MtNDFlNy0yNzg5LTllN2QtN2Q2ZmYxZjI0ZjNkLyI6IjEyMV9WUXRsQXVpY2UIIGZ1bmN0aXZlLm5ldDwvY2F0ZWdvcnkuY29tLw%3D%3D/0&mlncredir=0&mlncredir=0&mlncredir=0&mlncredir=0&mlncredir=0&mlncredir=0

Abstract Country
Portugal

Disclosure of Interest
No
Diabetic foot surveillance program in the context of hemodialysis

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1Davita, Leiria, Portugal; 2Davita, Gondomar, Portugal

Background
The diabetic foot is one of the most serious complications of diabetes, being the main reason for hospitalizations and responsible for about 70% of all non-traumatic amputations. Due to the risk associated with the triad of chronic kidney disease, diabetes and hemodialysis, a foot surveillance program for diabetic patients was initiated in 2019 to reduce the number of hospitalizations due to complications associated with the diabetic foot.

Objectives
The aim of this work is to conduct a study to assess the impact of a monitoring and surveillance program in the context of the Diabetic Foot with the intervention of a multidisciplinary team.

References
An exploratory descriptive study carried out between April 2018 and January 2023, involving 194 diabetics in a regular hemodialysis program, at a treatment unit. Using the data recorded in the computer program, it was possible to collect information regarding the number of hospitalizations due to complications associated with the diabetic foot (ischemia or necrosis of the limbs and diabetic decompensation).

Results
Regarding the hospitalizations due to diabetes complications, in the year preceding the implementation of the project there were 19 patients hospitalized for a total of 425 days, in the first year that number dropped to 17 patients with 232 days, in the second year there were 8 patients and 134 days of hospitalization. In the following year, the number rose to 20 patients, in a total of 546 days of hospitalization, however, in the 4th year, there was again a downward trend, with 14 patients, reflected in 227 days of hospitalization until January 2023.

Conclusion/Application to practice
The analyzed data reinforce the importance of surveillance and intervention by a multidisciplinary team in diabetic foot care. This analysis also highlights the impact of the conditions caused by the pandemic on health, specifically in nursing interventions and early diagnoses related to the diabetic foot.

References

Abstract Country
Portugal

Disclosure of Interest
No
Relapse of lupus nephritis in a dialysis patient
Vasiliki Zoi, Nikitas Piliouras
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Background
Systemic lupus erythematosus (SLE), is the most common type of lupus. SLE is an autoimmune disease, in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, blood vessels and kidneys.

Objectives
Lupus nephrites may lead to end stage chronic kidney disease in 22% of patients.

References
We present the case of a 62 y.o woman who was admitted to the hospital with febrile arthralgias, pancytopenia, active urine sediment and acute renal failure. Kidney biopsy was performed and lupus nephritis was revealed, for which she received methylprednisolone intravenously and mycophenolic acid. The deterioration of her clinical-laboratory picture put her on a dialysis program and due to thrombotic thrombocytopenic purpura related to SLE she received again methylprednisolone and immunoglobulin with no response to treatment. Cyclophosphamide in pulses of methylprednisolone, with an improvement in her hematological picture, but without improvement in her kidney function – she remained on a dialysis program. Nowadays and after 5 years from the diagnosis, she receives dialysis sessions, 3 times/week.

Results
The relapse of SLE in chronic dialysis patient is rare and demands a carefully management from the healthcare team in order of early recognition of SLE symptoms and of the high prevalence of infection additional to the existing elevated morbidity and mortality of patients with end stage renal disease under dialysis treatment.

Conclusion/Application to practice
The prognosis for patients with lupus nephritis has evolved from a terminal condition to one in which a fairly normal quality of life can be achieved. Aggressive therapy must be instituted as soon as possible, with the healthcare team and patient working collaboratively to manage disease symptoms and adverse reactions of medications. The overall goal is to address the patient's physical and psychosocial symptoms to add quality of life.

References

Abstract Country
Greece

Disclosure of Interest
No
21

Progressive Pauci-Immune Glomerulonephritis with Aberrant Fibrinoid Necrosis Associated with Atezolizumab, an Immune CheckPoint Inhibitor

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Attikon University Hospital, Athens, Greece

Background
Stimulation of the antitumor activity of the immune system using immune checkpoint inhibitors (ICIs) has proven efficacy in the treatment of multiple types of cancer, inducing the speedily expanding approval of therapeutic indications for ICIs.

Objectives
Herein, we present a patient with lung cancer treated with atezolizumab, an IgG1 monoclonal antibody aimed at the programmed death ligand 1 (PD-L1).

References
A 73-year-old male presented to the emergency department due to purpuric skin lesions on lower limbs. At presentation he was also found to have new onset of acute renal dysfunction and microscopic hematuria of glomerular origin; phase-contrast microscopy of the urine sediment showed 80–100 dysmorphic RBC, non-nephrotic range proteinuria, and anemia. His past medical history was significant for hypertension, atrial fibrillation with a pacemaker for the last five years, extensive small cell lung cancer under immunotherapy treatment, and immune-related pneumonitis grade 3, rapidly deteriorating renal function, new onset of significant glomerular hematuria and proteinuria. The renal biopsy revealed acute necrotizing pauci-immune vasculitis, with fibrinoid necrosis. The patient received a course of high-dose glucocorticoids with recovery of renal function and skin lesions. Further immunosuppressive therapy was withheld due to active malignancy in the lung.

Results
The patient responded to therapy: renal function gradually improved (serum creatinine 1.5 mg/dL, estimated GFR: 59 mL/min/1.73 m2) and microscopic glomerular hematuria diminished to 10–15 RBC/hpf. Renal toxicity improved from grade 3 to grade 1 and the patient remains in remission of vasculitis with no need to administer an additional immunosuppressant agent

Conclusion/Application to practice
Acute kidney injury is not a rare complication in patients with malignancies. Kidney injury in patients with malignancies, is related to a worsen prognosis and emerge the healthcare professionals to interrupt and/or diminish dose of potentially beneficial active treatments and prolong the hospitalizations increasing mortality and morbidity of any cause.

References
Frailty in elderly people on hemodialysis

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Background
Within the population of chronic kidney patients on hemodialysis, the elderly have characteristics of comorbidity and frailty that result in worse health prognosis and survival rate. (Anand et al., 2010, quoted by van Loon et al., 2019) Coexistence of frailty and hemodialysis is associated with a higher risk of hospitalization, falls and mortality. (Zhao, Liu, & Ji, 2019) The identification of frailty in the elderly may be carried out using the indicators proposed by Tilburg Frailty Indicator (TFI) questionnaire, applicable to any clinical scenario and easy to use by the nursing team. (Coelho et al., 2015)

Objectives
The purpose of this study was to assess the correlation between presence of frailty and health outcomes in the elderly population on hemodialysis, including the number of hospitalization episodes and length of stay, falls, vascular access dysfunction and mortality.

References
We performed a prospective observational study including 127 patients in a hemodialysis unit, with a 12-month follow-up. Frailty was defined as a score ≥ 6 on the TFI, in the validated Portuguese version.

Results
We found that the prevalence of frailty in the studied population was 50% and that patients with frailty were being hospitalized often and longer (average 10.5 days of hospitalization, in a proportion of 92% of the total episodes). We also noticed that 83% of falls and 79% of deaths occurred in frail patients. The correlation between vascular access dysfunction and frailty, defined at R²=0.02, proved to be statistically irrelevant for this sample.

Conclusion/Application to practice
The relationship verified between frailty in elderly people on hemodialysis and the occurrence of hospitalization indicates that the identification of frailty can be a good predictor of morbidity in this population. Having a small sample of population was the main limitation of the study and it would be useful to deepen the research with regard to frailty factors and targeted nursing intervention.

References
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Developing and testing a shared decision making intervention about dialysis or conservative kidney management

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Background
Most elderly people with chronic kidney disease must decide on having dialysis or conservative kidney management. It is challenging to know how to present the options in a balanced way for people making such decision at the start of these management pathways.

Objectives
To develop and test a shared decision making intervention involving patients, relatives and clinicians in the decision on dialysis or conservative kidney management.

References
• A user-design framework for developing and testing patient decision aids guided by International Patient Decision Aid Standards
• An iterative process working with patients, relatives and clinicians from eight hospitals in Denmark, and international experts
• Content informed by systematic review and patient decision aids: ‘Living well with kidney disease’ and ‘Dialysis choice’
• Evaluated using the SHARED questionnaire, interviews and focus group

Results
The intervention, name ‘Choosing treatment’ was developed over five iterations with three components: 1) training of the clinicians, 2) conversation between patient, relatives and clinicians, 3) a patient decision aid. The decision aid meets 21/24 IPDAS criteria, and a readability score equal to magazines. The SHARED showed that the patients experienced the interventions as shared decision making, this was confirmed by patients and relatives in the interviews. About 50% chose conservative kidney management.

Conclusion/Application to practice
We developed a shared decision making intervention acceptable for patients, relatives and clinicians for use within kidney services and implemented at eight hospitals in Denmark.

References

Abstract Country
Denmark

Disclosure of Interest
No
Informal Caregivers

Interventions for informal caregivers of people with end-stage chronic illness: A systematic review

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Background
People living with advanced chronic conditions, such as kidney failure, have extensive and complex care needs. Informal, or family caregivers often provide the care and support needed by those with advanced chronic conditions at home. These informal caregivers experience many challenges associated with their caring role, which can impact their wellbeing. Guidance on support for informal caregivers of patients with advanced chronic conditions is lacking, with little evidence available on effective psychosocial carer interventions.

Objectives
This systematic review aimed to explore existing interventions for caregivers of those with advanced chronic illness, to assess the effectiveness of these interventions in improving psychosocial outcomes.

References
Medline, CINAHL, EMBASE and PsycINFO, were searched up to December 2021. Studies focusing on interventions to improve psychosocial outcomes, such as depression, anxiety, quality of life and caregiver burden, were included.

Results
4317 articles were screened, identifying 11 studies for inclusion (reported in 12 publications). Data were extracted regarding study setting, design, methods, intervention components, and outcomes. Risk of bias and quality assessment were conducted. A narrative synthesis revealed mixed results. Psychosocial interventions resulted in more significant improvements in psychosocial outcomes than psychoeducational or support interventions; with interventions for carer-patient dyads also reflecting more positive outcomes. Evidence-based interventions, guided by a theoretical model were more effective in improving caregiver outcomes. Optimal intervention duration and frequency is unclear and needs further exploration. Differences in outcomes were related to intervention development, design, delivery, and outcome assessment.

Conclusion/Application to practice
This systematic review highlights the need for more robust, sufficiently powered, high quality trials of evidence-based interventions for caregivers of people with advanced chronic illness.

References

Abstract Country
United Kingdom

Disclosure of Interest
No
The unmet needs and experiences of informal caregivers of patients with ESKD receiving haemodialysis

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Background
Patients with ESKD receiving haemodialysis suffer from multiple symptoms presenting physical and emotional challenges for patients and their informal caregivers. Informal caregivers can experience anxiety, depression, and social isolation negatively impacting their overall wellbeing and resulting in caregiver burden. The needs of this group of informal caregivers have been largely neglected, with little emphasis placed on supportive interventions that might assist and support them in their caring role.

Objectives
To explore the unmet needs and experiences of informal caregivers of patients with ESKD receiving haemodialysis and to determine the components of a supportive intervention.

References
A qualitative study using semi-structured interviews (n=24) with informal caregivers. Data was analysed using thematic analysis. Interviews were transcribed verbatim and data management was assisted using NVIVO version 11.

Results
Three themes were identified: (1) The psychological and emotional challenge of informal caregiving (2) Challenges associated with provision of direct patient care (3) Strategies to enhance the informal caregiving experience

Conclusion/Application to practice
Informal caregivers of patients with ESKD receiving haemodialysis are at increased risk of physical and psychological distress and burden arising from their caregiving role (Matthews et al 2022). The unpredictable nature of ESKD and haemodialysis treatment negatively impact the informal caregiver’s experience, adding to the challenges of the role. Their information needs are inadequately met. They lack appropriate knowledge, skills, and guidance to assist them in their caregiving role (Tong et al 2014). Supportive interventions are essential to enhance their capability to deliver effective care and improve their quality of life (Peters et al 2020). This research identifies opportunities to provide practical, psychological, and social support whereby healthcare providers could develop and implement a suitable intervention to facilitate a more positive caregiving experience through the provision of knowledge, skills and assistance to facilitate the demands of their caregiving responsibilities, enabling them to perform their caring role more effectively.

References
Matthews M, Reid J, McKeaveney and Noble H (2022) Knowledge Requirements and Unmet Needs of Informal Caregivers of Patients with End-Stage Kidney Disease (ESKD) Receiving Haemodialysis: A Narrative Review. Healthcare. 10(57), pp1-12

Abstract Country
Northern Ireland

Disclosure of Interest
No
The experiences of informal carers of people receiving conservative management: A qualitative study.

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Background
Living with kidney failure has an impact not just on patients, but also their informal carers. Patients who opt for conservative management rather than dialysis experience difficult symptoms and the psychosocial consequences of their condition. Informal carers of patients who choose conservative management can also experience high levels of psychosocial burden, yet there is little guidance on how best to support informal carers.

Objectives
The aim of this study is to explore the experiences and unmet needs of informal carers of patients with kidney failure receiving conservative management.

References
We conducted semi-structured interviews with informal carers in London, England and Northern Ireland to explore their experiences of providing care for people with kidney failure who are receiving conservative management. We transcribed the interviews verbatim and thematically analysed the transcripts.

Results
Informal carers were typically providing care to loved ones who had multiple complex issues, alongside kidney failure. They described significant varied responsibilities and a feeling of being restricted in their social life because of their caring role. Carers also described a desire to know more about the trajectory of illness, including potential symptoms and care needs, as their loved one approached the end of life.

Conclusion/Application to practice
Informal carers of people receiving conservative management have unmet support needs, and further research is needed to ensure that their mental health and well being is adequately addressed, particularly towards the end of life.

References

Abstract Country
United Kingdom

Disclosure of Interest
No
Home Haemodialysis

74
Cognitive impairment in hemodialysis patients with responsibility for own treatment – The importance of knowledge
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Background
It is a well-known health problem that hemodialysis patients are at risk of developing cognitive impairment. These changes can have a significant impact on patients who, to a lesser or greater extent, take responsibility for their treatment. It can affect the quality of life and, contribute to suboptimal treatment due to difficulties in learning, remembering as well as understanding important information and dialysis recommendations. It is in our experience that very few patients are aware of these risks of cognitive changes.

Objectives
To uncover the extent of cognitive challenges in our patients, their experience, and how it affects them and learn about self-taught strategies to improve these challenges. We aim to create focus and information on the subject for both patients and dialysis nurses.

References
A review of the literature was conducted to inspire. The literature addressed cognitive impairment in dialysis patients, their experience, and how it affected them treatment-wise.

A questionnaire was made to uncover the cognitive changes experienced by the hemodialysis patients, and how they affected them and to get an insight into their strategies.

Results
Early results of the questionnaire show that more than half the patients do not know about the risks of cognitive changes. Approximately 77% of all the patients asked – aged 32 to 72 – had mild to moderate memory- and concentration difficulties. Patients had different strategies to make everyday life easier.

As the project/questionnaire is still ongoing further results will be presented at the conference.

Conclusion/Application to practice
The questionnaire provided knowledge that indicated that the patients are not sufficiently informed about cognitive changes. It is believed that knowledge about these changes will generate more compliance toward the treatment and quality of life. We would apply this knowledge to practice by educating dialysis nurses on the subject to support patients best, making written information for patients, and teaching them.

