**PHOSPHATE MANAGEMENT FROM THE PATIENT’S PERSPECTIVE: A QUALITATIVE STUDY EXPLORING THE EXPERIENCES OF ADULTS UNDERGOING HAEMODIALYSIS**

**PROBLEM:** Inadequate phosphate control has been associated with increased morbidity and mortality amongst dialysis patients. Despite the advent of new treatment and wide availability of best practice guidelines, achievement of phosphate control remains an ongoing challenge at both a local and national level. A lack of research exists looking at phosphate management from the patient’s perspective.

**PURPOSE:** This studyaimed to explore the experiences of haemodialysis (HD) patients with regards to hyperphosphataemia and phosphate control, and to identify the barriers and facilitators to self-management.

**DESIGN:** A purposive sampling technique was adopted to recruit adults with end-stage renal failure on long-term HD, who had previously been given phosphate lowering advice. Individual, face-to-face,semi-structured interviews were audio-recorded and transcribed verbatim. Analysis was informed by the principles of phenomenology and data were coded for emerging themes to highlight people’s lived experiences. NHS ethical approval was obtained.

**FINDINGS:** 10 participants were interviewed. Six main themes were identified: ‘Phosphate awareness’, ‘Making sense of information’, ‘Diet and lifestyle modification’, ‘Integrating phosphate binders into daily life’, ‘Personal attitudes and beliefs’ and ‘Support and feedback’.

Participants described how personal experience increased understanding of phosphate control and the role of patient stories was identified as a potential educational tool. Gaps in knowledge and a need for ongoing education were revealed, with many participants reporting difficulties in remembering and retaining information. Several participants voiced the need for additional support to help identify comprehensive and practical dietary resources.

A number of personal, social and cultural factors were identified by participants as barriers and facilitators to dietary and behaviour change. The use of an individualised approach based on personal preferences was seen as a facilitator to adherence. A need for planning and the use of reminders was evident, in order to both establish regular habits and cope with breaks from routine. The importance of social support was emphasised throughout participants’ experiences, with a number of individuals reflecting on the possible benefits of peer support.

Most participants considered phosphate control to be important. Several participants described how attitudes and beliefs towards the methods of phosphate control changed over time and personal factors affecting motivation and adherence were identified. Few individuals reported self-monitoring of phosphate levels and a number of participants expressed a need for more regular and positive feedback from their healthcare team.

**CONCLUSION:** Phosphate management is complex and multifaceted. This study identified several different phases of behaviour change and a need for ongoing, tailored education and support. The findings highlight the importance of shared decision making, whereby factors such as an individual’s social and cultural situation as well as personal preferences, beliefs and motivation should be taken into consideration when making decisions on treatment.

**RELEVANCE:** The study findings have generated evidence to enable a greater understanding of patients’ views and experiences of phosphate management. Recognition and utilisation of individual experiences and strategies for self-management is essential for the design and delivery of effective patient-centred care.