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P224 -Understanding clinician attitudes towards the influence of pre-transplant non-adherence on patient eligibility for renal transplantation.

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Background: Renal transplantation is the most prevalent form of renal replacement therapy in the UK, and is considered the most effective form of treatment for most patients. Treatment regimen, including medication taking, requires long-term adjustments, commitment and adherence from patients following transplantation to ensure graft survival. Non-adherence to medication is a complex issue, however, it is a major risk factor for poor clinical outcomes, including graft rejection and graft loss. Although research has determined predictors of non-adherence post-transplant and the impact this has on graft loss and survival, research into staff understanding of adherence, the effectiveness of current interventions facilitated by clinicians to address this issue, and the importance of non-adherence in determining transplant eligibility is limited. This qualitative study aimed to explore (a) clinician understanding of the term “non-adherence” in relation to renal transplant recipients (b) factors that influence adherence to treatment regimens following transplantation (c) the importance of patient adherence in determining eligibility for transplantation (d) whether non-adherent patients pre-transplant are likely to be non-adherent post-transplant.

Method: One-to-one semi-structured interviews were carried out with 32 staff members across two NHS trust sites. Staff members who work closely with renal transplant recipients were interviewed, including nephrologists, transplant surgeons, renal transplant coordinators and specialist transplant nurses.

Results: Interviews were transcribed and analysed using thematic analysis. Themes were identified surrounding patient attitudes towards transplantation and barriers to adherence, as understood by staff, the role of non-adherence in determining transplant eligibility and strategies considered important for improving adherence.

Conclusion: It is clear that non-adherence to immunosuppressants is an issue among renal transplant recipients, but the relationship between pre-transplant and post-transplant adherence remains unclear. Efforts should be made to provide clearer guidance on the process for staff when determining if non-adherent patients pre-transplant are eligible for transplantation, and the importance this has during the transplant work-up process. Additionally, strategies that could be utilised more to improve adherence post-transplant, such as patient education and peer support networks, should be considered to help improve adherence in this patient population.