



173
YIL

Sağlıkta İlklerin Üniversitesi

An Immigrant Patient with Down Syndrome on Hemodialysis Treatment for Seven Years

CANAN SAYAN
HEMODIALYSIS UNIT

INTRODUCTION



- Down syndrome (DS) is one of the most common genetic causes of learning disabilities in children. DS can affect multiple organ systems, although renal disease has been thought to be quite rare.
- Down syndrome patients are usually not preferred for peritoneal dialysis because of mental retardation, higher risk of peritonitis caused by difficulties with maintaining personal hygiene and compliance.



CASE



- We report about a 43-year-old male patient with Down syndrome with end-stage renal disease on maintenance hemodialysis (HD) for seven years. The etiology of renal disease is unknown. He has no other comorbidities.



CASE



- The HD treatment was started in Syria at 2010 using a right jugular untunneled catheter which was kept until the maturation of arteriovenous fistula on his left arm.
- The patient has been receiving HD treatment in our unit since August 2014 soon after their immigration to Turkey.



- During these 3 years, he needed special attention during the HD sessions.
- He had social problems including language difficulties and adaptation problems caused by immigration (refugee state).
- For qualified HD treatment, we had to struggle with these social problems in addition to the obligation to perform an appropriate hemodialysis treatment.

CASE



- The patient does not take his phosphate binders regularly, therefore his 12 months' average serum phosphorus level is 6.7 gr/dL.
- He is a high fluid consumer and his ultrafiltration rate sometimes exceeds 5% of his body weight. His blood pressure level is well regulated.
- His albumin and hemoglobin levels are within target levels and the Kt/V is 1.69 on average.

RESULTS



Complications during HD

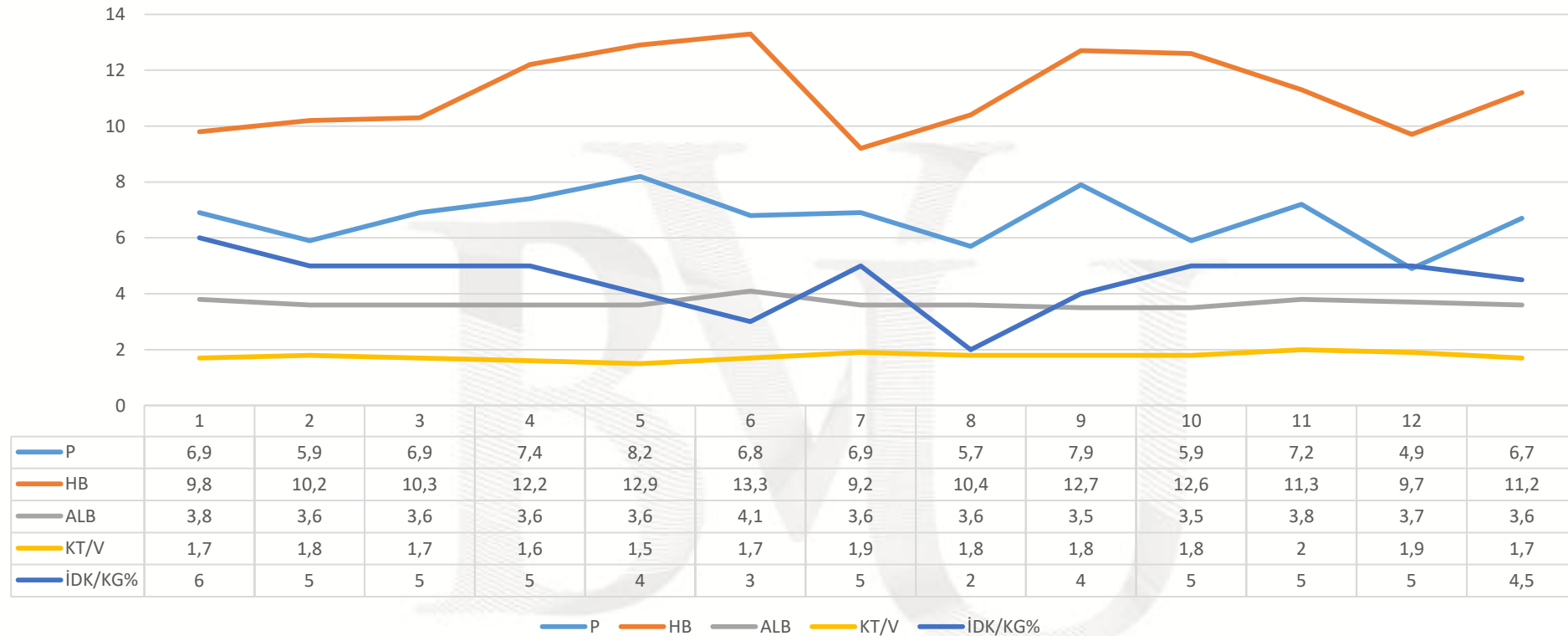
- Hypervolemia
- Anxiety
- Agitation
- Hyperfosfatemia
- Treatment incompatibility

Nursing Interventions

- Nutritional counseling and educations
- Symptomatic treatment
- Support patient and family compliance to treatment
- Hygiene training
- Individual interest during HD sessions

RESULTS

In this graphic, 12 months average parameters are shown



Graphics were formed using Microsoft Office

DISCUSSION



- In the literature survey we have not encountered any patient similar to our patient who has been on chronic HD programme for such a long period of time.
- The patient has mental retardation so behavior changes, depression or anxiety can be observed.



CONCLUSION



- Managing a patient with DS can sometimes be difficult but can be performed successfully.
- Tailored treatment choices and attentive nurse care improves health outcomes of complicated patients.
- Family support is mandatory regarding dietary regulations and compliance to prescriptions.



THANK YOU FOR YOUR ATTENTION

