

A PATIENT'S PERSPECTIVE ON HOME HEMODIALYSIS: RESULTS OF SEQUENTIAL PROVINCIAL SURVEYS

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INTRODUCTION: In 2004, the British Columbia Renal Agency launched a province-wide independent HD program, which now includes both home hemodialysis (HHD) and independent nocturnal in-centre hemodialysis. The program has experienced more than 500% growth since 2004 with 142 patients dialyzing independently as of May 2009. In total, we have successfully trained 263 patients. This volume speaks to the effectiveness of an integrated program. To ensure growth and development, an ongoing assessment of patient attitudes and concerns toward independent therapies are assessed via surveys every 2 years, gauging the interest in the program. The current study describes the results of the survey used in 2006 and 2008.

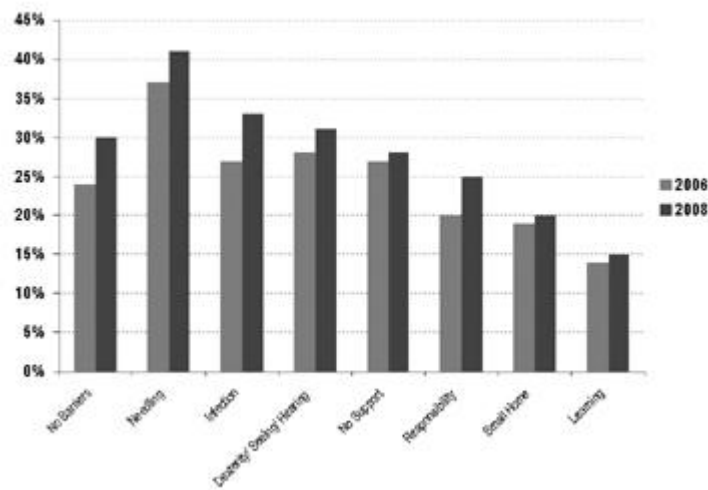
METHODS: All registered individuals with CKD within the Province of BC were mailed a survey with a return envelope. Responses were centrally collected at the Renal Agency. There were 3 surveys depending on which of 3 groups the patient was registered with (CKD, PD, HD). Response was voluntary. Surveys were made available in English, Chinese and Punjabi.

RESULTS:

Table 1: Expression of interest in learning more about independent therapies.

Expression of interest in learning about independent therapies.						
Year	Surveys (n)	Response (%)	CKD (%)	PD (%)	HD (%)	Overall (%)
2006	2788	46	27	10	10	12
2008	3009	44	37	29	19	25

Figure 1: Identified barriers to independent hemodialysis



CONCLUSIONS: The trends of our 2 surveys show that interest in Independent HD is growing in both our CKD and established dialysis patients, with the CKD population expressing the greatest amount of interest. The 2008 data shows that patient characteristics associated with interest in HHD included younger age (62 +/- 14 yrs vs. 67 +/-14 yrs, $p < 0.001$) and a history of diabetes (33% vs. 20% $p = 0.03$), while gender no longer seems to play a significant role. More patients do not perceive any barrier to independent dialysis (30% in 2008 vs. 24% in 2006). Of identified patient perceived barriers, fear of self-needling and infection remain the largest concern. Given the cost-savings of independent therapies, further resource allocation is justified to address the perceived barriers to maximize program growth. It should be noted that despite being administered in both Punjabi and Chinese, the response rate from Punjabi and Chinese speaking patients was very low (<1% and 25% respectively) This may represent a specific area to address in our recruitment strategy.