References
Karakizlis H., Thiele S., Greene B. and Hoyer J. Cognitive performance in dialysis patients – „when is the right time to test?” - BMC Nephrology 22, Article number 205. Published 02 June 2021
Søndergaard H. Hjernetåge – Nyrenyt, december 2018, årgang 43, nr. 4
**Identification and prevention of burn out in frequent home hemodialysis patients**

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**Background**

After 10 years of experience in training frequent home hemodialysis patients (5-7 times per week), where a total of 145 patients have been trained, there is a significant growing phenomenon: “burn out” of patients. After the first successful years at home, burn out signs are observed in some patients.

**Objectives**

Analysis of existing home hemodialysis patients, identify patterns and solutions to avoid drop out.

**References**

Qualitative and quantitative study through observations and multiple-choice questionnaires on the cohort of 52 patients. Patients rated their level of “Burnout” on a scale of 0 to 10 (0 meaning none, 10 meaning severe).

**Results**

Stress caused by machine related problems was highlighted by 50% of patients. Patients are recommended to go on vacation, 28% never did due to organizational difficulties or refusal to return to the center. From 72% going on holiday, 50% preferred to bring their own machine for flexibility and freedom. Some went in-center due to lack of storage at the holiday destination or absence of maintenance support. For 40% the financial allocated compensation motivated continuation of home hemodialysis. Despite these constraints, of 52 patients questioned, 32 refused to return temporarily to in-center dialysis for respite. 5 patients considered stopping home hemodialysis, 39 would experience returning to in-center as a failure. However, it remains an opportunity and freedom to be able to undergo dialysis for 2 hours, at home, at the chosen moment.

Availability of the training team and on-call telephone service was considered as essential by 57% of patients.

**Conclusion/Application to practice**

This study underlines the long-term impact of this treatment and recommends tools to be implemented to fight against this. It is essential to detect early signs. Solutions should be given to patients, who above all wish to remain on frequent home hemodialysis, which they are convinced will bring them a better quality of life.

**References**

- Hafedh Fessi – Clinical benefits of home hemodialysis and barriers to its development – Néphrologie & Thérapeutique 18 (2022) 5S18–5S22

**Abstract Country**

France

**Disclosure of Interest**

No
The creation of an expert home haemodialysis nurse trainer in France

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Background
In 2021, Home Haemodialysis (HHD) was implemented in one of our centers. Currently there are 27 patients on HHD using low flow dialysate cyclers. In July 2022, a medical device producing ultra-pure dialysate was made available in our country. This device would enable the patient to produce ultra-pure dialysate at home, thus simplifying logistics and making HHD accessible to a larger number of patients.

Objectives
The new device gave us an opportunity to expand our HHD service. Our aim was to create a new national role of expert HHD nurse trainer who would implement team and patient training, facilitate simplified logistics and support patient transition to home. Our desired outcome was to safely increase the uptake of HHD.

References
A Nurse Coordinator from one of our centres was identified as the ideal candidate to become the expert HHD nurse trainer. Patients and Nurses from within our network received training on HHD modality and the new device. In partnership with Medical Science Liaison (MSL) department, a new HHD patient pathway was developed, supported by new instructions and documentation.

Results
Since January 2023, a total of 9 nurses and 3 patients from 3 centres have been trained on the new device. Expansion of the HHD program continues, with another training session scheduled at a 4th clinic which has not before had an HHD program.

Conclusion/Application to practice
The partnership of expert HHD nurse trainer and MSL team approach makes it possible to democratise HHD among patients and facilitate the setting up of the first patients in centres which are launching this modality. In addition, the new device simplified the transition to home. The project has just begun but the potential is emerging to offer all clinics the necessary support for the implementation of HHD.

References
Am J Kidney Dis 2017 oct; 70(4) 464-475, N. Evangelidis et al

Country
France

Disclosure of Interest
No
Prevention of AVF complications by monitoring recirculation values

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Background
Vascular access recirculation occurs when dialyzed blood is returned through the venous needle and re-enters the extracorporeal circulation through the arterial needle, instead of returning to the systemic circulation. Increased recirculation values indicate early identification of problems with vascular access that may lead to a reduction in the effectiveness of hemodialysis treatment.

Objectives
To point out the possibility of early prevention and prevention of complications by monitoring the value of recirculation in vascular access during each hemodialysis treatment.

References
METHOD – by retrospective study
Measurement of recirculation value by the thermodilution method using the blood temperature monitor (BTM) module on the hemodialysis machine in the first hour of each hemodialysis treatment. The BTM module measures cardiovascular and recirculation in the fistula by measuring changes in blood temperature.

Results
The AVF recirculation value was monitored in the period from 1st of Jan to 31st of Dec '22. Number of patients followed was 77 (Male 68 %, Female 32 %), all with AVF. There was no significant differences in recirculation in patients with diabetes (26 %) and without diabetes.

Measured recirculation values: 57 % of patients had a recirculation < 10 %; 40 % of patients had a recirculation 10 – 20 %; 3 % of patients had a recirculation > 20 %

In 17 % of patients, significant deviations in their standard recirculation values were observed, so they were referred to additional diagnostic procedures (Color Doppler ultrasound) and, if necessary, surgical intervention.

15 % had a change of puncture site; 62 % of patients had 1 surgical intervention; 8 % of patients had 2 surgical interventions; 15 % had no changes.

Conclusion/Application to practice
By monitoring the value of recirculation at each hemodialysis treatment, we can easily detect deviations and we can react in a timely manner to the first signs of deviations in the value of recirculation and prevent the occurrence of major complications of vascular accesses, thus ensuring a high quality of dialysis.

References
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3. 5008 Hemodialysis System Operating Instructions Software version: 3.52 Edition: 5/09.06 Part no.: M38 816 1 0123 Fresenius Medical Care
5. „Vascular Access Management for Haemodialysis: A Value-Based Approach from NephroCare Experience“ Bernard Canaud, Pedro Ponce, Maria Teresa Parisotto, Ellen Busink, Christian Apel, Jörg Rammo and Stefano Stuard April 3rd, 2019

Abstract Country
Serbia

Disclosure of Interest
Yes
Thrombosis of fistula and arteriovenous graft: a nurse’s role on identification and prevention
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Background
The person with chronic kidney disease on hemodialysis treatment depends on a vascular arteriovenous access. The complications tied to the arteriovenous access are considered the most preponderant causes of morbidity and mortality, therefore specific care is needed. [1]

Acute thrombosis is the most common type of complication of arteriovenous access and is responsible for 80% to 85% of access loss. [2]

The nurse performs a crucial role in detecting changes that may occur on vascular accesses, as well as align the patient with the objective of promoting their self-care. [3]

Objectives
Planning nursing intervention strategies for thrombosis prevention.

References
Scoping review, according of the Joanna Briggs Institute recommendations. Using EBSCOhost and Pubmed platforms, were defined the descriptors DeCs and Mesh: “arteriovenous fistula” AND “thrombosis” AND “nurse care”. Papers published between 2012 and 2023, of free access to the full text in English, Portuguese and Spanish.

Conclusion/Application to practice
The responsibility of taking care of the vascular access is of everyone. That includes the patient, the professional and the caregiver. It is essential an accurate registration of the validation check-list based on the physical exam.

This monitoring allows to detect signals of thrombosis at an early stage, enabling a precocious taking of action to reduce such cases.

The nurse education and training programs are demonstrated in the literature as investments in developing the vascular access assessment skills.

Another aspect to emphasize is the importance of patient education in the sense of self-caring skills development, conveying information and knowledge regarding precautions and care for the arteriovenous fistula/graft in order for it to function properly. This study highlighted the importance of the patient self-care behavior, therefore, an attempt was made to deepen the analysis on the same regarding the arteriovenous fistula/graft care performed by the patients, enabling to build a training and education program patient-oriented.

References

Abstract Country
Portugal

Disclosure of Interest
No
Using 80% diluted heparin or saline solution as locking solution in central venous catheters

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Background
The use of Central Venous catheters (CVC’s) as an option for Haemodialysis vascular access is growing. Many products are used as CVC locking solutions, such as heparin or citrate. As the cost of these products is constantly increasing and their production is decreasing, alternative studies are carried out to replace them. Current information shows that using the right method during the application of the lock solution is more important than the property of the locking solution itself.

Objectives
A pilot study was conducted to reduce cost by decreasing the use of heparin as a CVC lock solution, and to be prepared for any heparin or citrate bottlenecks.

Methods
Five pilot clinics were identified for the study. Procedures were developed for these clinics, describing the use of 80% diluted heparin, and only saline solution for CVC locking solution. Patients with CVC to be included in the study were identified. Two patients were initially identified for the study at each clinic, and two more were enrolled each week. From the beginning of the study, patients and dialysis parameters were observed. Data collection forms were completed and reviewed each month. Practices continued without any problems and other clinics were also included in the study, which has continued for 2 years.

Results
As a result of this study, it was observed that using 80% diluted heparin or only saline as CVC lock solution did not produce a different result compared to standard heparin. Administering the lock solution slowly and without air is more important than the composition of the locking solution. Using 80% diluted heparin or only saline solution as a locking solution reduces heparin costs and does not cause a negative result in the quality of the patient’s treatment.

References
Impact of Vascular Access Cannulation Technique on Fistula Survival: A Systematic Review and Meta-analysis

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Background
Adequate cannulation technique (CT) methods and successful puncture are essential for hemodialysis (HD) and arteriovenous fistula (AVF) maintenance, while inadequate and unsuccessful puncture may lead to fistula complications and lower survival.

Objectives
- Identify which CT allows better AVF primary patency in HD patients.
- Identify which CT has a lower rate of AVF complications.
- Identify which CT causes less intensity of pain perception with cannulation.

References
Systematic search was carried out on database CINAHL, MEDLINE, Cochrane Library, Joanna Briggs Institute Library, and other gray literature. The search was performed to identify all randomized controlled trials (RCT) and observational studies comparing clinical outcomes of the buttonhole (BH) versus rope-ladder cannulation (RL) from 2010 until 2022. PICO framework was used for eligibility criteria definition. Risk-of-Bias (Rob2) tool was used for Randomized Trials and the ROBINS-I for nonrandomized studies. RevMan 5.4 was used for meta-analysis.

Results
A total of 5 RCT, 1 quasi-randomized controlled trial and 6 observational studies were included. Observational studies showed critical risk of bias. Meta-analysis showed that when compared with RL, BH significantly increased bacteremia [RR=2.76, 95% CI (1.14, 6.67), \( p = 0.02 \)], however showed no differences on AVF primary patency [HR=1.06, 95% CI (0.45, 4.21), \( p = 0.90 \)]. There was no thrombosis reduction [RR = 0.51, 95% CI (0.23, 1.14), \( p = 0.10 \)] or intervention number reduction [RR = 0.93, 95% CI (0.49, 1.80), \( p = 0.84 \)] with BH. Outcomes like pain, hematoma, aneurism, could not be merged due to lack of data, reported as median, as well as due to different definitions.

Conclusion/Application to practice
Compared with RL, BH is significantly associated with higher bacteraemia, however showed no differences on AVF primary patency. We did not find significant differences in the number of interventions and thrombosis between the two CTs. More studies are needed to validate the influence of BH in these outcomes.

References

Abstract Country
Portugal

Disclosure of Interest
No
Symptom Management 2

137
Quality of Life initiatives: enhancing care of dialysis patients, and reducing burden of symptoms

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Background
Health-related quality of life (QoL) is increasingly recognised as an important patient-centred outcome in haemodialysis (HD). “Patients suffering from end-stage renal disease and receiving dialysis experience a high symptom burden, which leads to an impaired quality of life and is associated with an increased risk of future hospitalisation and mortality.”1. These symptoms burdens are often not taken fully into account when managing patients.

Objectives
To reduce the burden of dialysis, by reviewing which symptoms are of the most bothersome to dialysis patients and to develop multidisciplinary care pathways to help alleviate some of these symptoms.

References
Topics for burden of symptom were chosen by review of those most bothersome from our HrQoL survey and findings from the patient perception survey, these were fatigue, chronic pain, pruritus and intradialytic hypotension.

Work groups were formed across selected countries both nursing and medical, a systematic review of any evidence regarding the topics was undertaken and key objectives assigned to each topic.

Care pathways were developed to improve care, and ways to measure outcomes and experience that matter to patients. Staff and patient education was created for each topic.

The projects will be launched as pilots in selected countries, followed by integration of each care pathway into our digital systems.

Conclusion/Application to practice
In implementing these programs we hope to address and alleviate those burdens that patients frequently find most bothersome and in doing so hopefully improve their quality of life. Increasing both patients and staff health literacy in these areas can only improve understanding and therefore treatment options. Moving forward it will be interesting to review the pilots once they are complete and develop further into full programs across our dialysis units continuing to improve care.

References
Investigation of sleep quality and optimism in patients undergoing renal replacement therapy

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Background
Poor sleep quality is a common problem among patients undergoing renal replacement therapy and often leads to fatigue, sleepiness, reduced daytime functioning, and increased morbidity and mortality. Poor sleep quality is caused by psychological problems, the treatment itself, and co-morbid diseases. Increased optimism can have a positive effect on sleep problems.

Objectives
The purpose of this pilot study was to investigate sleep quality and optimism in patients undergoing renal replacement therapy.

References
In this pilot study, 40 patients on renal replacement therapy participated (20 patients on hemodialysis and 20 on peritoneal dialysis), after receiving informed consent from each participant. Athens Insomnia Scale (AIS) and Revised Life Orientation Test (LOT-R) were used to evaluate sleep quality and optimism, respectively. The study was carried out from December 2022 to January 2023. Comparisons between the two types of treatment were made with Pearson’s x² test and Student’s t-test.

Results
Of all the participants, 55% had insomnia. Patients on peritoneal dialysis had a statistically higher rate of insomnia than patients on hemodialysis (p=0.042). Patients with insomnia had statistically significantly less optimism than those without insomnia (p=0.041).

Conclusion/Application to practice
Findings indicate that patients undergoing peritoneal dialysis had a statistically higher rate of insomnia, while patients with insomnia had statistically significantly less optimism than those without insomnia. Thus, individualized assessment is required for these patients in order to reduce levels of insomnia and improve optimism.

References

Abstract Country
Greece

Disclosure of Interest
No
CKD associated pruritus and degree of knowledge in nephrology nursing staff: time for action
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Background
Chronic kidney disease associated pruritus with is the sensation of itching directly related to kidney disease, without any other pathology. Although its prevalence has been able to decrease with the improvement of dialysis effectiveness, it persists and is underdiagnosed. The nursing staff has a very important role in diagnostic approach to this symptom.

Objectives
The aim of this study was to analyze the degree of knowledge and usual practice of the nursing staff about this problem affects the burden of disease and the QOL of the patient.

References
In March 2023, a survey of 14 questions was carried out in relation to the degree of knowledge and usual practice by the nursing staff about the CKD-Pa using the Microsoft Forms corporate application that forms part of the Office 365 package provided by the Center for Telecommunications and Information Technologies (CTTI).

Results
24 surveys (96% of nursing staff). 42% adequately estimated the prevalence of CKD-Pa. 78% diagnosed pruritus only if the patient expressed it and 50% did not use specific rating scales. The simple visual analog scale (21%) was the most used scale. All respondents considered that the CKD-Pa affected the patients QOL. Hydration of the skin (91.6%), avoiding triggering situations (75%) and correct monitoring of phosphorus in the diet (62.5%) were the most recommended tips. In daily practice, antihistamines (66.6%) and moisturizing creams (45.8%) were the most prescribed treatments. All of the respondents considered it useful to receive educational, with educational workshops (48%) or online courses (21%).

Conclusion/Application to practice
Nursing staff has adequate knowledge related to Pa-CKD, in terms of hygienic – dietetic advice, treatment, burden disease, etiological mechanisms involved and impact QOL. However, a proactive attitude towards its diagnosis and use of specific CKD-Pa questionnaires are aspects to take into account. With our results, we will consider continued training, to improve the diagnosis and treatment.

References

Disclosure of Interest
No
Let’s Talk about Sex
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Background
Up to 80% of patients with chronic kidney disease (CKD) experience sexual dysfunctions such as decreased libido, erectile dysfunction, difficulty achieving orgasm, and vaginal dryness.

