**A COMPARISON OF PATIENT ACTIVATION IN RENAL TRANSPLANT RECIPIENTS AND HAEMODIALYSIS PATIENTS**

**INTRODUCTION:**

Patient Activation Measure (PAM) and Patient Reported Outcome Measure (PROM) data were collected in the renal transplant clinic and the haemodialysis (HD) unit in 2016/2017.

The PAM survey allocates patients to a level between 1 and 4, where level 1 is disengaged and overwhelmed, and level 4 is informed, motivated and maintaining self-caring behaviours. The PROM survey asks patients to rate their symptoms and overall health.

Evidence shows that patients who are better able to self-care have better health outcomes, and fewer contacts with medical services1. Interventions aimed at increasing engagement can potentially improve outcomes as well as reducing the burden on health services.

**OBJECTIVES:**

* To gain baseline PAM and PROM data in renal transplant recipients and HD patients
* To compare baseline PAM and PROM data in these two patient cohorts
* Explore interventions aimed at increasing PAM and PROM scores

**METHOD:**

The unit collected PAM and PROM data from patients using the “Your Health Survey” tool provided by the UK Renal Registry as part of the Transforming Participation in Chronic Kidney Disease (TP-CKD) programme.

Transplant patients were surveyed in clinic whilst waiting for their appointment, and HD patients were surveyed whilst attending the outpatient HD unit for their dialysis treatment.

Baseline results were compared between the two cohorts.

Potential interventions were identified with input from TP-CKD team colleagues.

**RESULTS:**

Data were collected from 181 HD patients and 494 transplant recipients.

HD patients had lower PAM scores than transplant recipients. Almost 60% of HD patients were at activation level 1 or 2 compared to 24% of transplant recipients.

HD patients also had a higher symptom burden. Both groups reported weakness or lack of energy as the most prevalent symptom, but this was described as moderate, severe or overwhelming by 68% of HD patients compared to 35% of transplant patients.

In terms of overall health, HD patients reported more problems with mobility, self-care, ability to carry out usual activities, pain/discomfort and anxiety/depression than transplant patients.

**CONCLUSION:**

We found that HD patients are less activated with a higher symptom burden on average than transplant recipients and are therefore less likely to have the knowledge, skills and confidence to self-manage their condition. These findings can help us to target the patient group where there is the most room for improvement.

Interventions could include support for individual patients such as coaching, motivational interviewing and patient peer support, to more general strategies such as the provision of iPads on the HD unit to encourage patients to engage with Patient View and other resources, or the addition of exercise bike chairs to the HD unit to increase patients’ activity level and fitness.

**FUTURE WORK:**

Explore why HD patients have lower PAM scores than transplant recipients, and consider interventions that may be effective in this population of patients.

Implement interventions aimed at improving PAM/PROM scores on the HD unit, and resurvey.

Reference: [1] Hibbard, J. H, et al. (2004) Health services research, 39(4p1), 1005-1026.