

P100

P100 -Most frequently reported barriers and benefits to exercise in peritoneal dialysis patients

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Purpose:

Despite growing evidence about the benefits of physical activity (PA) and exercise in patients receiving dialysis, physical inactivity is prevalent amongst these patients. Low levels of PA in peritoneal dialysis (PD) patients may be due to a lack of encouragement to exercise (or active discouragement) from health care professionals concerned for safety and uncertain about the best exercise regimes for these patients, or due to a number of barriers - real or perceived – by the patient (1). Little is known about the perceived barriers and potential benefits associated with PA and exercise in PD patients, with research often focusing on those treated by haemodialysis (HD). The aim of this study was to determine the perceived barriers and benefits to exercise in PD patients.

Method:

Frequently reported perceived barriers and benefits to exercise of 122 PD patients (31% female, mean age 62.6 (SD: 15.3) years, eGFR 8.1 (SD: 4.0) ml/min/1.73m²) were assessed using the 'Dialysis Patient-perceived Exercise Benefits and Barriers Scale' (DPEBBS) (2). The barriers and benefits to exercise were classed as binary variables (i.e. yes and no) and frequency analysis was conducted to determine which barriers and benefits to exercise participation were most commonly reported by PD patients.

Results:

The most frequently reported barrier to exercise participation was 'tiredness' (66%). Other commonly reported barriers included: 'body pain' (57%), 'muscle fatigue' (56%), and 'fear of falling' (51%). 'Having CKD' was the lowest perceived barrier (30%) with 'other comorbidities' more frequently reported as a barrier (44%) to exercise participation. Lack of understanding about the knowledge of how to carry out exercise (39%) was more frequently reported than the lack of understanding of the benefits of exercise (35%).

The most common perceived benefit to exercise participation was 'improves mood' (72%). 'Enhanced self-care ability' (70%), 'body weight control' (69%), 'improved quality of life' (67%), and 'lead an optimistic and active life' (67%) were all perceived benefits of participating in exercise.

Conclusion:

The most frequent barriers to exercise relate to symptoms commonly reported by CKD patients such as tiredness and pain. Conversely, improvements in quality of life, enhanced self-care ability, and mood were perceived to be benefits of participating in exercise. Previous research exploring the barriers to exercise in HD patients identified dialysis-related fatigue and comorbid health conditions as the most commonly reported barriers (3). Whilst further high-quality studies are needed to better characterise the benefits of exercise, in addition to any potential risks, in PD patients, targeted interventions addressing the barriers and promoting the benefits identified here may facilitate greater exercise participation for PD patients.