Sexual dysfunction is rarely discussed by patients and nurses for four main reasons:
1. Patients rarely initiate a conversation about sexual dysfunction because they do not link this to CKD
2. Patients do not think it is a possibility to discuss sexual issues with nurses
3. Nurses rarely initiate a conversation about sexual dysfunction because they are afraid to cross patients’ boundaries
4. Nurses lack a professional language to talk about sexual dysfunction and are unaware of options to help these patients.

Objectives
To improve nursing care to patients with CKD experiencing sexual dysfunctions

References
A group of eight nurses from a nephrology department at a teaching hospital met in six sessions with the purpose of action learning. At each session, evidence-based literature was discussed and actions identified for each nurse to try out in clinical practice. At the subsequent session, actions were discussed based on reflections and new literature. Actions were adjusted to be tried in clinical practice.

Results
There is a need for a specific guidance to patients about sexuality, to inform about the connection between sexual dysfunctions and CKD, and to have the possibility to discuss sexual issues with nurses. Nurses needed guidance on how to initiate conversations regarding sexual dysfunction with patients, and to expand knowledge about sexuality and CKD.

Conclusion/Application to practice
The action learning process and use of evidence-based literature resulted in an online patient guideline available at the department’s webpage and a pocket card for nurses at the department. The pocket card includes suggestions for conversation starters, limited information about common sexual dysfunctions in patients with CKD, and sexual side-effects of the most common medical treatments.

References

Abstract Country
Denmark

Disclosure of Interest
No
Assessing patients’ self-efficacy on dialysis treatment

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Background
Perceived disease-related self-efficacy is considered a fundamental component of the successful self-management of chronic diseases. Prior studies have found that self-efficacy is associated with improvements in health behaviors and health status among people with chronic kidney disease (CKD). However, few studies have evaluated self-efficacy among patients undergoing dialysis.

Objectives
This study aims to evaluate self-efficacy among people undergoing dialysis treatment.

References
This study was performed to evaluate CKD patients’ self-efficacy and to determine the factors that significantly affect self-efficacy among dialysis patients. This was a cross-sectional study using a convenience sample of 190 patients undergoing dialysis. The patients’ self-efficacy was measured using the CKD Self-Efficacy Scale. Inferential statistics were used to analyze the data.

Results
The mean age of the participants was 49.24 ± 13.15 years. Almost half of them were males (48.4%), and 75.3% were married. The majority of the patients (83%) were undergoing hemodialysis. The total score for self-efficacy was 192.57 ± 39.23. Only occupational status and the type of dialysis were significantly and positively correlated with patients’ perceived self-efficacy scores.

Conclusion/Application to practice
This study provides primary evidence of the perceived self-efficacy among CKD patients who are on dialysis. The results of this cross-sectional study showed that greater self-efficacy was associated with employment and peritoneal dialysis. Strategies to enhance self-efficacy among dialysis patients, especially those on hemodialysis, are needed.

References

Abstract Country
Saudi Arabia

Disclosure of Interest
No
Online vascular access training for new nurses
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Background
Vascular access is of vital importance in hemodialysis patients. The initial treatment for an adequate hemodialysis treatment; it is the presence of an appropriate vascular access route that provides adequate blood flow. Newly recruited inexperienced nurses cause an increase in vascular access problems. In addition to eliminating these problems, training new nurses and enabling them to gain experience increases the workload of experienced nurses.

Objectives
As Fresenius Medical Care Turkey Nursing Care Department, we have created an online training program in order to increase the knowledge of newly graduated and inexperienced nurses recruited in 2021-2022 and to improve the awareness to protect the vascular access of HD patients. Also, we aimed to reduce the workload of experienced nurses by implementing this training program, which is both academic and practical.

References
New nurses who will receive training were determined by communicating with Clinic Head Nurses. Five groups were formed from the determined individuals. In order to make the training interactive, the groups were limited to 10-12 persons. The training program was planned to be held in the morning sessions of two working days. During the training, all topics related to vascular access in HD were explained. After each topic explained, small tests were applied, and the questions of the participants were answered interactively.

Results
The training program was repeated 5 times, allowing all new nurses to receive training. 62 newly recruited employees benefited from these trainings. Each participant was trained 7 hours about Vascular Access in HD. The effectiveness of the trainings is checked by cooperating with the clinical head nurses and by clinical monitoring visits. In the satisfaction survey conducted after the training, the participants gave the training a score of 4.9 out of 5 points.

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Abstract Country
Turkey

Disclosure of Interest
No
126

Influence of pain perception on adoption of cannulation techniques: Controlled interventional study

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Background
Pain perception during fistula cannulation remains a problem in nursing practice. Its prevalence depends on individual perception, but it is undoubtedly a factor that impacts the quality of life of the patients in hemodialysis treatment.

It is described in the literature that pain is responsible for the abandonment of some cannulation techniques, but is it what happens in practice?

Objectives
The objective was to implement intervention study comparing Multiple Single Cannulation Technique (MuST) with Rope-Ladder (RL).

The primary outcome was patient perceived pain after cannulation before study start at 6 and 12 months. Fistula complications of hematoma, bleeding time, aneurysm development and infection were tracked.

References
In this study, 46 patients were randomly assigned to MuST or RL between January 2022 and January 2023.

Pain of cannulation was assessed using a visual analog scale (VAS) from 0 to 10 points.

Results
Mean age was 68.61 SD=13.72 years, 30 (65.20%) were men. 24 (52.20%) were allocated to MuST group. 35 (76.1%) patients had previous aneurysms, 25 (54%) previous AVF and 20 (43.5%) previous CVC. Mean pain score at 12 months was similar for MuST and RL needling (4.31, SD = 1.14 versus 4.29, SD = 1.38; p=0.954). No differences were observed in the level of pain before and at 6 months either. However, 1 patient abandoned RL due to pain and 1 abandoned MuST due to increased hemostasis time. No signs of local infection or bacteria were observed. The main limitation was the vein length to implement RL and, occasionally, the MuST related increase in haemostasis time.

Conclusion/Application to practice
This study showed that MuST is a valuable technique with few complications similarly to RL implemented with diagram. MuST is easy to implement even in patients with prevalent AVF and needs no diagram.

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Abstract Country
Portugal

Disclosure of Interest
No
Using of rope-ladder technique on vascular access

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Background
Three cannulation techniques are known: rope-ladder (RL), buttonhole (BH), and area puncture. Using the correct cannulation technique is the most important factor for the preservation of the Arterio-Venous fistula, for the long-term use of the vascular access and for the effective hemodialysis treatment. Although area puncture is preferred because it is easy and painless, many studies explain the complications caused by the area puncture. Therefore, it is very important to choose the right cannulation technique in hemodialysis patients.

Objectives
In this study, we aimed to change to the rope-ladder technique from the area puncture on the patients with arterio-venous fistula that have been cannulated for a long time, to reduce the complications of vascular access and to prolong the fistula life of our patients.

References
All nurses were trained on how to apply the rope-ladder technique. Vascular access maps of patients with AV fistula were created and placed in patient files. These maps included the patient’s fistula region, the points of cannulation with the rope ladder technique, the sites of needle cannulation, and other data information. A follow-up form was created to record the cannulation information performed in each session and placed in the patient files. Before the application, the rope-ladder technique and its benefits were explained to the patients.

Results
When we started the study in October 2018, the rope-ladder rate was 20%, area puncture 60%, and the remaining 20% buttonhole, according to cannulation techniques, in a total of 113 patients with fistula. Two months after the start of the study, the rate of use of the rope ladder technique increased to 52%. Currently, the rate of cannulation with the rope-ladder technique in patients with fistula is 71%. During this period, it was observed that the visible improvement in existing aneurysms and no aneurysm growth in new fistulas were observed.

References

Abstract Country
Turkey

Disclosure of Interest
Yes
Nutrition

23

Developing a multimodal integrative intervention for the management of renal cachexia: theory of change.

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Background

Many health research advisory bodies have suggested that it is best practice to report on the Theory of Change (ToC) prior to piloting and evaluating an intervention to ensure the context and the effective elements of the intervention are understood.

Objectives

The aim of this study was use ToC to develop a theoretical framework for a multimodal, integrative, exercise, anti-inflammatory and dietary counselling (MMIEAD) for patients with renal cachexia, to better understand the causal pathways, anticipated outcomes and most suitable evaluation methods.

References

The ToC approach guided six steps. Step 1 included inputs from a key stakeholder workshop, step 2 the findings of our mixed-methods study and step 3 the results from our systematic literature review. In step 4, we used wider research to identify the underlying causal pathways for renal cachexia. In steps 5 and 6 we developed and refined the ToC map in consultation with key stakeholders to illustrate how the intervention components of MMIEAD interact to achieve the intended long-term outcomes and anticipated impact.

Results

The ToC approach to this study provided a theoretical framework which allowed the context and effective elements of an intervention for renal cachexia patients to be better understood. We were able to develop a ToC map which not only allowed the design of a multi-modal intervention, but also delineation of the ‘causal pathway’, ‘ceiling of accountability’, ‘preconditions’ and identification of the ‘ultimate impact’ of the intervention. The ToC map will be used to form the basis of an evaluative cluster randomised controlled trial.

Conclusion/Application to practice

There have not been any previous studies that have used a ToC approach to develop an integrated multi-modal intervention for renal cachexia patients. Our ToC map will provide an evidence-base for such integrated interventions aimed at improving quality of life, optimising symptom management and reducing premature mortality in patients with renal cachexia.

References


Abstract Country
United Kingdom

Disclosure of Interest
No
How we can empower patients to collaborate for optimal nutrition and mineral metabolism control

Anetta Cekała
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Background
Low compliance with nutritional recommendations among patients with CKD is still a significant problem which leads to deterioration of the clinical condition, lower quality of life, higher hospitalizations and mortality rates. Control of calcium and phosphate metabolism balance, interdialytic fluid gain, protein and potassium intake highly dependent on the patient.

Increasing the patients awareness of their role in the treatment is of utmost importance, and it is achievable by increasing the patient knowledge about how to manage their clinical condition. Therefore, Patient Education must be included in patient renal care plan.

Teaching methods, teaching materials and teaching frequency are some of the pillars to achieve the learning goals. The implementation of the program in multi-level sequences allows the patient to consolidate the knowledge, which is extremely important to assess the progress and show individual changes and direction.

References
In 2022, for 6 months, a nutritional educational program was implemented for more than 92% hemodialysis patients in 23 Polish dialysis clinics.

Educational activities covered for 4 areas: fluid intake, protein and energy intake, phosphates and potassium.

Results
By increasing their level of knowledge, patients changed their eating habits, engaged in the treatment process and adherence to recommendations, which improved their medical results. The most significant improvements were observed in CKD-MBD-3,3%, then 2,5% in nutrition and 2% in fluid intake. In addition, differences in outcome between gender and age categories were also observed, which was a valuable observation for the implementing the second-level of nutritional education program.

Conclusion/Application to practice
Health literacy is a critical factor in improving self-care, management and understanding of treatment. In addition, the patient actively participating in the treatment process has an impact on the clinical results.

References

Abstract Country
Poland

Disclosure of Interest
No
Arteriovenous fistula used for total parenteral nutrition: training and challenges for the dialysis ward.

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Background
Total parenteral nutrition (TPN) is used when enteral nutrition is not possible anymore due to permanent impaired gastrointestinal function. TPN is mainly administered through a central venous catheter (CVC) though these possibilities can get exhausted, and an AV fistula might be an option to administer TPN. Our ward was asked by the intestinal failure team of the hospital to assist and instruct patients receiving an AV fistula for TPN.

References
TPN is mostly administered during the night so the patient or a family member must be instructed to cannulate the fistula safely. We were involved in assisting 3 TPN patients over the last few years (the incidence is very low). We were missing a structured education plan for this category of patients. Once the AV fistula is created the dialysis ward is not informed and fistula care is not given. This is a problem. We preferably teach the patient and a family member to cannulate safely. In one case the partner was not able to cannulate, and we instructed home care nurses to perform this. Planning in these patients is essential and it helps when a functioning CVC is still in place so there is time for maturation and instruction.

Results
The logistics with these patients is so different from dialysis, it needed a complete overhaul of our procedures and protocols. Finding the time, place and nurses to instruct was not easy. We build small teams of 2-3 nurses to instruct to maintain continuity. We missed a structured training program so patients and family could handle complications and communicate timely with the dialysis ward to prevent worse.

Conclusion/Application to practice
We trained both a partner, son and home care nurses and educated several patients successfully. Based on our experiences, we develop a specific training program. Logistics remains a challenge.

References

Abstract Country
The Netherlands

Disclosure of Interest
No
The lived experience of cachexia for individuals with end-stage kidney disease and their carers

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Background
Cachexia is an important consideration in the person-centred care that is needed in end-stage kidney disease (ESKD). However, given that clinical guidelines relating to cachexia in ESKD are largely absent, this is an unmet care need. To inform guidelines and future ESKD service planning, there is an urgent need to understand individuals’ experiences of cachexia in ESKD and the interrelated impacts on carers in their lives.

References
A purposive sampling strategy is being used to recruit individuals living with ESKD who have cachexia and their carers (n=12) across two nephrology directorates, within two healthcare trusts in the United Kingdom. Interviews are audio-recorded, transcribed verbatim and analysed using interpretative phenomenological analysis. Ethical approval for this study was granted by the Office for Research Ethics Committees Northern Ireland (REC Reference: 22/NI/0107).

Results
Analysis has generated five preliminary themes: reduced appetite; reduced functionality; weight loss interpreted as a bad sign; social impact of cachexia; tension over feeding. Data reflects the multidomain impact of cachexia on patients with ESKD, impacting on biological, psychological and social domains. Furthermore, analysis confirms that the impact of cachexia in ESKD affects not only patients but also their loved ones who care for them in the domiciliary setting.

Conclusion/Application to practice
These preliminary insights are a critical first step in the development of care that both recognises and responds to the needs of this population. The findings of this study will help healthcare providers understand the challenges that individuals with ESKD and their carers face in relation to cachexia and inform future clinical practice guidelines. Further research and supportive interventions which are co-designed to address the multifaceted impact of cachexia in ESKD are urgently required.

References

Abstract Country
UK

Disclosure of Interest
No
Protein Energy Wasting syndrome, anorexia and sarcopenia among chronic hemodialysis patients: the HAS.PEW study.
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Kalliopi-Anna Poulia⁴
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Background
Anorexia and poor nutritional intake are common among patients undergoing hemodialysis (HD), resulting in increased risk of protein energy wasting (PEW) syndrome, which is associated with reduced quality of life, increased morbidity and mortality. Moreover, sarcopenia is also highly prevalent in this population, due to ageing, the effect of chronic inflammation and the disease itself.

Objectives
The aim of the Hemodialysis Anorexia Sarcopenia Protein Energy Wasting (H.A.S.PEW) study was to determine the prevalence of PEW syndrome, anorexia, and sarcopenia among a sample of patients under HD and explore associations between them and other parameters related to HD, demographics, clinical and laboratory data.

References
The H.A.S.PEW study was a cross-sectional study in patients receiving (HD) at a HD Unit in Greece. Body composition was analyzed by Bioelectrical Impedance Analysis (BIA), anorexia was diagnosed by SNAQ questionnaire and sarcopenia was identified by EWGSOP2 criteria. PEW syndrome was diagnosed by ISRNMM criteria using the simple PEWscore index. Statistical analysis was performed by SPSS24.

