

Evaluation of self-care behaviours in haemodialysis patients with arteriovenous fistulae

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Introduction

Vascular Access (VA) is essential for haemodialysis and is one of the main reasons for the mobilisation of economic resources, hospitalisations and morbidity, accounting for 25% of all hospitalisations in the first year of treatment and 11% in the following years. In the USA, the creation and maintenance of vascular accesses involves annual costs of more than one billion dollars, equivalent to more than half of the costs of a haemodialysis programme¹.

Objectives

To conduct a descriptive analysis of patients' self-care behaviours with arteriovenous fistulae, and to establish correlations between behaviour of patients who underwent a systematic education programme with others who didn't.

Methods

Quantitative, descriptive, and correlational study with 63 patients. The mean age was 62 years old and the time on dialysis 58.5 months. Data were collected using the ASBHD-AVF Self-Care Behaviour Rating Scale with Arteriovenous Fistula in Haemodialysis². This scale is composed by two subscales: management of signs and symptoms and prevention of complications.

Results

The results revealed that the subscale "management of signs and symptoms" had better results. Figure 1 shows the 16 items of the scale. The group 1 showed a higher score in almost every questions. The score of Self-Care Behaviours with AV fistulae was higher in the group 1 as compared to the group 2. The most significant differences were found in four items:

- The fourth ("I put ointment on haematomas");
- The seventh ("I check every day if the hand of the fistula arm cools");
- The eighth ("I observe signs of redness and swelling at the puncture sites");
- The fourteenth ("I avoid getting into places with different temperatures").

Conclusion

Self-care behaviours tend to improve vascular access outcomes and may improve patients' satisfaction (Figure 2). It is associated with reduced complications and increased self-esteem, independence, self-responsibility, treatment compliance, and quality of life. We can conclude that we need to improve the patient's empowerment about prevention of complications.

References

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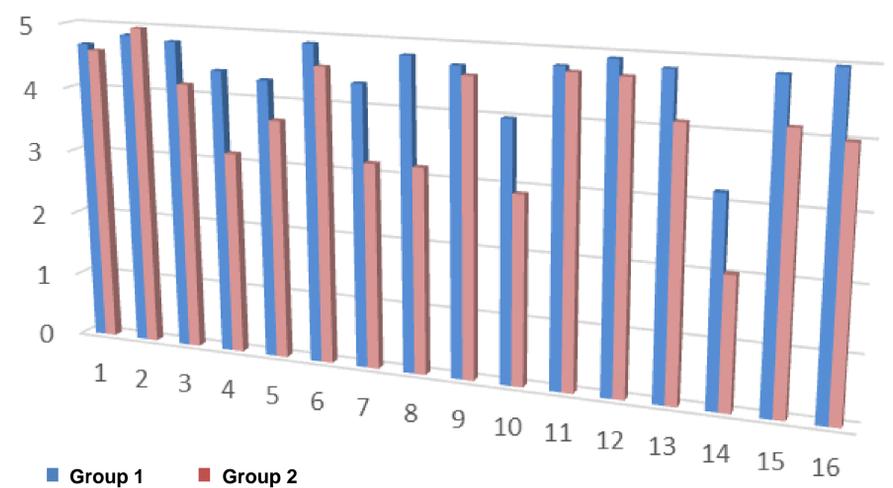


Figure 1: Scale of assessment of self-care behaviours with arteriovenous fistulae in haemodialysis



Figure 2: Results obtained