Age Difference in Adherence to a Renal Therapeutic Regimen: The Perspectives of Chinese Patients Undergoing Continuous Ambulatory Peritoneal Dialysis

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Welcome to Hong Kong
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Learning objectives

• Hardship patients have to endure in order to adhere to the renal therapeutic regimen.

• Similarities & differences in adherence between the younger and older participants.
Introduction

• End-stage renal disease (ESRD)
• First-line renal replacement therapy in Hong Kong: continuous ambulatory peritoneal dialysis (CAPD)
• Adhere to
  – dietary and fluid restrictions, and
  – medication and dialysis prescriptions
• Successful management relies on continuous adherence
Introduction

• Studies: exam patients’ adherence rates to the renal therapeutic regimen & factors associate with their adherence.

• Various adherence rates reported.

• Younger patients: more non-adherent than older patients (Kara et al., 2007; Kugler et al., 2005; Lam et al., 2010).
Aim of the study
Identify age difference in adherence to a renal therapeutic regimen from the perspectives of patients undergoing CAPD.

Methodology
Qualitative exploratory design

Sampling
Purposive sampling
36 patients performing CAPD independently
Data collection methods

- Tape-recorded semi-structured interview.
  - “After the commencement of CAPD, what changes have taken place in your daily living?”
  - “How do you feel about having to adhere to all the advice that you have been given?”

- Conducted at the participants’ home.

- Each lasted for 40 to 80 minutes.
Data analysis

• Content analysis.
• Subgroup analysis to identify age difference in adherence to the therapeutic regimen.
• 36 participants in 2 groups
  – Younger group (< 60): 21
  – Older group (≥ 60): 15
• Identify similarities and differences.
Findings: Similarities

• Perceived needs to adhere

“I have the choice. I can choose to survive for 2 or 3 more years; I have to restrict my diet. I can also choose to neglect it if I don’t want to survive. That’s simple.” 29P40
Findings: Similarities

• Sacrificed freedom to struggle to live with strict adherence.
  – Social restriction
  – Having nothing to eat

“Just name anything, and you’d find out that I shouldn’t eat it. There’re too many foods that I shouldn’t eat. … The list occupied four sheets of A4-sized paper, so you know how many there actually are.” 25P112
Findings: Differences

Younger group: More intense feelings about

• Disruption of social life
  – Being fixed up by the dialysis schedules.
  – Unable to maintain their previous lifestyles.

“If I go out with friends, I’d have to go home and change fluids when it’s time, no matter how much fun I’m having outside. That destroys the mood.” 16P40
Findings: Differences

• The need for permanent strict adherence
  – Hope for the future: receive a kidney transplant.
  – Slim chance had to undergo long-term dialysis.

“Quitting isn’t the most difficult. It’s not being allowed to eat for the long term that’s difficult. … If you give me a time frame, such as telling me not to eat it for 1 month, that would be easy.”

14P164
Findings: Differences

• Perceived life as boring
• Seemed to live for doing dialysis
• Provided more justifications for:
  
  adopting an easy-going approach to adherence
  &
  modifying their treatment regimen more readily
Findings: Differences

• Older group: more concerned about maintaining their stable health condition to avoid becoming ill.
  – longevity was not their priority
Findings: Differences

• Major concern: not to become a burden to their family.

“I don’t want to eat indiscriminately. If I do so, I’d suffer. It’s okay if I can die, but I’d be a burden to others if I don’t die. … I’d be a burden for the young [my children] because they’d have to come and visit me often.” 7P58 & 7P190
Findings: Differences

- More willing to endure hardship in order to adhere to instructions to prevent complications.
  
  “Sometimes I’d be reluctant to change fluid when I’m languid. But I’ve to change fluid even if I don’t want to. If I leave it inside, there may be a problem. So I’d change it very slowly.” 7P228

- In contrast: a young participant said:
  
  “I don’t care. I’d eat first and worry later.” 22P288
Discussion

- Learning to live with adherence: full of obstacles.
- Need to make radical changes to former lifestyles and endure hardship (Lam et al., 2014)
- After receiving dialysis for several months, all started to adopt an easy-going approach to adherence.
Discussion

• Younger participants: more concerned about the restrictions imposed on them & attempted to regain their normality.

• Traditional Chinese culture of submission to authority might have caused the older participants to conform more readily (Bond, 1991)
Conclusions

• Explain adherence from patients’ perspectives.
• Devise guidelines: take into consideration individual patients’ personal needs, lifestyles & goals for care.
• Allow some flexibility in the regimen.
• Help patients integrate the therapeutic regimen into their daily living.