Results
190 patients (129 men) were evaluated (Age median:70, IQR:20) Prevalence of PEW, anorexia and sarcopenia was 14.7%, 25.3% and 30% respectively. Both anorexia (p<0.001, Phi=0.271) and sarcopenia (p<0.001, Phi=0.311) were positively and significantly associated to PEW prevalence respectively. Patients with PEW were older (p<0.001), under HD for fewer months (p=0.016), presented greater rates of central venous catheters (p<0.001), higher serum CRP (p=0.022) and lower Phase Angle (PA) values (p=0.001), in comparison to those without PEW. Multivariate logistic regression analysis revealed that patients with anorexia or sarcopenia had significantly higher risk of PEW syndrome than the non-anorexic or non-sarcopenic ones, after adjusting for age, CRP levels and total duration in hemodialysis. (ORadj=2.7, p=0.037 and ORadj=2.8, p=0.035, respectively).

Conclusion/Application to practice
Anorexia and sarcopenia may increase the risk for PEW. Early identification of them may contribute to the primary detection of patients at high risk of PEW.

References

Abstract Country
Greece

Disclosure of Interest
No
Self-Esteem in People with Chronic Kidney Disease Undergoing Hemodialysis Treatment
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Background
Worldwide, there is a progressive increase in CKD, with 1 in 10 adults having some degree of the disease. Portugal faces an annual increase in stage 5 CKD – in which the patient undergoes HD or transplant treatment – above the average of OECD countries, with high incidence and prevalence rates in Europe. In 2021, Portugal showed a slight decrease compared to previous years, with 20712 CKD patients undergoing treatment, with around 60% of these patients undergoing HD treatment. The diagnosis of CKD is interpreted as a sentence for life, both for the patient and those around him. In advanced stages, CKD has a strong impact on the individual's life, interfering with the ability to participate in ADLs. The new lifestyle, changes in self-image and ambiguous feelings between the fear of living and of dying may lead to feelings of some anxiety, sadness and/or revolt and, as a consequence, a decrease in self-esteem, often leading to a behaviour of resistance to treatment.

Objectives
The aim of our study is to evaluate self-esteem in the 150 clients with CKD in a HD program of a clinic in the southern region of the country.

If there is a need for psychotherapeutic intervention in patients at the clinic where the study is carried out

References
Mixed Study

Results
The distributed enquiries have not yet been analysed

Conclusion/Application to practice
With the expected results, we intend to assess the need for intervention by the Nurse Specialist in Mental Health and Psychiatry at the level of self-esteem in patients with CKD on a HD programme, with the aim of accepting the disease and increasing self-esteem.

References
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Abstract Country
Portugal

Disclosure of Interest
Yes
Frequency of Continuous Renal Replacement Therapy (Crrt) in Intensive Care Units
~ Our experiences ~
Gordana Novaković, Milena Fiket
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Background
Patients with acute renal failure, severe systemic infection, intoxication, extensive surgery or polytrauma very often require continuous replacement of renal function.

Nurses and medical technicians of the Department of Nephrology and Dialysis carry out the procedure of continuous renal replacement therapy (CRRT), which in practice means that they prepare the dialysis machine, set the dialysis parameters according to the nephrologist’s prescription and start the treatment.

Objectives
We monitored the frequency by the number of treatments, number of patients and the number of departments and units where treatments were performed in 2020, 2021 and first six months of 2022.

References
We collected data from the standard records of hemodialysis treatments at the hemodialysis unit.

Results
After monitoring the data, total increase of 109% in the number of treatments and 94% in the number of CVVHDF patients with local and systemic anticoagulation was registered in 2021 as well as in the first six months of 2022. The central ICU and general ICU units have a total increase of 100% in treatment, with a significant increase in treatment with local anticoagulation compared to 2020. In the COVID-ICU in 2020, 10 treatments were performed on only 1 patient, while in 2021, 213 treatments were performed on 16 patients. The CCU has a total increase in treatments from 221 with 26 patients in 2020 to 255 treatments with 27 patients in 2021. In the neuro-ICU, the number increases from 12 treatments with 2 patients in 2020 to 44 treatments with 6 patients in 2021.

Conclusion/Application to practice
We can attribute this statistically significant increase in CRRT methods to the COVID-19 pandemic, as well as to the fact that the hemodialysis department was under renovation during that period and it was not possible to perform IHD treatments due to technical conditions and temporarily relocated staff to the other CHC in Zagreb.

References

Abstract Country
Croatia

Disclosure of Interest
Yes
Quality criteria for nursing care for people with chronic kidney disease under hemodialysis

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Background
Quality of care is the degree to which health services, focused on the care of individual patients or populations, increase the chances of producing the desired results and are consistent with current professional knowledge. Quality in health comprises the provision of accessible and equitable health care, with a professional level of excellence, considering the available resources and with satisfactory results in terms of adherence and citizen satisfaction. It corresponds to the adequacy of health care to the needs and expectations of the client, with the best performance.

Objectives
Identify in the literature review the quality criteria of nursing care for people with chronic kidney disease undergoing hemodialysis.

References
A scoping review was carried out based on the recommendations of The Joanna Brigs Institute (JBI) through the CINHAL and MEDLINE databases. To perform the selection of studies the time frame from 2010 to 2019 was defined. The research was divided into three stages:
1. Identification of terms indexed in each database through the natural References of the research topic.
2. Search each database separately.
3. Selection of articles through titles and abstracts.

Results
We found 72 articles and selected 8 after strictly following the inclusion and exclusion criteria. The main results are:
- Training of nurses and the retention of competent nurses in hemodialysis units,
- Implementation of a culture of quality and patient safety,
- Development of actions by a multidisciplinary team focused on the therapeutic results of patients,
- Leadership involved in the care and legitimacy of nursing interventions.

Conclusion/Application to practice
The combination of quality criteria in care for patients with chronic kidney disease undergoing hemodialysis will determine better therapeutic results as well as improving the quality of care and patient safety.

References

Abstract Country
Portugal

Disclosure of Interest
No
Development of blood prime procedure for initiation of continuous kidney replacement therapy in children

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Background
The initiation of CKRT (Continuous Kidney Replacement Therapy) when using an extracorporeal circuit (EC) that is more than 10% of patient’s blood volume represents a challenge because a substantial portion of the blood volume (BV) is pumped through the EC and there is risk of hypotension and anemia. This occurs especially in neonates and small children who require CKRT and in children treated with high cut-off filters or adsorber cartridges. In these case using a blood prime prevents complications.

Objectives
Define a protocol for blood prime to initiation of CKRT in case of EC is more than 10% of the patient’s BV.

References
A unit of packed red blood cells (pRBC) has an approximate 6.8 pH, 0.3meq/dl ionized calcium, 70% hematocrit, and high potassium levels. We modified it to make a more physiologic blood prime. To correct low pH and decrease hematocrit we diluted pRBC 1:1 with sodium bicarbonate solution (sodium bicarbonate diluted to obtain a solution with Sodium 150mEq/L) using a Y-connector with the long arm connected to access line. Then we started prime and administered anticoagulant therapy.

At the end of prime we connected access and infusion line to the central venous catheter and started treatment. At this point we infused 0,5ml/kg of 10% calcium gluconate to the patient in 5-10 minutes (to counteract the low ionized calcium level in pRBC due to citrate anticoagulation). We corrected patient’s sodium bicarbonate e calcium ionized levels before starting blood prime.

Conclusion/Application to practice
The initiation of CKRT is a critical part of the therapy and requires clear protocols and skilled nursing. We developed a procedure to safely perform blood prime in children in case of EC’s volume exceed the 10% of the patient’s BV to reduce the risk of anemia or hypotension related to use of saline or albumin prime.

References
None

Abstract Country
Italy

Disclosure of Interest
No
AKI is correlated with mortality risk in heart failure patients supported with IABP
Chrysoula-Anthoula Panagiotou, Kyriaki Kolovou, Aggeliki Gkouziouta, Michael Bonios, Stavros Dimopoulos, Stamatis Adamopoulos
Onassis Cardiac Center, Athens, Greece

Background
Acute Kidney Injury (AKI) is common complication in patients with advanced heart failure (HF) and can be caused by a variety of factors, including reduced cardiac output, activation of the renin-angiotensin-aldosterone system, and neurohormonal activation. Early initiation of hemodynamic support with intra-aortic balloon pump (IABP) may improve renal function and outcomes.

Objectives
To investigate the impact of IABP therapy on renal function in patients with advanced HF and how this is correlated to mortality risk.

References
We evaluated the renal function of advanced HF patients, who needed hemodynamic support with IABP before and after the initiation of therapy. Clinical data included demographics, medical history including co-morbidities, and hemodynamic and echocardiographic parameters (LVEF). Laboratory data included serum creatinine, urea, and baseline eGFR (MDRD Formula), NT-pro BNP, total bilirubin.

Results
The mean age of the sample patients was 44 ± 12 years. Seventy six patients (73, 08%) were male. The median time on IABP support for the entire cohort was 13 days (3 – 41, 25). After the IABP initiation, clinical stabilization and significant improvement in renal function, e GFR (p< 0, 001), urea (p< 0,001) was observed. The survival rate was 87.62%. A statistically significant correlation of the outcome (death) with the value of NT-proBNP (p< 0, 0014), renal function (p< 0,001) and application of renal dialysis (p< 0, 0001), intubation (p< 0, 006) as well as the value of 24-hour lactic acid (p<0, 0001) was observed in patients with persistent impairment renal function despite the initiation of therapy.

Conclusion/Application to practice
Early initiation of hemodynamic support with an IABP is associated with a lower incidence of AKI and improved survival in advanced heart failure patients with clinical deterioration. Persistent impaired renal function and application of dialysis at 48-72 hours after IABP insertion is associated with increased mortality risk.

References

Abstract Country
GREECE

Disclosure of Interest
No
The impact of COVID-19 on dialysis services in Greece.

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Background

9 Nephrology Centers in Greece since 2000 mainly providing dialysis services to outpatients in practically all geographical districts of the country. At the beginning of the Covid-19 pandemic, 8 centers were providing dialysis services to 958 patients. Starting 27/2/2020 all regulations from the Greek CDC were implemented by introducing special protocol related to the management of COVID-19.

The pandemic dramatically increased our needs in resources such as staff, diagnostic tests, consumables, personal protection measures, infectious waste management and dialysis equipment.

Objectives

To measure the impact of the pandemic to the resource consumption of our dialysis centers.

References

The following resource attributes were evaluated: Nursing staff, Rapid Tests, Consumables, Infectious waste, Dialysis equipment

Results

20% of nursing staff number was added to the acting number of nurses to meet the increased needs of the pandemic. Simultaneously 40% of the nurses who left for the public health system were replaced with new staff.

1500 rapid tests were performed per week in all dialysis facilities.

The cost of individual protection was increased by 21%. Protocols have now imposed the use of face masks on all patients and staff. Management of suspect COVID cases required the use of:

- High protection respiratory masks
- medical gloves
- full body uniform
- head and foot covers

Younger staff training increased the needs of PPPs.

Increased use of protective measures increased the amount of infectious waste. Their growth rate was measured at a weight level of +5%. In addition, meal individual packaging, increased non-infectious city waste by 5%.

18 extra dialysis machines were added. Similarly, extra electronic thermometers and pulse oximeters were added to the facility equipment to meet the increased needs. The operation of a special isolation area for positive patients increased the energy needs of the centers.

Conclusion/Application to practice

Pandemic in dialysis unit created very difficult working conditions and significantly increased operating costs.

References

Patient monitoring system data

Abstract Country

Greece

Disclosure of Interest

No
Risk factors for catheter related bloodstream infections in hemodialysis patients

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Background
The main complication in hemodialysis (HD) patients with central venous catheter (CVC) is catheter related bloodstream infections (CRBSIs) and implementation of prevention practices for CVC care is critical.

Objectives
To determine the rate and risk factors for CRBSIs according to the type of CVC and implemented CVC care prevention practices.

References
In this multicenter retrospective study data were collected over a period of the last year. CRBSIs were identified using positive blood culture. The CRBSI rate was estimated as infection count per 1000 catheter-days and it was compared in HD patients with permanent CVC (PCVC) and temporary CVC (TCVC) over the two periods. Over the first 6 months period (Period 1) 1% Octenidine dihydrochloride for CVC care was used and over the next 6 months period (Period 2) 2% Chlorhexidine w/v alcohol 70%. For comparisons of means and frequencies analysis of variance and chi square test were performed.

Results
Of 47 HD patients (32M and 15F) with total 61 CRBSIs, 9 patients had multiple CRBSIs. There was statistically significant difference of CRBSI rate between the HD patients with PCVC and TCVC over the Period 1 (0,96 vs 2,31 CRBSI/1000 catheter-days, p=0,043) and Period 2 (0,246 vs 2,07 CRBSI/1000 catheter-days, p<0,001). The CRBSI rate in HD patients with PCVC and TCVC decreased over the Period 2 compared to Period 1, but not significantly (PCVC: 0,246 vs 0,96 CRBSI/1000 catheter-days, and TCVC: 2,07 vs 2,31 CRBSI/1000 catheter-days). There was no statistically significant difference of CRBSI rate in HD patients regarding the age, sex and presence of diabetes mellitus.

Conclusion/Application to practice
This study showed that the CRBSI rate was significantly higher in HD patients with TCVC compared to PCVC. The CRBSI rate decreased over the period in which Chlorhexidine for CVC care was used compared to period in which Octenidine was used, but not significantly.

References

Abstract Country
North Macedonia

Disclosure of Interest
No
Managing Change – Implementation of Aseptic Non Touch Technique into Haemodialysis Satellite Units

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Background
Following a review of clinical protocols, the Nursing Practice Group identified that the current clinical processes were not in line with those used by NHS/HSE Partners or within the inspection framework of healthcare regulators.

An indepth review of Aseptic Non Touch Technique (ANTT®) was completed by the project group to ensure this would meet the needs of all 35 clinics accross the UK and Ireland.

Objectives
• Adopt a recognised, universal approach for the connection and disconnection processes
• Streamline processes to improve patient and staff experience
• Maintain low infection rates
• Reduce impact on the environment, by reducing consumables and plastic waste
• Work towards ANTT® accreditation from Association for Safe Aseptic Practice

References
Existing processes were amended to reflect ANTT® and these changes were presented to the Integrated Clinical Governance Team for sign off. Once policy and procedure were approved, a comprehensive training plan and supporting materials were produced to support the roll out. ANTT® leads completed theory based training, classroom simulations and competency assessments to ensure full compliance.

Results
The revised process provided a streamlined, logical and recognised approach to patient care. Initial reviews show notable time savings when looking at the connection/disconnection processes as well as significant savings in terms of consumable costs and environmental impacts associated with additional waste. Feedback from patients and staff has been positive.

Conclusion/Application to practice
The revised ANTT® processes means that staff are utilising recognised processes, which not only supports new staff members from other organisations with their training but also supports with regulatory inspections. Initial time, consumable and waste savings demonstrate a sustainable approach to clinical practice.

References
Rowley S & Clare S (2020), How widely has ANTT been adopted in NHS hospitals and community care organisations in England and Scotland? British Journal of Nursing vol 29 no 16 pg 954-932

Abstract Country
Great Britain

Disclosure of Interest
Yes
Candida Auris in Dialysis Units: an emerging risk?
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Background
From 2009, Candida auris has emerged as a multidrug-resistant ascomycete yeast pathogen with the capacity for easy transmission between patients and hospitals, as well as persistence on environmental surfaces. Its association with high mortalities, breakthrough and persistent candidaemia, inconsistencies in susceptibility testing results, misidentification by available commercial identification systems and treatment failure, complicates its management and detection.

Objectives
In the hemodialysis population, infections are second only to cardiovascular disease as the leading cause of morbidity and mortality.

References
We present two year data from our dialysis unit, showing the emerging risk for the hemodialysis population and the growth of this pathogen in a public hospital.

Results
In 2021 and 2022 we dialysed n=6 patients with C. auris, 2 women (33%) and 4 men (67), with mean age 68.3± 4.8 y.o. Mean hospitalization days was 85.8± 61.7 days. Among comorbidities we found obesity (15%), diabetes (66%) and cardiovascular diseases (100%) All the patients were hospitalized in ICU with total parenteral nutrition and presence of central venus catheter. Candida auris was found in swabs of axile and groin (3 patients), urinary culture (2 patients) and blood culture in 2 patients.

