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P243 -Exploring beliefs About Treatment in Advanced CKD and Relationship with Wellbeing and Outcome

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Background: The beliefs that individuals hold about treatments affect treatment adherence. We aimed to examine this in both dialysis and non-dialysis dependant Chronic Kidney Disease (CKD) patients and to include reference to other aspects of a treatment.

Methods: The Beliefs about Medicines Questionnaire (BMQ) explores individuals' beliefs about the necessity and concerns of treatments. We adapted the BMQ for beliefs about dialysis, fluid restriction, medicines and dietary restrictions. Individuals from Haemodialysis (HD) (29), Peritoneal Dialysis (PD), CKD 4/5 (5) and transplant (13) clinics completed all relevant BMQ questionnaires and the illness intrusiveness ratings scale (IIRS), PHQ-9 (cut point PHQ ≥ 10 for depression screening in dialysis), dialysis recovery time (DRT) and measures of treatment tolerability (TT) and burden (TB). BMQ outputs are reported as mean ± SD, necessity score (max 25) and necessity minus concerns score (N-C) (range ±20, 0 = balanced beliefs).

Results: Dialysis: necessity 11.2 ± 4.8 and N-C -3.7 ± 4.7. N-C correlated with renal replacement therapy vintage (r=0.332 p=0.045) and TT (r=0.478, p=0.003) but not with TB, DRT, IIRS or PHQ-9 or age. Dietary restriction: necessity 15.2 ± 4.7 and N-C -1.2 ± 4.0. N-C correlated with serum potassium (r=0.376 p=0.015) and phosphate (r=0.332 p=0.040) but not with number of phosphate binders. Medicines: necessity 12.5 ± 4.3 and N-C -4.5 ± 4.8. N-C correlated with serum phosphate (r=0.384, p=0.005) but not with total number of medications or binders prescribed. Fluid restriction: necessity 13.3 ± 4.1, N-C -1.3 ± 4.0. No correlations were seen, including with interdialytic weight gains or systolic blood pressure. There was variable but significant correlation between all N-C scales; Dialysis: Medicines (r=0.718), Diet (r=0.550), Fluid (r=0.588); Medicines: Fluid (r=0.416), Diet (r=0.601); Fluid: Diet (r=0.601).

Conclusion: Individuals have a sophisticated way of thinking about the treatments that they are prescribed. These beliefs are not dependent on knowledge but impact on behaviours that affect measurable outcomes such as serum potassium and phosphate. The variation in correlation between some scales suggest that these thought processes are related, however they are not fixed character traits, and therefore may be amenable to education that takes into account individual beliefs in order to address them directly.