

P242

P242 -Illness Perceptions In Renal Disease correlate with Wellbeing Markers

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Background: Individuals' perception of their illness correlates with both mortality and quality of life in dialysis patients. Improved understanding of illness perception and its relationship with outcomes will allow improved targeting of information and education. We therefore examined illness perceptions in both advanced chronic kidney disease (CKD) and dialysis, and how these relate to other markers of wellbeing.

Methods: The revised illness perceptions questionnaire (IPQr) offers a robust mechanism for examining individual's perception of illness. Persons from Haemodialysis (HD) (29), Peritoneal Dialysis (PD), CKD 4/5 (5) and transplant (13) clinics were recruited for a study of understanding and illness perceptions. Questionnaires included the IPQr, illness intrusiveness ratings scale (IIRS), Patient Health Questionnaire 9 (PHQ-9) (cut point PHQ \geq 10 for depression screening in dialysis), dialysis recovery time (DRT) and measures of treatment tolerability (TT) and burden (TB), including number of tablets (total (NT) and phosphate binders (NB)). Additional background data were collected.

Results: Mean \pm SD values for individual IPQr subscales (max allowed) were Chronicity (30) 17.15 \pm 2.74, Cyclical (20) 9.91 \pm 3.97, Consequences (30) 19.11 \pm 3.59, Personal Control (30) 17.95 \pm 3.83, Treatment Control (25), 14.98 \pm 3.24, Understanding (25) 12.98 \pm 3.95, Emotional response (30) 15.54 \pm 4.98. Subscale analysis did not show any effect from dialysis status, gender or dialysis vintage. There were no correlations with chronicity, treatment control or understanding. However, subscales did demonstrate correlation with: 1) Perception of negative consequences; Age ($r=-0.411$), PHQ-9 ($r=0.289$), IIRS ($r=0.550$), TT ($r=0.376$), TB ($r=0.331$) 2) Emotional response; Age ($r=-0.305$), PHQ-9 ($r=0.476$), IIRS ($r=0.476$), TT ($r=0.419$), TB ($r=0.450$), NB ($r=0.292$). 3) Increased perception of the cyclical nature of the condition; PHQ-9 ($r=0.308$), IIRS ($r=0.359$), TT ($r=0.395$), TB ($r=0.298$). 4) Perception of treatment control correlated with age ($r=0.282$).

Conclusion: This study shows that individuals' perceptions of the consequences and emotional burdens of kidney disease are high and correlate with depressive symptoms and measures of consequence such as illness intrusiveness, treatment tolerability and treatment burden. Perceptions did not differ with dialysis status or dialysis vintage, suggesting that this is not a treatment effect. Further work will look at other predictors and outcomes.