The basic core of control measures in the hospital and the renal care unit environment are: early identification of the yeast as far as genus and species level is concerned, identifying patients with infection or colonization by the specific pathogen, isolation of the patient in a single room, apply contact precaution measures by all involved inpatient care and disposition of a dedicated renal nurse for the patient with Candida auris, with exclusive equipment.

Conclusion/Application to practice
Most C. auris infections can be cured by administration of echinocandins. However, some C. auris infections are resistant and in the three main classes of antifungal drugs, making infections difficult to cure, especially among dialysis patients.

References

Abstract Country
Greece

Disclosure of Interest
No
What have we learned with the pandemic experience?

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Background
The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic highly impacted people’s lives and has caused an excessive morbidity and mortality among the general population, but particularly impacted the most frail and vulnerable groups in which CKD stage 5 patients are included.

Objectives
• reflect upon behavioral changes due to the pandemic
• reflect upon current readiness for new threats

References
Based on the experience as a Crisis Response Team leader of an organization at country level, continuous observations and assessments, bibliographic research, and discussion with piers, a reflexional exercise were made to consolidate ideas regarding behavioral changes and preparedness for future pandemics.

Results
Despite the enormous impact that financial and health conditions have on people’s lives, our culture has a tendency to forget important information. The fatigue caused by the pandemic’s restrictions has made it challenging to maintain a sense of normalcy, but it’s crucial to find a balance.

Fortunately, changes in work habits, particularly in Europe, have emerged in the form of hybrid models. Additionally, there has been a resurgence in the production of various categories of devices, including personal protective equipment, which were previously manufactured in Southeast Asia.

Finally, combining data from multiple sources is essential for clinical practice, as it provides a reliable and straightforward way to obtain evidence. Therefore, the connection between various data sources is critical.

Conclusion/Application to practice
The need of ‘normality’ is important at several levels of the social organization.

Contingence, and mitigation planification starts to be part of the agendas.

Training of the general population, allowing easy access to information and healthcare may be the key aspects for preparedness.

However, transparency and information sharing among health authorities and governments of all geography, as well as equity in the access to innovative health resources are crucial for the successful response to the next pandemic.

References
Why do people say “no” to a kidney transplant? Understanding patient decision-making and choice

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Background

Kidney transplantation offers benefits for people with kidney disease by improving quality of life, providing freedom from dialysis, and reducing co-morbid complications associated with being on dialysis (1–4). However, little is known about the reasons why some people with kidney disease decline kidney transplantation when they are otherwise medically suitable.

Objectives

To develop an in-depth understanding of the lived experiences of people living with kidney disease, their experiences of decision-making and the reasons which led them to decline a kidney transplant.

References

Interpretative Phenomenological Analysis (IPA). Convenience sampling to recruit adults with kidney disease from 6 regional nephrology units within the United Kingdom (3 in Wales, 3 in England), and advertising on social media from August 2022 (ongoing). Semi-structured interviews were digitally recorded, transcribed verbatim and entered into NVivo 11. Transcripts were read and analysed using IPA methods (5), emergent themes were clustered into tables, connections and comparisons across individual participants were made.

Results

Preliminary findings from 23 interviews (female 6, male 17 aged 34years-77years, across all kidney replacement modalities, 2 had been previously transplanted). Pre-conceived ideas and negative perceptions towards kidney transplant resulted in the belief they would be worse off and assumed a kidney transplant would fail. Age-biased perceptions included being too old to undergo kidney transplantation. Uncertainties concerning complications, side effects of medication also deterred people. Being adjusted and unrestricted on dialysis and feeling well knowing what dialysis involved, seeing others living a long life on dialysis was reassuring. Avoiding deciding, uncertainties of kidney transplantation outcomes further delayed decision-making.

Conclusion/Application to practice

This study is one of the first to explore reasons for declining kidney transplantation. When completed the findings and recommendations will be used to inform the development of personalised interventions to support people living with kidney disease who need to make a decision about kidney transplantation.

References


Abstract Country

Wales, United Kingdom

Disclosure of Interest

No
Attitudes towards transplantation among healthcare professionals about transplantation

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Background
Transplantation is a method of treatment that saves people’s health and lives. Every year, about 1,500 organs are transplanted in Poland, but despite this, the number of people who need this form of treatment is still high. Healthcare professionals (HCP) more often than others meet patients in need of transplantation, as well as with the families of people presumed dead. The attitude of HCP has a significant impact on the perception of the idea of transplantation and decisions on organ donation.

Objectives
Learning about the attitudes and opinions of healthcare professionals on organ transplantation.

References
The study was conducted at the beginning of 2023 and included 218 healthcare workers. Diagnostic survey method was applied in the research, using the author’s questionnaire.

Results
Almost all respondents accepted transplantation as a form of treatment (both deceased or living donor) and 92.2% declared willingness to be a donor. The consent to donate organs of a deceased close relative declared 79.4%. 28.9% of respondents believed that death occurs only when the brain doesn’t work and ceased the heartbeat. In a situation where a relative or close friend needed a transplant, almost all respondents declared their willingness to donate one of their kidneys.

Conclusion/Application to practice
Healthcare professionals have the positive attitude to transplantation. However, there is still a need to promote awareness about organ transplantation, especially in environments that are directly related to the care of the organs donor and recipient.

References

Abstract Country
Poland

Disclosure of Interest
No
Assessment of weight gain one-year post kidney transplant

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Background
During the first year of kidney transplantation individuals tend to gain weight, due to a diet change, sedentary lifestyle, immunosuppressant medication, among others, acquiring the risk of developing overweight and obesity.

Objectives
The aim of this study was to assess weight changes, visceral adiposity index and body mass index during the first year after transplantation. Moreover, to determine the association between weight gain and the presence of hypertension, diabetes and dyslipidemia.

Results
We analyzed 83 individuals aged 55.4 ± 14.7 years, 70% males. 61.4% of individuals assessed were on hemodialysis, 8.4% on predialysis. Additionally, 89.2% cadaver donor, 12% previous transplant. Lineal correlation was found in pre-transplant weight and at 12 months post-transplant (72.7 and 75.6Kg respectively) (r= 0.896; p < 0.001). The regression analysis showed there was a negative lineal correlation between weight gain and age -0.330 (p = 0.001). Visceral adiposity pre-transplant was 9.25 ± 4.73 and at 12 months post-transplant was 9.78 ± 4.43 (p < 0.045). Finally, pre-transplant BMI was 24.83 ± 4.29 and 26.18 ± 4.47 at 12 months (p < 0.001). No association was found between weight gain and sex, hypertension, neither with diabetes nor dyslipidemia.

Conclusion/Application to practice
In conclusion a moderate overweight and obesity after transplant in the first year post-transplant was present. The results suggest the necessity to assess kidney transplant individuals in a multidisciplinary approach in order to manage dietary, physical exercise and clinical aspects.

References
Evaluation of attitudes towards transplantation among healthcare professionals

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Background
Transplantation of human organs is one of the most important and effective method of treatment for certain diseases. The attitudes of people from the medical community influence the social awareness related to transplantation.

Objectives
Comparison of attitudes and opinions towards organ transplantation among healthcare professionals and changes in their awareness in the last 11 years.

References
The results of the collected data from 2012 and 2023 were compared. Diagnostic survey method was applied in the research, using the author’s questionnaire.

Results
There has been an increase in awareness of organ transplantation over the years, especially in the context of the recognition of brain death: the percentage of healthcare professionals (HCP) recognizing brain death as human death increased by over 20%. In 2023 larger group of HCP declared willingness to be a donor, as well as the consent to donate organs of a deceased close relative if it were up to them. However, respondents in 2023 showed greater fear of organ donation due to the potential for fraudulent use of organ than those asked in 2012.

Conclusion/Application to practice
Healthcare professionals generally have the positive attitude to transplantation, but there is still place for awareness improvement through social campaigns targeted at this selected group.

References

Abstract Country
Poland

Disclosure of Interest
No
Leadership for Renal Healthcare Professionals

44

Cypriot nurses’ perceptions on their role in the care of patients with CKD

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Background
Chronic kidney disease (CKD) is recognized as a leading public health problem worldwide that impacts more than 10% of the global population. Healthcare systems are facing a considerable growth in the number of people with CKD and its substantial financial burden.

Objectives
The objectives of the study were to understand how nurses who provide care to people with CKD perceive and experience their roles and to identify different factors that positively or negatively affect the implementation of nurses’ roles.

References
An Interpretative Phenomenology Approach (IPA) was conducted that involved in depth individual semi-structured interviews with sixteen nurses working in CKD care. The sample was purposive and homogeneous, and the participants came from all the district hospitals of the Republic of Cyprus. The transcribed data was analysed, and key themes were identified.

Results
The study revealed that nurses have multiple roles in CKD care, including machine operators, providers of holistic care, unit bureaucrats, patient educators, and emotional supporters. However, it was clear that these roles varied across various work settings. Various factors affecting nurses’ roles were identified and classified into major themes: Nurse preparation, Organisational issues, Barriers to patient education, Difficult patients, and Nurses’ defensive behaviour.

Conclusion/Application to practice
Nurses play a key role in the provision of quality care to patients with CKD including the appropriate education. There are numerous factors that may facilitate or inhibit nurses’ professional roles performance, and a proposed framework has been developed to enhance CKD care which describes how healthcare organisations, nurses, and patients could contribute and support the delivery of high-standard nursing care.

References

Abstract Country
Cyprus

Disclosure of Interest
No
Onboarding Training For Clinical leaders: Fortifying A Robust Clinical Governance

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Background
In our renal network, we have been developing a digitalised care delivery model over the last four years, allowing us to deliver standardised care and provide consistent medical outcomes and safety in the countries where we operate. Early in the process, we realised the effectiveness of our strategy would rely on its design, if it fits the needs of all involved and how well it is disseminated and implemented. Onboarding our clinical leaders is integral to the success of our strategy. Reviewing the literature, the different aspects of the onboarding process, its importance, frameworks, practices and tools is well documented. Still, only a fifth of companies have a proactive plan, and the consequences of insufficient or non-existent integration are reduced performance levels and commitment.

Objectives
To facilitate the challenges of effectively introducing new strategies to empower clinical leaders.

References
In 2022, all the contents of our digitalised care delivery model were reviewed, seeking to select fundamentals to ensure a complete understanding of the company’s strategy.

Results
An eLearning training was created composed of 8 modules, namely Clinical Standards, Medical standards, Patient Care Evaluation, Education, Scientific Research, Digital Infrastructure, Clinical Auditing Process and Job Descriptions. Furthermore, additional educational materials were added and all the links to the digital systems. To help identify the acquired knowledge, a bank of 128 questions was created and a quiz of 32 questions with a pass rate of 80%. Additionally, there is the opportunity to give feedback about the training, and a 40 hours duration certificate is issued.

Conclusion/Application to practice
With this eLearning, we are securing a comprehensive training for all clinical leaders, who can navigate through the company’s care delivery model. As a result, the eLearning is ensuring the dissemination of our care delivery model in 23 countries and more than 400 clinics, ensuring optimal safe care and medical outcomes.

References

Abstract Country
Sweden

Disclosure of Interest
No
Building resilience in dialysis units
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Background
Resilience is the ability to turn adversity into opportunity and to learn from difficult situations. Dialysis nurses are forced to work in a fast-paced environment with chronic patients and complex equipment, and the lack of staff and excess workload does not always allow them to complete their work. It seems imperative to develop some support strategies to develop nurses’ resilience to enhance their professional practice.

Objectives
To describe nursing research that has been conducted to understand the phenomenon of resilience in nurses and especially in dialysis units.

References
This was a literature review. A search was performed in the electronic databases (Pubmed, Scopus, Google scholar) for articles, which were published in the period 2010-2023 in English, Greek or German. The inclusion criteria that were applied included the publication date had to be between 2008 and 2023, both qualitative and quantitative studies were included, and the sample of studies reviewed included only nurses.

Results
Resilience was an important factor to work engagement. Resilience can be a protective process for the negative effects of emotional effort. Although many resilience interventions have been designed to strengthen nurses, there is a need for more.

Conclusion/Application to practice
Nurses working in long-term care like dialysis units are at risk of burnout. It is important to understand that building resilience can support nurses. Early recognition of stressful environment is critical to promote resilience. Turnover intention in haemodialysis nurses can be a result of lower resilience levels. Training and a supportive working environment can help nurses to promote work engagement and remain resilient in difficult situations.

References

Abstract Country
Austria

Disclosure of Interest
No
Ethical, Psychological & Social Impact of CKD

17
Chronic Kidney Disease patients’ resilience, pain self-efficacy and health-related quality of life

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Background
End-Stage Chronic Kidney Disease (ESCKD) patients undergoing dialysis are initially asked to adapt to a new way of life, in stark contrast to their previous life with diminished quality. Resilience acts as a protective factor against adverse experiences.

Objectives
The present study aimed to explore the role of psychological resilience in ESCKD patients undergoing classic haemodialysis.

References
A cross-sectional study across hospitals in Central and Western prefectures of Northern part of a Southern European state was conducted. An initial sample of 150 adult patients with Chronic Kidney Disease and on haemodialysis for more than 6 months were approached. The Connor-Davidson Resilience Scale (CD-RISC), Pain Self-Efficacy Questionnaire (PSEQ) and the Greek version of the Kidney Disease Quality of Life Instrument (KDQOL-36) were administered in a one to one interview with each patient during haemodialysis. Statistical analysis was performed with IBM SPSS Statistics for Windows, version 26.

Results
The questionnaires were filled in by 112 patients with mean age of 62.41 (±16.16) with 73.2% (n=82) being male. Multivariate regression results showed that resilience had a positive effect on pain self-efficacy (p=0.001) and lowering effects of kidney disease (p=0.036) together with Pain self-efficacy (p=0.014). Pain self-efficacy was positive independent predictor on lessening the symptoms KDQOL Subscale (p=0.001), lowering the burden (p=0.008), improving the SF-12 Physical and SF-12 mental composites (p=0.001 and 0.029, respectively) and the KDQOL-36 Summary scale score (p=0.001).

Conclusion/Application to practice
In conclusion, the higher psychological resilience leads to higher pain self-efficacy and both can lead to higher health related quality of life in ESCKD patients, with limited input of demographical parameters such as age and female gender. As an ongoing study the finalised results will help better clarify the role of psychological resilience and pain self-efficacy in ESCKD patients.

References

Abstract Country
GREECE

Disclosure of Interest
No
Patient in hemodialysis, a vision beyond the physical

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Background
Humanized care is an ethical conduct that directs our nursing behavior. To provide care requires knowing someone’s physical and emotional needs, at an individual level, as well as its strengths and limitations and responding to those.

Objectives
To identify the humanizing needs of patient’s undergoing hemodialysis treatment, following Watson’s theory and observing the process from the patient’s lens.

References
Qualitative descriptive study, using semi-structured interviews with hemodialysis patient’s (n=9). They respective informed consent from September 2021 to June 30th, 2022, meeting the inclusion criteria and performed at the patients’ homes. The interviews were recorded and transcribed verbatim for later analysis using the method of Strauss and Glaser.

Results
Once the transcripts of the interviews were made, the content was analysed, looking for patterns, categorizing the meanings, discovering the needs from their perspective of renal patients according to the objective of our study.
Four main categories were obtained: promotion and acceptance of the expression of their feelings, sensitivity to recognize their vulnerability, the perception of humanized nursing care and the improvement of a relationship of help and trust.

Conclusion/Application to practice
Renal patients are suffering, vulnerable people who need to express their feelings and emotions as an enriching experience of feeling heard and being cared for with nursing care based on respect for their dignity, empathy and understanding.

They need an adequate relationship of help-trust, through the approach and accompaniment with active listening in the process of their disease.

