Patient Perspectives of Target Weight Management and Ultrafiltration during Haemodialysis

Person-centred care is being increasingly promoted by the NHS, encouraging shared decision-making and aiming to empower patients to become more involved within their treatment. Haemodialysis is needed up to three times a week with decisions regarding fluid removal occurring at each treatment session. There is evidence of huge variation in the approach to fluid management in UK renal centres, but the degree to which patients understand and engage with these decisions is largely neglected. This study sought to explore patients’ experience, control and knowledge of target weight management and ultrafiltration.

12 semi-structured interviews were conducted with haemodialysis patients from one hospital and one satellite unit under the care of a large NHS Trust, based around topics of patient history, prescription of fluid removal, the process of fluid removal and patient symptoms/complications. By subsequently using thematic analysis, 5 themes were produced:

* ***Determining who has the expertise*** – describes patients’ willingness and ability to self-advocate, how they perceive their own expertise compared to staffs’ and how this impacts upon shared-decision making.
* ***Impediments affecting patients’ lifestyle*** - how haemodialysis can hinder patients’ lifestyles and how this may impact upon patient fluid management decision-making.
* ***Additional difficulty of experiencing comorbidities*** – emphasised that having multiple health problems can make fluid management more complex for a patient, as well as adding further physical or psychological distress.
* ***Perceived quality of care*** - highlighted the importance of having supportive staff, reliable hospital resources and coordination between healthcare professionals across departments and services (who are caring for the same patient) to facilitate good fluid management.
* ***Establishing consistency*** - details the varying opinions of how strict a regime, if any, patients chose to follow regarding fluid and diet intake, as well as the understanding of how prescriptions for fluid removal may change over time.

There were several important clinical findings which emerged from within these themes:

* Poor understanding of long-term complications of continually taking off too much or too little fluid, yet there were clear expressions that patients are prepared to take off more or less fluid than that suggested by the clinical team.
* When the experience of haemodialysis changed, patients desired additional support from their healthcare team to explain why this was the case.
* There were a substantial number of patients eating foods high in potassium, phosphate or sodium before or during dialysis, often with the view that dialysis eliminated the usual risk of consuming these minerals.
* The experience of having one noticeably positive or negative haemodialysis treatment can have an extensive, long-term impact upon future patient decision-making.
* Shared-care dialysis reduces the time patients spend in hospital, and this was viewed as the major benefit of having shared-care.

This study highlighted the influence of knowledge, past experiences and support from healthcare professionals on patient perceptions of how fluid is removed on dialysis. The findings from this study have been used to develop a questionnaire that will be administered to a much greater number of patients across several UK NHS hospitals, exploring on a larger scale how patients perceive their experience, control and understanding of fluid management. Further investigations may lead to better engagement by patients in fluid management decisions, conducing treatment prescriptions that are tailored to and tolerated by patients.