

SUCCESS RATE OF EDUCATION, USE OF PHOSPHATE BINDERS, CARRIED OUT BY A NURSE

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INTRODUCTION

High level of phosphorus in the blood is one of the principal problems faced by patients on dialysis. This is the reason why I focused on the possibilities to correct hyperphosphatemia in our patients using the tools available to me as a nutrition coordinator.

I tried to increase adherence of our clients by suitable educational procedures as dietary compliance is generally very problematic in patients.

Adherence does not involve only the extent to which the patient's behaviour complies with the recommendations given by healthcare professionals but also the amount of information received and active attitude towards engagement in treatment decisions.

Sufficient level of adherence clearly has a positive effect on the treatment result. Patients with higher adherence to treatment are able to adapt better to a chronic disease.

OBJECTIVES

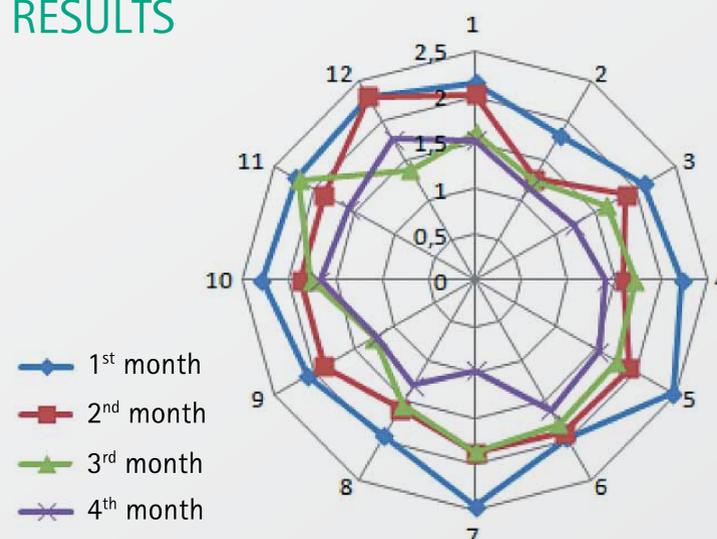
Our educational objective was to achieve maximum patient adherence in complying with the correct procedures resulting in decreasing the level of phosphorus in the blood. One of the individual objectives was to provide the patients with maximum information on hyperphosphatemia, treatment principles, dietary restrictions and potential complications. The concept of education was formed in such a way that the information was comprehensible to the patients. It was revealed that the most common mistake made by the patients is the timing of administration of phosphate binders. Thus it was crucial to remind them repeatedly of the correct usage and come back to the issue over and over.

METHODS

Out of the group of 60 patients treated at our dialysis centre, we selected 12 patients with long-term high level of phosphorus. 5 females, 7 males, average age 65 (34–78), average time spent on dialysis – 56 months (7–156). We focused on intensive education in the area of using phosphate binders complemented by well-defined dietary measures. These intensive educational activities were running for the period of 4 months. Although the patient is familiar with the

dosage and usage of phosphate binders, the issue needs to be discussed repeatedly. At our centre, we engage in re-education as much as possible as we are aware that by frequent repetition we contribute to forming the right habits. The preliminary information on correct medicine use is provided by the primary nurse. The next set of information is acquired by our patients from the "90 Days" educational material; we present them with the "Dietary Measures" brochure which is discussed in detail with the patients. In the following stage the patient is supervised by a nutrition coordinator and gains maximum information on the dietary regime and using phosphate binders in the appropriate dosage and at the correct time.

RESULTS



All patients engaged in the targeted intensive education focused on the use of phosphate binders demonstrated a decrease in the phosphorus level in the blood within a very short period of time. At the same time there is a slight increase in the phosphorus level in some patients during the monitored period; however, not reaching the initial levels.

We paid increased attention to these patients and always repeated all the important rules for using phosphate binders.

CONCLUSION

We have proved that the effect of correct use of phosphate binders is really important in the treatment of hyperphosphatemia. It has positive results and restricts the patients less than the dietary measures that are sometimes very strict.