It is important to raise awareness of the application of humanized care, because caring for and alleviating their suffering is part of the integral care of a patient, either in the maintenance or recovery of health, as in the process of the end of life.

References

Abstract Country
Spain

Disclosure of Interest
Yes
The importance of empathy in dialysis patients’ care
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Background
The helping relationship is the „conditio sine qua non“ of the effectiveness of nursing care, where one of the fundamental aspects is empathy, or the ability to enter into a relationship and perceive the feelings of the other and to understand them their meaning by establishing a balanced professional relationship with the patient, avoiding both the emotional involvement of the operator and the emotional isolation of the patient. Empathy plays a vital role in the social interaction and quality of life of patients undergoing chronic treatments such as dialysis.

Objectives
The objectives of this research are: verify the existence of a communicative and empathic relationship between nurse/patient and verify if the relationship established has a beneficial effect on the patient’s psychology, affecting the quality of life and adherence to hemodialysis treatment.

References
In this study, a literature review was conducted to explore the role of empathy in dialysis. A structured multiple choice questionnaire was administered to the nephrology and dialysis nursing staff.

Results
The literature review found that empathy plays an important role in improving the patient experience during dialysis. In fact, as can also be seen from the data in the questionnaire responses, operators who demonstrate empathy towards patients are able to provide valuable emotional support and improve their quality of life, reducing their state of anxiety and stress.

Conclusion/Application to practice
Empathy is a fundamental human trait which, together with the ability to listen, characterize a helping relationship. Communication is a two-way street where hearing alone is a physical act, while listening empathetically is an intellectual and emotional action that improves the quality of life and promotes therapeutic adherence in dialysis.

References

Abstract Country
Italy

Disclosure of Interest
No
The relationship between severe mental illness and chronic kidney disease: A scoping review

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Background
People who have severe mental illness, such as schizophrenia, experience higher rates of long-term conditions and die on average 15-20 years earlier than people who don’t have severe mental illness, a phenomenon known as the mortality gap. Long-term conditions, such as diabetes, impact health outcomes for people who have severe mental illness, however there is limited recognition of the relationship between chronic kidney disease (CKD) and severe mental illness.

Objectives
The aim of this scoping review was to explore the available evidence on the relationship between CKD and severe mental illness, in terms of risk factors, prevalence and outcomes.

References
Electronic databases, including MEDLINE, Embase, CINAHL, and PsycINFO were searched. Articles were included if they explored the relationship between severe mental illness and CKD, but were excluded if they focused exclusively on lithium, due to the already well-established link between CKD and lithium treatment. Thirty articles were included in the review.

Results
The included studies illustrated that there is an increased risk of CKD amongst people who have severe mental illness, compared to those who do not have severe mental illness. However, people who have severe mental illness and CKD are less likely to receive specialist nephrology care, are less likely to be evaluated for a transplant, and have higher rates of mortality.

Conclusion/Application to practice
In conclusion, there is a dearth of literature in this area, but the available literature suggests there are significant health inequalities in kidney care amongst people who have severe mental illness. Further research is needed to understand the factors that contribute this relationship and develop strategies to improve clinical outcomes, and access to kidney care.

References

Abstract Country
United Kingdom

Disclosure of Interest
No
Tandem therapeutic plasma exchange and continuous renal replacement therapy in acute kidney injury

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Background
Acute kidney injury is defined as an increase in the serum creatinine value by 26.5 mmol/l within 48 hours, or as an increase in serum creatinine value by 1.5 times compared to the basal value, which occurred within seven days or a diuresis of 0.5 ml/kg/h during the last six hours.

ANCA vasculitis is an autoimmune disease affecting small blood vessels in the body. When it affects the kidneys we call it ANCA glomerulonephritis.

We present the case of a 80 year old women admitted to the department of nephrology with acute kidney injury with increase in serum creatinine value of 539 umol/L. Kidney biopsy diagnosed pauciimmune glomerulonephritis with an extremely high titer of ANCA antibodies. Treatment with corticosteroids was started as well as renal replacement therapy. Considering the rapid development of acute kidney injury, therapeutic plasma exchange was started. A total of 7 therapeutic plasma exchange procedures were performed. Following the applied therapy, kidney function was recovered and the patient no longer requires renal replacement therapy.

Definition of word tandem is having two things arranged one in front of the other or a group of two machines working together.

Therapeutic plasma exchange can be performed concurrent with continuous renal replacement therapy in situations where patients disease requires both procedures.

The main goal of this paper is to describe how to run and where to connect acces and return lines in serial or parralel tandem circuit mode. Benefits of combined circuits are reduced time, continuous renal replacement therapy is not being interrupted, the same approach is used.

Carrying out tandem procedures requires highly trained, educated and experienced nurses as well as excellent communication between team members.

References

Abstract Country
Croatia

Disclosure of Interest
No
Centrifugal therapeutic plasma exchange in a pregnant woman with chylomicronemia and hypertriglyceridemia

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Background
Chylomicronemia is a rare autosomal genetic disorder which is attributed by the lack of lipoprotein lipase, which leads to higher triglyceride levels in the blood. Higher levels of triglycerides during pregnancy may cause numerous complications: pancreatitis, preeclampsia, hyperviscosity syndrome, premature birth or death of fetus. A 39-year-old, 31 week pregnant woman was admitted to the Metabolic Diseases Department. She had high triglyceride levels (49,33mmol/L) which remained at a high level even after conservative treatment methods.

Objectives
The patient was admitted to the Dialysis Department, where it was decided that she should undergo plasma exchange treatments.

References
The test results revealed a triglyceride level of 29.62 mmol/L before the first treatment. Due to the peripheral veins being chosen as vascular access, high lipid levels in the blood and the inability to use heparin as an anticoagulant to lower the possibility of complications (coagulation, unnecessary blood loss, longer duration of treatment), centrifugal plasma exchange was chosen. Centrifugal plasma exchange is unique because of the use of centrifugal force and continuous citrate anticoagulation to separate plasma, which lessens the blood coagulation. The centrifugal plasma exchange itself can suffer lower blood pump levels and has no filter membranes which the lipids could clog during separation. Citrate (with electrolyte control) is continually used as an anticoagulant.

Results
After the first treatment (which had no complications), the test result showed a triglyceride level of 7.63 mmol/L. The patient had 8 treatments by now and the triglyceride levels have been significantly lowered and the childbirth was successful.

Conclusion/Application to practice
Even though centrifugal plasmapheresis is not a recent method, it requires educated nurses for it to be performed adequately. It is due to the fact that those nurses are responsible for: preparing the patient for the procedure, observing the treatment and preventing complications.

References
Preventive foot control in dialysis patients is an absolute necessity.

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Background
Dialysis patients have a high risk of developing foot wounds and ulcers that can quickly lead to amputations of the lower extremities. This means patients suffering and it entails high hospital costs. Preventive foot control and early detection is therefore an absolute necessity.

Objectives
The purpose was to create a follow-up sheet with a clear overview of comprehensive foot examination in our electronic nursing file. The nursing staff was encouraged and trained to use this new procedure. The IT department was responsible for the adjustments in the program.

References
Dialysis patients have many comorbidities that predispose to developing foot wounds. Such as diabetes, vascular problems, neuropathy, vascular calcifications, anaemia, infections, hemodynamic changes, physical and psychological factors. A previous history of foot ulcers or amputations is a major risk factor for re-developing foot wounds.

If a foot ulcer nevertheless occurs, a multidisciplinary approach is essential to wound healing. It requires the cooperation of the dialysis nurse, the nephrologist, the patient’s family, the podiatrist, the vascular surgeon and the home nurse. The engagement and input of all specialties is important in achieving the objectives.

Results
After the various stakeholders gave their opinions, insights and advice, we have drafted a concise and efficient prevention program based on the guidelines of the IWGDF (the International Working Group of the Diabetic Foot). To implement this better into daily routine, we work with Sim’s Classifications.

Conclusion/Application to practice
Since the introduction of the new electronic file, there is a systematic foot monitoring on dialysis and this allows for quicker detection of problems and an improved cooperation with all specialists. If a foot ulcer nevertheless occurs, a multidisciplinary approach is essential to wound healing. The sooner a foot wound is discovered and a multidisciplinary treatment plan is established, the less suffering there is for the patient and the less overall costs.

References

Abstract Country
Belgium

Disclosure of Interest
No
We asked our patients, does the Internet has an impact on their treatment?

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Background
Some medical websites are accurate and regularly updated, so they can provide us with a lot of good medical recommendations and advice. However, not all the advice that can be obtained on the Internet, the advice and recommendations of doctors, sometimes the advice is shared by non-experts, and the sources of information are completely irrelevant.

Objectives
Our goal is to investigate whether the Internet is a second opinion or a window for finding solutions to problems? Are they informing themselves about symptoms or looking for treatment protocols? Is the education we provide during dialysis treatments sufficient or should the content be changed or the approach adjusted?

References
The research was conducted through a survey. The questionnaire consisted of 5 questions, and the survey lasted 7 days.

Results
65 respondents participated in the survey, 42 (65%) m; 23 (35%) w. Average age 4.62% <34 years, 6.15% >35<44; 38.46% >45<64, 29.23% >65<74, 18.46% >75<84, 3.08% >85. Time spent on dialysis 7.69%<1; 13.85% >1<3; 24.62%>3<5; 23.08% >5<10; 20%>10 years. 27 (42%) do not use the Internet for medical examinations, while 38 respondents (58%) do. When asked whether they have the freedom to ask the medical staff everything about their health, 94% answered yes, and 6% answered no. They mostly researched advice related to nutrition 32%, vascular approaches 15%, physical activity 5%, PTH 5%, tourist dialysis 13% and 30% medical advice not related to dialysis. When asked whether they only apply advice from medical staff, 23 (60%) answered yes, 6 (24%) answered no, and 9 (16%) answered sometimes.

Conclusion/Application to practice
The results of the survey are an indication that our patients have confidence in their medical staff. Our focus is to justify that trust, intensify work on education, listen to the patient and pay attention. No internet site can replace the skill and knowledge of doctors and nurses.

References
2. STADA Health Report 2021: Representative online study by Kantar on behalf of STADA. Research time frame: March through April 2021.

Abstract Country
Serbia

Disclosure of Interest
Yes
25  
Effect of hemodialysis patients’ anxiety/depression on family caregivers

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Background
Anxiety and depression of patients undergoing hemodialysis have a strong association with the levels of anxiety and depression of their caregivers.

Objectives
The aim of this study was to investigate the effect of anxiety/depression of hemodialysis patients on anxiety/depression of their family caregivers.

References
In this cross-sectional study, 414 pairs of patients and caregivers in Greece participated. Anxiety and depression were evaluated by the State–trait anxiety inventory (STAI) and the Beck depression inventory (BDI). Normality was evaluated graphically with QQ plots and Kolmogorov-Smirnov test. To test the association between patients’ and caregivers’ score, spearman’s rho correlation coefficient was calculated. Non-parametric tests were performed to evaluate potential risk factors between variables. In order to estimate the effect of patient’s anxiety/depression on that of their caregivers, multiple linear regression was performed, taking into consideration potential confounders.

Results
Regarding STAI scale, one unit increase in patients’ state anxiety score resulted in an increase in caregivers’ state anxiety score by 0.29 points after adjustment for potential confounders (β=0.29, 95% CI: 0.18-0.41, p=0.001). Similarly, one unit increase in patients’ trait anxiety score resulted in an increase in caregivers’ trait anxiety score by 0.28 points (β=0.28, 95% CI: 0.18-0.38, p=0.001).

With regard to BECK scale, multiple linear regression revealed that one unit increase in patients’ depression score led to an increase in caregivers’ depression by 0.22 points after adjustment for possible confounders (β=0.22, 95% CI: 0.14-0.30, p=0.001).

Conclusion/Application to practice
The findings of this study indicate that caregivers had higher scores of anxiety and depression when their patients had high scores of anxiety and depression as well. Support interventions and information are essential for caregivers in order to reduce their anxiety/depression and cope effectively with their patients. Additionally, personalized psychotherapeutic approaches, counseling and pharmacological treatment can help caregivers reduce anxiety and depression levels.

References

Abstract Country
Greece

Disclosure of Interest
No
The effects of mandala colouring on fatigue, coping with stress and psychological well-being

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Background
Hemodialysis is an important health problem that negatively affects psychosocial status and support systems. Through practices such as mandala coloring, individuals transfer the unknowns they experience to the outside and make them visible through this creation.

Objectives
This study was conducted to examine the effects of mandala colouring on fatigue, coping with stress and psychological well-being in patients receiving haemodialysis treatment.

References
This is a randomized controlled study. The study was conducted in the dialysis unit of a university hospital in the east of Turkey with a total of 60 patients, 30 in the intervention and 30 in the control group, between April 4 and October 31, 2022. Intervention group patients coloured mandala for 2 hours once a week for a total of 8 weeks. The data were collected with Patient Information Form, Fatigue Severity Scale (FSS), Coping with Stress Scale and Psychological Well-being Scale (PWS) through face-to-face interview.

Results
Lower FSS and Desperate Approach and Submissive Approach mean scores and higher PWS, Self-confident Approach and Social Support Seeking Approach mean scores of the intervention group when compared with the control group after mandala colouring intervention were found to be statistically significant (p=0.001).

Conclusion/Application to practice
It was found that mandala colouring had a large effect on decreasing the fatigue severity and ineffective coping styles with stress and increasing psychological resilience and effective coping styles with stress.

References

Abstract Country
Turkiye

Disclosure of Interest
No
What challenges does home haemodialysis pose for healthcare professionals?

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Background
The current era of fast technological changes offers us many new opportunities in healthcare services. Sophisticated dialysis technologies allow haemodialysis to be performed at home, however, this presents a number of challenges for healthcare professionals.

Objectives
To map the potential challenges faced by healthcare professionals when introducing home haemodialysis (HHD) as a treatment modality to kidney patients.

References
For data collection, we chose a quantitative method in the form of a questionnaire. The analysis was based on the responses of renal nurses dedicated to HHD, which were conducted among five Renal Care Centres.

The questions concerned the issues nurses face while providing care or patient education and how they overcome challenges that arise.

Results
It was confirmed that the challenge for nurses are psychosocial issues and standardized care procedures would be beneficial. Furthermore, nurses would welcome a platform to reflect on their own behaviour and approach to patients, especially when working with patients with specific needs or during emergencies.

Conclusion/Application to practice
It turns out that the quality of the service is directly dependent on the workers – their skills and education, leadership, support, and working conditions. The obtained results can be used for further theoretical research and possible elaboration of specific steps to create a platform for sharing and continuous education of HHD providers.

References

Abstract Country
Czech Republic

Disclosure of Interest
No
Social functioning in hemodialysis patients – where to make improvement?

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Background
Chronic Kidney Disease (CKD) patients on Haemodialysis (HD) are burdened by multiple comorbidities, higher hospitalisation rate and mortality, as well as treatment-related complications. These factors affect their social functionality, Health related Quality of Life (HRQoL) and limiting their social interaction. HRQoL is assessed through Kidney Disease Quality of Life Short Form survey (KDQOL-SFtm) which is kidney disease-specific measure of HRQol, consisted of several domains covering all aspects of individual’s perceived physical and mental health.

Objectives
To access the social functioning alongside other domains of KDQOL-SFtm

References
Data from 130 patients from a single HD center, who completed the KDQOL-SFtm survey, were collected and cross-sectionally analysed. The survey included 22 domains covering CKD (symptoms, effects and burden of the disease), staff encouragement, patient satisfaction, physical and mental functioning, as well as social interaction and functioning.

