# Abstract

**Abstract**

How do family and informal carers of patients undergoing HD influence adherence to treatment? – A systematic review of the literature.

**Background**:

The incidence of end-stage kidney disease (ESKD) is increasing. Renal replacement therapies replace the function of damaged kidneys but each treatment option has its own set of restrictions and lifestyle choices. Adherence, to haemodialysis (HD) can be difficult due to the complex, challenging and restrictive nature of this therapy and the treatment burden is high. The reasons why patients chose to adhere to HD treatment or not are multifactorial and are intertwined with their family and informal carer’s relationships.

**Aims**:

To establish, how family and informal carers of patients, undergoing HD, influence adherence to treatment.

**Design**:

Systematic review of literature.

**Data Sources**:

A systematic review of the literature was conducted using the following databases: British Nursing Index, Cinhal, ProQuest, Allied Health Source, ProQuest Psychology Journals, Medline, Allmed, Social Policy and Practice, Trip database, Web of Science and Pub Med. Data was searched using the following key words: haemodialysis, dialysis, adherence, compliance, family and carers. The Critical Appraisal Skills Programme (CASP) was used to assess the strength of the research (Moher et al 2009). In order to be considered, a studies required a robust study design and clearly stated outcomes.

**Results**:

A total of 207 studies were examined for this study. After applying, the predetermined inclusion and exclusion criteria, a total of eighteen studies were included in the final review. Many of the studies examined the issue of nutritional adherence. All the data obtained was qualitative in nature with the majority relying on questionnaires and semi structured interviews.

Findings were divided into four key themes, the first two themes examined the experiences of family and informal carers, and the influence they had. The third theme explored factors that limited family and informal carers’ ability to influence adherence to HD. The fourth theme looked at the influence HCPs had in helping family and informal carers improve adherence, in loved ones undergoing HD.

 **Conclusion**:

In order to help support family an increased awareness of ESKD, the symptom burden and treatment options is required, by families and HCPs alike. In order to help families and informal carers influence adherence to treatment, education, and family involvement must be prioritised. The relationships between HCPs and family and informal carers must also be given careful consideration, to ensure therapeutic relationships are built..