Assess the Knowledge and Attitude of Patients Undergoing Hemodialysis Regarding their Dietary Management in the District Hospital at Karwar (UK), Karnataka with the View to Prepare Dietary Guide

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ABSTRACT

Background: The kidneys of people on dialysis are unable to cope with excess fluid and other metabolic wastes. Individual using dialysis often consumes inadequate quantities of macro and micro nutrients. It is vital that the nutrient content of food consumed by these people is carefully balanced. Malnutrition is common in people being treated with dialysis and close to 40% suffer from varying degrees of protein energy malnutrition. The purpose of this study was to assess the knowledge and attitude of patients undergoing hemodialysis regarding their dietary management.

Aims and objectives: To assess the knowledge and attitude of dietary management among the patients undergoing hemodialysis to find out the association between knowledge & attitude scores with selected demographic variables. To prepare dietary management guide.

Material and Method: Thirty patients undergoing dialysis assessed. They were assessed for the level of knowledge and attitude regarding their dietary management by structured questionnaires.

Results: 66.6% of dialysis patients have average knowledge and 53% of dialysis patients have good attitude regarding their dietary management. There was no significant association was found with selected demographical with knowledge and attitude score.

Conclusion: Our findings denote that majority of patients have average level of knowledge and attitude regarding their dietary management. Dietary guide will help to upgrade their knowledge and attitude. It is also essential for nurse to develop awareness regarding their dietary management in order to improve health and avoid life threatening complications among dialysis patients.

Key words: Knowledge, attitude, Haemodialysis patients, Dietary management.

INTRODUCTION

Chronic renal failure [CRF] is a progressive deterioration of renal function in which the body is unable to maintain metabolic and fluid and electrolyte balance resulting in uremia. It is one of the main problems of health care organization and can cause mortality worldwide. Chronic renal failure observed in any age and on the basis report given in 2006, the mean age of end stage renal disease [ESRD] prevalence is 58.8 years. Hemodialysis is an alternative way of treatment in chronic renal failure patients. Through hemodialysis gives more chance of living to the patients. (Bare Brenda et al. 2004) Hemodialysis is a therapy that filters waste removes extra fluids and electrolytes. In hemodialysis, blood is removed from the body and filtered through a man-made membrane called a dialyzer, or artificial kidney and then the filtered blood is returned to the body. For people who are being treated with dialysis, the ability of the kidney to get rid of waste products and body fluids is compromised, consequently. A balanced healthy diet is required to dialyzing patients to stay healthy. Monitoring diet and assessment of nutritional status by a trained dietician or doctor plays a vital and central role in the care for dialysis patients. The dialysis
patient need to be consumed right amount of energy, protein, fluids, vitamins and minerals. The kidneys of people on dialysis are unable to cope with excess fluid and other metabolic wastes. Individual using dialysis often consumes inadequate quantities of macro and micro nutrients. It is vital that the nutrient content of food consumed by these people is carefully balanced. Malnutrition is common in people being treated with dialysis and close to 40% suffer from varying degrees of protein energy malnutrition. It is important for people who are on dialysis to access nutritional counselling so they understand the importance of different foods and the types of nutrients they need to add to their diet and the food which they should restrict. So the current study helps through the light among dialysis patients to improve knowledge and attitude regarding their dietary pattern which ultimately results in improvement and management of health.

MATERIALS AND METHODS

Descriptive study design was used. The present study was conducted on 30 patients undergoing dialysis in district hospital Karwar, Karnataka. The nature of study was explained to the subjects and written consent was obtained. The subjects were selected by purposive sampling method based on inclusion criteria. The structured questionnaire used in data collection. The tool consists of eight questions to obtain socio demographic data, and fifteen items to assess the level of knowledge and fifteen items to assess the level of attitude regarding their dietary management. The tool was validated by experts in field of Public health nursing. The collected data was organized and analyzed based on the objectives by using descriptive and inferential statistics.

RESULTS

Findings related to socio demographic variables:

Maximum number of hemodialysis patient 44.4% were between the age group of 48-57 years, 33.3% were 58 and above, 13.3% were between the age group of 38-47 years and 10% were between the age group of 28-37 years. Majority of the hemodialysis patient 19 (63.3%) were males and 11 (36.6%) were females. Maximum number of hemodialysis patient 16(53.3%) have income of 10001-15000, 09 (30%) have the income of 5001-10000 and 05 (16.6%) have the income of 15000 and above. Majority of patient 10(33.3%) were fisherman, 09 (30%) of patient were cooli, 08 (26.6%) were housewives and 03 (10%) were businessman. Finding shows that maximum number of patients 08 (26.6%) have the educational status of 1-7 and 08 (26.6%) have high school and 07 (23.3%) have the educational status of PUC and degree. Majority of the patients 20 (66.6%) don’t have the family history of dialysis and 10 (33.3%) have the family history of dialysis. Maximum number of patient 09 (30%) have the 25-36 month history of dialysis, 08 (26.6%) have 13-24 and more than 3 years history of dialysis and 05 (16.6%) have 0-12 month history of dialysis.

Findings related to knowledge scores:

The assessment of knowledge of hemodialysis patient regarding dietary management revealed that majority 20 (66.6%) had an overall average level of knowledge, while 05 (16.7%) respondent had a good and poor knowledge.

Findings related to attitude scores:

The assessment of attitude of hemodialysis patient regarding dietary management revealed that majority 16 (53.3%) had an overall good level of attitude, while 12 (40%) respondent had a average attitude. And 02 (6.7%) had poor attitude.

Table 1: Distribution of mean, median, standard deviation and range of knowledge and attitude scores.

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Overall score</th>
<th>Mean</th>
<th>Median</th>
<th>Standard deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>knowledge</td>
<td>8.03</td>
<td>8</td>
<td>0.45</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>attitude</td>
<td>10</td>
<td>11</td>
<td>0.43</td>
<td>8</td>
</tr>
</tbody>
</table>
Association between knowledge scores with selected demographic variables:

There was no significant association was found between knowledge scores and selected demographic variables.

Association between attitude scores with selected demographic variables:

There was no significant association was found between attitude scores and selected demographic variables.

DISCUSSION

Mean of knowledge score is 8.03, median 8, standard deviation 0.45 and range is 10 and Mean of attitude score is 10, median 11, standard deviation 0.43 and range is 08. A descriptive cross sectional study was conducted to assess level of knowledge on dietary management among dialysis patient. The tool used for collection of data was structured questionnaire concerning the knowledge on the subject. The data gathered were analysed by using both descriptive and inferential statistics. The findings revealed that 20(66.66%) had moderately adequate knowledge, 6(20%) had highly adequate knowledge about dietary management. A structured teaching programme was conducted on knowledge regarding dietary management and skin care in renal failure among patient undergoing hemodialysis in a selected hospital Bangalore India. The total participants were 60. The result of the study revealed that the structured teaching programme will improve the knowledge of patients undergoing hemodialysis regarding dietary management and skin care in renal failure thereby preventing life threatening complication and prolonging their life. These studies revealed that the knowledge regarding dietary management among dialysis patients were poor. Hence it is concluded that the dietary guide will helps to improve their knowledge and attitude of patients undergoing hemodialysis regarding their dietary management.

CONCLUSION

The present study was undertaken to assess the knowledge and attitude of patients undergoing hemodialysis regarding their dietary management. The following conclusion was based on the finding. During the researcher’s field experience, it has been observed that most of the patients undergoing hemodialysis were unaware about their dietary management. Hence dietary guide was effective to enhance knowledge and attitude in their dietary management.

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