Results
The study population’s characteristics were, 71 males (54.62%); aged 65.28±13.55 years; HD vintage 75.91±72.54 months, dialysis time 256.91±10.47 minutes; 84 patients (64.6%) had AVF, remaining CVC. Diabetes was present in 44 patients (33.85%); Charlson comorbidity index was 5.92±2.74. Social functioning scored 51.44±24.84, correlating with cohort’s demographics and treatment characteristics, diabetes, as well as other KDQOL-SF domains. Statistical analysis showed that gender (p=.94), age (p=.95) and vascular access type (p=.65) had no impact on social functioning, whereas diabetes (p=.002) showed significance. The highest significance in social functioning showed pain (p<.00001), sleep (p<.00001), energy-fatigue (p<.00001), emotional well-being (p<.00001), physical functioning (p<.00001), social support (p=.0001), burden of kidney disease (p=.0005) and overall health (p=.0008).

Conclusion/Application to practice
Social functioning in patients on maintenance HD was impaired by many aspects related to their kidney disease and HD treatment. This is reflected in the results in the majority of KDQOL-SFtm domains, which can be used for developing individualized action plan to improve the individuals health-related quality of life.

References

Abstract Country
North Macedonia

Disclosure of Interest
No
The prevalence of musculoskeletal disorders among professionals in a Hemodialysis Unit
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Diaverum, Almada, Portugal

Background
EU-OSHA defines musculoskeletal disorders (MSDs) as impairments of bodily structures such as muscles, joints, tendons, ligaments, nerves, cartilage, bones and the localised blood circulation system.

MSDs are the most prevalent work related problem. Three out of every five workers in the European Union report MSDs complaints, the most common reported are backache and muscular pain. Nurses work in environments that are not prone to favourable health conditions. There are several factors that contribute to MSDs, with implications for productivity, absenteeism and reduced quality of life.

Objectives
The aim is to analyse the prevalence of MSDs in health workers on a hemodialysis unit, as well as analysing the effect of different risk factors for the development of MSDs in their prevalence.

References
We conceptualised a study of a quantitative nature, of transversal and descriptive-correlational typology, using a non-probabilistic sample. As a harvesting tool data, a self-completion questionnaire was used, with the incorporation of a sociodemographic characterization form, the perception of the risk of occurrence MSDs was based on the adaptation of the Nordic Musculoskeletal Questionnaire.

Results
We expect to conclude according to the bibliography, which tells us that a higher proportion of MSDs occurs in female individuals, older than 35 years old, married, on a work contract and with professionals over 5 years. Also who presents knowledge of the perception of the risk of developing MSDs and use of equipment such as board transfer, presents smaller proportions of MSDs.

Conclusion/Application to practice
Conclusion, the impact of MSDs affects the general health situation of the worker, but also has an impact on the economy, on enterprises and the financial and social costs to the countries.
Investing in preventive measures have proven to be effective.

References

Abstract Country
Portugal

Disclosure of Interest
No
55
The process of transition from paediatric to adult healthcare services for nephrological patients
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Background
Transitioning a paediatric patient with chronic kidney disease, renal failure with the need for dialysis to an adult renal care centre (RCC) brings with it several challenges. In the Czech Republic, the process of transferring paediatric patients to adult service is by the time they reach 19 years of age.

Objectives
The aim is to focus on the issue of the transition of a paediatric patient with CKD to an adult unit and to share a single-center experience.

References
Description of the process. There are two paediatric RCCs and one dialysis-transplant centre in the Czech Republic, which provide comprehensive care for children with CKD. Patients from paediatric centres are transferred to respective adult RCCs. The transfer includes preparation for transfer, transfer itself and follow-up at the adult unit.

Conclusion/Application to practice
The number of young patients transitioning from pediatric to adult renal care has been progressively increasing for some time, mainly due to improvements in screening for renal anomalies, which have resulted in a growing number of children with chronic kidney disease (CKD).

The transition is associated with extraordinary demands. In clinical practice, it is possible to recommend the creation of the position of a transition nurse coordinator and introduce the education of staff regarding specific aspects of transitional care.

Create and implement a transition pathway that includes a transition plan, the educational program, the timing of transfer to adult services, and the presence of a coordinator with the aim to lower the risk of discontinuity of care.

References

Abstract Country
Czech Republic

Disclosure of Interest
No
Effectiveness of a health education support to vulnerable dialysis patients’ self-management during covid-19

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Background
Chronic kidney disease (CKD) is a growing health problem which affects more than 10% of people in worldwide. In Vietnam, it is estimated that more than 6% of the total Vietnamese population living with CKD. Each year a further 8,000 people are newly diagnosed with end-stage kidney disease (ESKD) and about 800,000 people are required dialysis to sustain life. In addition, the recent COVID-19 pandemic has affected and caused the global deaths of many people, particularly those suffering from chronic diseases including people with CKD. The previous intervention study on people with pre-dialysis in Vietnam indicated the effectiveness of health education program provided by nurses to improve patients’ CKD knowledge and self-management behavior to self-manage their disease condition. However, less intervention study has been undertaken for those with hemodialysis in Vietnam.

Objectives
To provide an individual health education program to Vietnamese dialysis patients to support patients understanding their health and improve dialysis patients’ self-management during COVID-19.

References
Using a one-group pretest-posttest intervention 100 dialysis patients aged ≥ 18. The intervention involved face-to-face education by using teach-back method and a booklet for dialysis care. Study outcomes were kidney disease knowledge, knowledge of COVID-19 prevention, and hemodialysis self-management behaviour measured at week 0 and week 12.

Results
More than half of the participants were female (61%) with a mean age of 43.80 ± 11.60. The mean scores of kidney disease knowledge, knowledge of COVID-19 prevention, and hemodialysis self-management behaviour were significant increased after weeks 12 when the intervention completed.

Conclusion/Application to practice
Health education support program benefited dialysis patients in Vietnam by improving kidney disease knowledge and hemodialysis self-management behaviour. The intervention is brief and can be delivered by nurses in the dialysis unit.

References

Abstract Country
Vietnam

Disclosure of Interest
No
Occupational risk assessment study at haemodialysis unit of general hospital papageorgiou

Ioannis Pantelidis, Alexandra Lioka, Marianna Eleftheroudi, Dorothea Papadopoulou

Background
In the context of implementing actions to prevent occupational risks and improve hygiene conditions the haemodialysis unit of our hospital proceeded to prepare this occupational risk assessment study, in order to identify the risks faced by its staff during the performance of their duties.

Objectives
The implementation of measures to promote the safety and health of employees at work.

References
This study includes: 1). identification of risk factors from building infrastructures, installed equipment and the way work is organised, 2). the risks from physical, chemical, biological factors, 3). the way to deal with these risks, 4). the proposed interventions and 5). the evaluation of the interventions. A quantitative and qualitative risk assessment was carried out.

Results
The possible risks that the staff may face during the performance of their duties have been identified. The most important are: floors that are slippery due to not being kept clean and dry at all times, corridors that are obstructed by objects so that they cannot be easily used, unobstructed access to fire extinguishers, compliance with measures in case of chemical spillage, and constant standing posture of the staff during the execution of the work. This was followed by the planning and organisation of interventions in the working environment with the ultimate goal of maintaining and improving the health of employees.

Conclusion/Application to practice
Occupational risk assessment is a continuous and dynamic process aimed at eliminating the risk factors of occupational accidents and diseases, and is important for creating a safe working environment.

References
Health and safety obligations – your guide to Greece – gov.gr
Occupational risk assessment study at HD unit of G.H.Papageorgiou, Pantelidis I., 10/2022
Supporting Compliance for Workplace Safety Requirements / safety and health at work -journal, vol.13

Abstract Country
Greece

Disclosure of Interest
No
82

Eurotransplant Acceptable Mismatch (AMM) Program and kidney transplantation - Case-report

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Background
HLA immunization in potential kidney transplant recipients can be extremely high, resulting with a very low probability of finding an immunologically suitable organ. Eurotransplant has designed a special program (Acceptable Mismatch Program, AMM). Enrollment in this program does not increase the usual risks associated with kidney transplantation. Patients included in this program have priority over “regularly” listed patients.

Objectives
The risks are primarily the result of high sensitization, which carries an increased risk of acute rejection of the transplanted kidney, and somewhat more intensive immunosuppressive therapy. Patients can revoke their decision any time without additional justification and sanctions and return to the “regular” program on the Waiting List.

References
Immunoadsorption (IA) is an extracorporeal method by which specific antibodies are removed resulting in a reduction of circulating antibodies. The procedure is performed immediately before and after organ transplantation. Usually, 5 to 8 procedures are carried out although some patients may also require long-term (chronic) treatment.

Results
Case-report: We present a case of 45 year old male, the primary kidney disease is a mesangioproliferative form of IgA nephropathy. In 2004 he received his first kidney allograft. In 2011 he was treated because of combined acute cellular and humoral rejection. Due to development of end-stage kidney disease hemodialysis started in 2018. He was evaluated for (re) transplantation and no contraindications were found but due to high sensitization (panel reactive antibodies, PRA > 99%) in March 2022 he was included in Eurotransplant AMM program. He received his second kidney allograft in November 2022 with primary graft function. His immunosuppressive regimen included tacrolimus, mycophenolat and higher doses of steroids, with simultaneous IA during the early posttransplant period and donor-specific antibodies (DSA) titre measurement (8 IA procedures was provided).

Conclusion/Application to practice
He was treated with steroid bolus therapy and IA procedures were initiated. IA are performed on a weekly basis.

References
Renal transplantation in patients with Balkan endemic nephropathy
N Basic-Jukic, I Hrsak-Puljic, P Kes, L Bubic-Filipi, J Pasini, T Hudolin, ... Transplantation proceedings 39 (5), 1432-1435
Kidney transplantation
N Basic-Jukic and co.
Immunoadsorption therapy
Fresenius Medical Care

Abstract Country
Croatia

Disclosure of Interest
No
90
Sleep quality in hemodialysis patients: a comparative study according to the hemodialysis shift

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Background
The quality of sleep of chronic renal disease patients is a determining factor and is directly related to their quality of life. Poor sleep quality is a frequent problem in hemodialysis patients (Sabet, R. 2012). Studies show that more than half of hemodialyzed chronic renal patients have poor sleep quality (Rebelo, H.2018). It is crucial to integrate sleep quality assessment and management into the care of hemodialysis patients (Mujahid, M. 2022). However, more knowledge is required about the influence that the shift of hemodialysis treatment has on sleep quality. Nocturnal dialysis has been shown to be beneficial for the morbidity of these patients and its influence on treatment efficiency is undeniable, however, the scientific community falls short on comprehension about its influence on the quality of sleep of patients undergoing nocturnal dialysis.

Objectives
To evaluate and compare the sleep quality in patients undergoing outpatient hemodialysis treatment, according to the different shifts: daytime and nighttime.

References
This study is part of a quantitative methodology, with an exploratory and descriptive approach, between March 2023 and June 2023. The following inclusion criteria were defined: age >18 years; patients in HD treatment from 4 hemodialysis units in the country; conscious and oriented in time and space; able to communicate and understand the scale; who agreed to participate in the study through informed consent. The data will be obtained resorting to a sociodemographic questionnaire and Pittsburg sleep quality assessment scale, and later submitted to statistical treatment.

Conclusion/Application to practice
Poor sleep quality is a frequent problem among patients undergoing HD treatment, so it must be diagnosed and treated properly to improve their quality of life and effectiveness of care. So, it becomes important to identify the quality of sleep of hemodialysed patients and whether or not it is related to the hemodialysis treatment schedule, in order to direct health care.

References
Rebelo, Helena Isabel Avelino; Gomes, Ana Cardoso Allen - Padrões de Sono em pacientes com Doença Renal Crónica em tratamento de Hemodiálise ; Faculdade de Psicologia e Ciências da Educação da Universidade de Coimbra. Outubro, 2018.

Abstract Country
Portugal

Disclosure of Interest
Yes
Primary Nurse for the patient with chronic kidney disease on haemodialysis

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Background
The patient with chronic kidney disease (CKD) faces great difficulties in adapting to hemodialysis (HD) treatment, as it is a complex therapeutic process. It is a very exhaustive, demanding treatment and subject to several complications, so people need consistent and permanent help from the nursing team.

People in HD need to change their life dynamics, an active role is vital in order to avoid or reduce intradialytic complications, in the possible reduction of morbidity/mortality and in the promotion of their physical, psychological and social well-being. Due to this problem, it is essential that nursing care is individualised and focused on promoting the patient’s adaptation to the limitations caused by the disease and treatment. The Primary Nurse Methodology (PNM) is based on a care delivery model that values a holistic, person-centred and personalised intervention. The Primary Nurse assumes full responsibility for the management of the care of a specific patient (or several) during the entire therapeutic period.

Objectives
To identify and map the available evidence regards this matter.

References
Scoping review.

Results
With the scoping review, it was found that the Primary Nurse in nephrology should establish an individualised and continuous follow-up to each patient, guided by the best scientific evidence.

Conclusion/Application to practice
We conclude that the intervention conducted by the Primary Nurse through support, education and prevention of complications is an essential tool to reduce and control symptoms. It was found that this professional also has a vital role in the education and training of the population, with their main function being to enable the patient to face this new health condition. Therefore, the patient becomes responsible for their health, ensuring the reduction of possible complications and promoting adaptation to this treatment and life condition.

References

Abstract Country
Portugal

Disclosure of Interest
No
Digital healthcare guide for patients in haemodialysis

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Background
Haemodialysis treatment is challenging and life changing. Newly admitted patients in haemodialysis are overwhelmed by treatment-related information and medical appointments. Patients are insecure of what to expect concerning their pathway and daily life in dialysis. Patients in haemodialysis need information and education to maintain or improve their empowerment and health behaviour. Patients with ability to access online health information may have an advantage although critical judgement of the content of the online health information may be challenging.

Objectives
• To create an overview of important components in haemodialysis treatment and medical appointments
• To give all patients access to relevant and correct information
• To provide timely information communication
• To facilitate access to online information and education 24/7
• To allow transparent insight into patients’ online activities in order to provide individual support and make adjustments
• To ensure better communication between patients and healthcare providers
• To increase patient involvement

References
• Brainstorm meeting among expert nurses
• International and national literature search
• Three brown paper workshops
• Use of the ‘Emento’ platform, which is an online system for developing patient pathway applications
• Test the solutions among 12 patients and nurses

Results
A digital chronological guide has been developed. The application consists of main – and sub themes and all information is provided in daily language supported by videos and photos. Both patients and nurses find the solution user friendly and able to support self-management, although they had some suggestions for improvement.

Conclusion/Application to practice
We expect that the digital guide will improve the dialogue between patient and healthcare provider and limit useless information. Improvement of communication skills among healthcare providers could be beneficial to integrate the application into clinical practice of kidney health professionals.

References
Emento (n.d). What is a digital care guide? Home | Emento

Abstract Country
Denmark

Disclosure of Interest
No
127

Enduring hope, living with the autosomal dominant polycystic kidney disease from a nephrologist perspective

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Background
Autosomal dominant polycystic kidney disease (ADPKD) is a condition that is usually symptomatic between the ages of 30 and 40, but early onset symptoms may appear in children, who have a 50% chance of inheriting the disease. The related chronic renal failure (CRF) creates an ongoing psychological adjustment for the patient and families to cope with their struggles. Prevalence of ADPKD ranges from 3.96/10,000.

Objectives
The film is an inspiration for patients to endure and foster hope during difficult situations.

References

Case presentation:
Case report follows the life of a 51-year-old patient with an ADPKD diagnosis at age 10. Into adulthood his condition was managed by diet and medication. The father dies from an infection in 2004, reinforcing the vigilance needed for survival. In 2011 the patient received a kidney transplant from a living donor. However, the original kidneys ruptured and were removed in 2016. In 2019, patient contracted Covid that resulted in pneumonia and the kidney transplant to fail. From 2020 until present, patient began dialysis treatment (peritoneal dialysis (PD) first, and later hemodialysis) due to PD catheter related issues.

Discussion: Enduring hope – a film presentation of the case study.

Results
Prolonged life, enhanced compliance in Nephrologist/Patient relations.

Conclusion/Application to practice
Cultivating hope is a powerful way to manage the stress of progressive diseases such as ADPKD. It is crucial for self-narratives to align with a positive outlook and mitigate despair.

