

P318

P318 -Investigating the fluid and salt knowledge of patients within an ethnically diverse haemodialysis population

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Introduction: Fluid overload is a common problem in haemodialysis (HD) patients due to poor adherence to fluid restrictions. Interdialytic weight gains (IDWG) >2.5kg or >4% body weight can result in high blood pressure and oedema. Excess fluid gains can affect a person's capability to carry out daily activities due to tiredness, shortness of breath and reduced mobility. Dietary advice tailored to kidney disease is beneficial to support patients to manage their salt and fluid intake. Adherence to fluid and dietary restrictions can improve quality of life and increase life expectancy. Research on fluid and salt knowledge in this cohort of HD patients is currently limited.

Aim: To identify knowledge gaps relating to fluid and salt management in HD patients.

Methods: A multiple-choice questionnaire was developed by the Renal Dietitian (supported by Patient Experience) to identify patients' fluid and salt knowledge. A sample of 33 HD patients were invited to complete the questionnaire. A Bengali speaking healthcare support worker was available to translate if required.

Results: Twenty-nine patients (mean age 60 ± 13.8 years) completed the questionnaire, four declined to participate. Two patients required a Bengali interpreter and six required assistance due to poor vision or lack of understanding. The majority of patients were Caribbean (28%), followed by Black British (22%), Bangladeshi (22%) and White British (17%).

Sixty-two percent knew how much they should be drinking, and of these, 73% were confident they kept to this. The majority of patients (69%) did not know how to calculate their fluid allowance (500ml + previous day urine output).

Sixty-seven percent of patients reported difficulty keeping to their fluid allowance, and 60% reported they had been told their IDWG exceeded recommendations. The mean IDWG over the previous week was >4% of body weight for 21% of patients. Swelling and breathlessness were identified as symptoms of fluid overload by 59% of patients, and 52% identified high blood pressure. Itchy skin was incorrectly associated with fluid overload by 31% of patients.

Seventy-two percent identified that soup contributed to their fluid allowance, while rice, pasta and chicken were believed to contribute to fluid by 52%, 28% and 21% of patients respectively. The most commonly identified fluid management strategies were smaller drinking cups (72%) and using ice cubes (69%).

More than 50% identified processed meat, stock cubes and tinned or powdered soup as high salt foods. The majority of patients (66%) added salt during cooking and 31% poured salt freely without measuring. 'Low Salt' and stock cubes were thought to be suitable salt substitutes by 28% and 10% of patients respectively. Alternatives to flavouring foods (herbs, spices, garlic and ginger) were acknowledged by >50% of patients.

Conclusion: Difficulty with fluid management was highlighted by the majority of this small sample of ethnically diverse HD patients; with knowledge around fluid and salt often poor. This highlights the need for

a new, culturally appropriate, patient-centred approach to diet and fluid education. It is hoped that an increase in knowledge, combined with behavioural change strategies would support improved adherence.