

Do patients undergoing hemodialysis benefit from routine assessments of their symptoms?

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Results from a new study indicate that routinely assessing symptoms in patients with kidney failure who are undergoing hemodialysis can empower patients in their discussions with their healthcare providers. Greater efforts are needed to help providers manage these symptoms, however. The findings appear in an upcoming issue of *CJASN*.

Although hemodialysis is a life-sustaining treatment for individuals with [kidney failure](#), patients frequently experience symptoms of fatigue, pain, sleeplessness, anxiety, and depression. These symptoms can greatly affect quality of life, but they are often under-recognized, underestimated, and under-treated by clinicians who care for patients undergoing hemodialysis.

A team led by Michael Walsh, MD, Ph.D. and Jenna Evans, Ph.D. (McMaster University, in Ontario, Canada) designed a study to examine the perspectives of patients and care providers when an assessment of these symptoms was incorporated into routine care. "After the assessment was made part of usual care, patients and their [healthcare providers](#) completed surveys and interviews to help us understand how this approach helps and where it falls short," Dr. Walsh explained. "This is important because several groups are lobbying for the routine use of patient-reported outcomes in the care of patients undergoing hemodialysis, but there are very little data to guide their best use and demonstrate how they might improve care."

The study was conducted in 8 hemodialysis clinics in Canada, and the

assessments were made for 1,459 patients every 4 to 6 weeks for a year. Most patients completed surveys, and 9 patients/caregivers from 3 sites and 48 healthcare providers from all sites participated in interviews.

The investigators found that the standardized symptom screening processes improved patient and provider symptom awareness (particularly for psychosocial symptoms), and empowered patients to raise issues with providers. Yet there was little, if any, improvement in the metrics used to assess [symptom](#) management, communication between patients and providers, and communication among different types of clinicians.

"The study found that although routinely assessing symptoms gave some patients a feeling of empowerment to discuss symptoms they otherwise would not have, their care providers need more support to help their [patients](#)," said Dr. Walsh. "Care providers found value in the process but felt that we administered it too frequently and that they needed better support to help them manage symptoms both in terms of training and education, but also in terms of ensuring the right resources are in place at the right time."

An accompanying editorial noted that the findings "reinforce the feasibility of using patient-reported outcome measures in [clinical practice](#) while providing important lessons to guide future work to realize their potential."

Study co-authors include Alysha Glazer, MPH, Rebecca Lum, MSc, Esti Heale, MBA, Marnie MacKinnon, BPE, and Peter G. Blake, MD, FRCPC.

Disclosures: P.G. Blake reports working part time at the Ontario Renal Network (ORN), part of Ontario Health, while contributing to this work and receiving speaking honoraria from Baxter Global outside the

submitted work. All remaining authors have nothing to disclose.

More information: "Implementing a patient-reported outcome measure for hemodialysis patients in routine clinical care: Perspectives of patients and providers on ESAS-r:Renal," [DOI: 10.2215/CJN.01840220](https://doi.org/10.2215/CJN.01840220)

The editorial, titled "A Step in the Right Direction: The promise of PROMs in Routine Hemodialysis Care," [DOI: 10.2215/CJN.12350720](https://doi.org/10.2215/CJN.12350720).

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