References

Interview with the patient, who is also a nephrologist
Clinical text A Guide to principles and practice – Psychonephrology
Lecture on Psychonephrology: The patient with chronic kidney disease by Dr Marta Novak
PKD International. ADPKD Patient Route Map

Abstract Country
Hungary

Disclosure of Interest
No
Do we feel safe without masks in healthcare?

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Background
Dialysis Nurses interact with frail and immunocompromised patients on a daily basis, and their safety and wellbeing is our major priority. Therefore, creating a safe dialysis clinic environment is without question. Mandated mask wearing has been present since the beginning of the pandemic, and for some it was seen as a burden. The recent release of the mandate in most countries also released some of the burdens associated with mandatory mask wearing, such as financial, environmental, and personal costs. However, with this release, new questions were raised, particularly in some healthcare environments.

Objectives
Looking back on the years before pandemic, we know that flu season can influence the health conditions of dialysis patients, including increased hospitalizations, and impact upon their morbidity and mortality outcomes. Seasonal influenza viruses among clinic staff have also been a contributing factor for staff shortage. The pandemic showed that in many cases, we can control and prevent transmission of respiratory viruses simply by the appropriate use of masks. Therefore, should we reintroduce a targeted, short-term mask mandate during influenza season and when any other respiratory illnesses are circulating?

References
Review of available scientific literature and evidence released during the pandemic years on droplet and airborne transmission of COVID-19 and mask effectiveness in reducing the transmission.

Conclusion/Application to practice
When used appropriately, masks have proven to be an easy, cost-effective, and appropriate transmission prevention method and should be used as such in future to reduce patient hospitalization as well as staff shortage during seasonal events.

References

Abstract Country
Germany

Disclosure of Interest
No
Home therapies: clinical safety and promotion strategy
Suzanne Pearce, Israel Silva, Carlos Lucas, Carla Santos, Mathias Haarhaus, Fernando Macario
Diaverum, Hyllie, Sweden

Background
Home dialysis may be associated with some specific benefits, especially when it is chosen to meet the different expectations of patients. These benefits can be reflected in the combination of personal, family and professional life, in the adaptation of the patient to chronic kidney disease or in the individual ability to adhere to treatment. Despite this home dialysis therapies continue to be under used.

Objectives
To promote the increase of the number of patients using our services for home therapies and ensure the clinical safety of patients undertaking a home based therapy across a multinational company.

References
Our current clinical care plan model is based on a multidisciplinary approach, and includes policies and procedures, medical standards, performance measurement including patient related outcome measurements, patient and staff education and scientific research.

The pathway to home dialysis was conceived based on our care delivery model and additionally includes, shared decision making: where the patient is key in making decisions, education and training developing educational programs, that guide the patient through the pathway of self-care, transition to home: supervised throughout the process based on robust safety and quality processes.

This also includes a well-trained multidisciplinary team and with easy to use remote monitoring and engagement digital tools, that provide the patient with constant support and monitoring.

Our home dialysis program was designed with strict quality indicators, related not only to clinical outcomes but, perhaps more importantly, to the patient’s own perception of the level of care.

Conclusion/Application to practice
Home dialysis therapies should be based on well-established multidisciplinary care delivery programs which will help promote confidence in physicians and patients and therefore increase penetration for all.

References

Abstract Country
Sweden

Disclosure of Interest
No
Pain in a haemodialysis population and its association with quality of life domains

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Background
Pain is a frequent complaint of chronic kidney disease patients undergoing haemodialysis. Few studies have assessed the functional interference of pain in the other domains related to HrQoL.

Objectives
To assess the pain level of a population of CKD patients undergoing haemodialysis and its association with other QoL domains.

References
In 2022, the QoL was measured using the Kidney Disease Quality of Life Short Form in 26 haemodialysis clinics in Italy. The survey includes 22 domains covering generic chronic disease, including symptoms, illness burden, social interaction, staff encouragement and patient satisfaction. 764 patients completed the survey. Participants had an age distribution of 78.3% above 60 years old and 62% were male. On average, the CCI was severe in more than 56.6% of patients, and the average year on HD was more than 1 year in 86% of cases.

Results
Pain was measured as "How much bodily pain have you had during the past 4 weeks" rated from none to severe. The average for pain was 61.2 ± 27.2. 36.4% experience moderate to very severe pain, pain correlated with age, high comorbidity index, gender-men tend to report high pain levels, and haemodialysis vintage. Pain was compared with other domains; patients reporting moderate to very severe pain have lower scores in all domains of life. Significant Findings: Patients who feel encouraged by staff to be as independent as possible are satisfied with the friendliness and interest shown in them as a person by dialysis staff and tend to report lower levels of pain.

Conclusion/Application to practice
Pain is a complex symptom and a common concern for all patients with a CKD. In particular, end-stage renal disease poses unique challenges. Pain in dialysis patients often goes undertreated, leading to multiple problems. To help patients manage pain, the first step is to understand the cause of the pain. Patient empowerment and improving patient experience, are crucial to proper pain management.

References

Abstract Country
Italy

Disclosure of Interest
Yes
Health related Quality of life for Peritoneal dialysis patients across a renal network
Suzanne Pearce, Israel Silva, Carla Santos, Carlos Lucas, Mathias Haarhaus, Eliana Silva, Fernando Macario
Diaverum, Hyllie, Sweden

Background
The World Health Organisation (WHO) defines “Quality of Life (QoL) as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”1

This survey allows for the identification of areas of concern, for patients and insights on improving quality of life.

Objectives
To evaluate the health related quality of life (HrQoL) in a Peritoneal Dialysis population and compare it to the Hemodialysis (HD) population

References
The study used data from a database from a dialysis organisation. All patients that responded to Kidney Disease Quality of Life-Short Form (KDQoL-SF) in June/July 2022 were included. The various domains of KDQoL-SF were analysed both in haemodialysis and peritoneal dialysis patients, with higher scores corresponding to better quality of life.

Results
572 PD patients and 29,806 HD patients responded. In PD, 48.9% were above 60 years and 49.5% were male; in the HD, 58.7% were over 60 years of age and 59.3% were male. In PD, the highest scores were: dialysis staff encouragement (mean 93.53), patient satisfaction (87.02), cognitive function (81.32), social support (80.99), sexual function (80.63) and symptoms/problem list (80.30). The lowest scores were: SF-12 mental health composite 46.27, role limitations – physical (42.61), SF-12 physical health component (40.24) and work status (29.11). In comparison, HD revealed the same top scored domains and lower scored domains as PD patients, but significant lower levels for SF-12 mental health component (45.64), role limitations – physical (41.96), SF-12 physical health component (38.44) and work status (29.07).

Conclusion/Application to practice
Despite difference of the two populations, in our survey PD patients reported better quality of life than HD patients, particularly in composite domains. Promoting the survey response in the PD population is needed, for a better insight into this patient group.

References

Abstract Country
Sweden

Disclosure of Interest
No
Advanced liver disease associated with end stage kidney failure Case report
Erika Pintér, Sándor Keresztesi
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Background
The case presents a 67 year old female patient with a good quality of life and stable condition. She entered the haemodialysis program in 1996, after a year had a successful cadaver kidney transplant. She returned to the haemodialysis (HD) program in 2005 with Hepatitis C Virus (HCV) positivity. In October 2022 during the last hour of a dialysis treatment, unexpectedly she became unconscious.

References
On 24.09.2022 due to cold symptoms, a rapid Covid-19 test was taken, the result was positive. She had a mild infection. On 06.10.2022 in the third hour of the HD treatment she became somnolent, only reacting to strong pain stimulus. During HD treatment, her vital parameters were in the normal range. According to the family, 2 days earlier she was sleepy and had difficulty finding words. Treatment was suspended, and she was admitted to the emergency department. The computer tomography of the brain and the neurological status were normal. Her level of consciousness slowly improved. She became asymptomatic and was discharged home after observation.

Loss of consciousness of varying intensity occurred, usually after dialysis, so she was admitted to the internal medicine department. During these periods of unconsciousness, her blood glucose values were normal, the electrocardiograph showed no changes, but her blood pressure was high. After several consultations between the nephrologist and the internist, they started investigating hepatic encephalopathy. Serum ammonia levels were high at 275 mmol/L which proved that her severely damaged liver was unable to remove the toxins remaining from the protein.

Conclusion/Application to practice
The antihypertensive therapy was modified and the patient was instructed to follow a strict diet containing 40-50 g of protein/day. Episodes of loss of consciousness have not occurred since then.

References
https://klinikaikozpont.unideb.hu/sites/default/files/2022-02/Ma%CC%81jcirro%CC%81zis%20kezele%CC%81se%20e%CC%81s%20gondoza%CC%81sa_BB.pdf
http://repo.lib.semmelweis.hu/bitstream/handle/123456789/1963/2376211.pdf?sequence=1

Abstract Country
Hungary

Disclosure of Interest
No
Nursing Burnout syndrome in Dialysis unit during Covid-19 pandemic: The case study of Northern Greece

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Background
The pandemic of COVID-19 disease has significantly affected the change of all aspects of the social, professional and family life of individuals. At the same time, it is considered to be related to disorders and diseases of the mental spectrum. One such disorder is burnout, which is particularly observed in health professionals due to the special nature of their work and its increased risk of it, especially in pandemic conditions.

Objectives
The present study aims to study the relationship between the pandemic of COVID-19 disease, and the symptoms of burnout in the case of Greek health professionals and, more specifically, the nursing staff in a dialysis unit.

References
Quantitative correlation survey, using the COVID-19 „COVID-19 Burnout Scale“ (COVID-19-BS) by Yıldırım & Solmaz (2020) and the Maslach Burnout Inventory (MBI) Maslach et al. (1986), in a sample of 24 nurses working at General Hospital of Kavala. For data collection, convenience sampling was applied, and for the analysis of the results, the χ2 test, independent samples t-test, ANOVA tests and Pearson correlation test were used.

Results
In the sample, 45.1% of the nurses showed symptoms of burnout, while at the same time, it appeared that the change in the professional life of nurses led to an increase in the level of burnout (p<0.001). In contrast, there were no statistically significant differences in the level of burnout symptoms based on the demographic characteristics of the respondents (p>0.05).

Conclusion/Application to practice
In conclusion, high rates of fatigue and burnout were found in the studied population. The results confirm the well-formulated perception of the high burnout symptoms in health professionals, which have been exacerbated by COVID-19 disease.

References

Abstract Country
Greece

Disclosure of Interest
No
Quality of Life in Family Caregivers of Patients with Chronic Kidney Disease: Longitudinal Study

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Background
Chronic kidney disease (CKD) is considered a high-stress disease because of its chronicity, co-morbidity, and lifelong treatment. Family members are often the main caregivers; they are involved in various roles. Family caregivers of patients with CKD take care of numerous and significant needs of their patients, in addition to their own daily tasks that affect their wellbeing and quality of life (QoL).

Objectives
The aim of this longitudinal study was to assess and describe changes in the QoL among family caregivers of CKD patients at the beginning of treatment and one year later.

References
Sixty two (62) caregivers of CKD patients were recruited. Caregivers’ QoL was assessed with the Short Form-36 questionnaire and EQ-5D-3L. In this study, the QoL of patients and their caregivers was measured three months after starting kidney treatment and when the first 12 months of treatment were completed, in order to investigate the modifications (changes) in QoL during this crucial period.

Results
The mean value of caregivers’ physical component summary (PCS) subscale at the start of patient kidney treatment (M=54.21±8.06) differs significantly (t(61)=2.02, p<.05) from caregivers’ PCS subscale one year later (M=51.58±10.46). There was a statistically significant decrease in physical health after one year of patients starting kidney therapy, with a p value of <0.048. Likewise, the EQ-5D Index and the EQ-5D visual analogue scale VAS, showed modification and specifically a decrease, and there was a statistically significant decrease.

Conclusion/Application to practice
The results provide evidence that overall caregivers’ QoL scores were impaired over the one-year period. Further studies of larger sizes and a longer duration will probably shed light on the patients’ caregivers’ modifications of QoL. Caregivers maybe benefit from an educational program before patients start the treatment.

References

Abstract Country
Greece

Disclosure of Interest
No
The management of violence and aggressiveness in hemodialysis units: the nurses perspective

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Background
Violence and aggression in hemodialysis units have been a long-standing problem with repercussions on the health and well-being of healthcare professionals (HCP). Nurses’ perception of violence management strategies is an important tool to mitigate this phenomenon.

Objectives
• Identify manifest forms of violence against HCP;
• Identify factors that contribute to violent events;
• Identify interventional and preventive strategies.

References
Qualitative, exploratory, and descriptive study was carried out through content analysis of semi-structured interviews. Nurses from a private unit were invited to participate by email or by the head nurse. Inclusion criteria were: having experienced any event of violence and willingness to voluntarily participate. Data was organized, and the reports coded with the letter R, numbered from 1 to 18.

Results
Study included 18 renal nurses, mean age 32.5 (SD=9.4) years old and 13 (71.4%) were male. They mentioned:

1) Violence is mainly psychological but also physical;
2) Aggressive and violent behavior is mostly related to vascular access cannulation, time management and mental illness;
3) To manage aggressive behavior, some strategies can be used:
   • Related to the organization: a) establish a culture of reporting, b) inclusion of a psychologist on the team, c) management of treatment starting times;
   • Related to the multidisciplinary team: a) use empathic communication skills; b) know how to move away; c) training in negotiation techniques; d) share difficulties and find solutions as a team; e) report the event.

Conclusion/Application to practice
It’s important to take preventive and corrective actions to deal with aggressive and violent patients, by nurses and other HCP. Promoting a culture of reporting is very important not only to better control and understanding the different kind of events, but also to create awareness regarding the importance of reporting all incidents including those witnessed. Also, it’s very important that dedicated training regarding prevention and management of violence events is observed.

References

Abstract Country
Portugal

Disclosure of Interest
No
Volume removal impact on hemoglobin and hematocrit levels in adult and pediatric hemodialysis patients

Tadeja Kokelj Jeršin, Sanja Borčić, Klavdija Golob, Anela Nišić, Andreja Levstek
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Background
The two most important goals of hemodialysis treatment are the effective and safe removal of excess water and waste products from the body. The therapy in children differs from that in adults in some respects. Hemodialysis changes specific blood parameters, including hemoglobin levels and hematocrit.

Objectives
Our study aims to assess the increase in hemoglobin levels and hematocrit caused by volume removal (ultrafiltration) in adult and pediatric hemodialysis patients. In addition, we aim to determine whether there is an association between body weight and the extent of hemoglobin and hematocrit changes due to ultrafiltration.

References
Four pediatric and four adult hemodialysis patients were included in the study. Data on patient age, weight, and hemoglobin with hematocrit values before and after hemodialysis were collected from January 2023 to February 2023. The results of pediatric and adult patients were compared and analyzed using descriptive statistics.

Results
The median age in pediatric patients was 8.5 years (5.5 – 17.1), and their median weight was 18.5 kg (16.1 – 25.4). The median age in adult patients was 76.5 years (47.0 – 81.0), and their median weight was 84.0 kg (72.0 – 98.0). An increase of hemoglobin by 13.5 g/L and hematocrit by 13.7% was registered in pediatric patients, with a median ultrafiltration rate of 0.7 L per procedure (-3.22 % BW). The median increase of hemoglobin and hematocrit in adult patients was 2.3 g/L and 3.1%, respectively. The median ultrafiltration rate in adults was 2.6 L per procedure (-2.91 % BW).

Conclusion/Application to practice
The intradialytic increase of hemoglobin and hematocrit was more significant in children than in adult hemodialysis patients despite the similar percentages of body weight reduction due to ultrafiltration in both groups. Our results suggest that young children are more prone to hypotensive episodes than adults, and ultrafiltration rates should be tailored individually.

References

Abstract Country
Slovenia

Disclosure of Interest
No
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