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| **INTRODUCTION AND AIMS:** Activation describes an individual’s knowledge, skill and confidence in managing their own health and healthcare. It can be measured using the Patient Activation Measure (PAM1) subdivided into 4 levels of activation,1 being the lowest and 4 the highest. Highly activated patients are more likely to adopt healthy behaviour, lower rates of hospitalisation, and higher levels of satisfaction with services, whilst those with low activation levels are more likely to attend accident and emergency, to be hospitalised or re-admitted to hospital after discharge2.We measured PAM in a population of CKD patients in the UK and analysed the relationship between PAM scores, modality, age, symptom burden, deprivation and Patient Reported Outcome Measures (PROM)**METHODS:** Fourteen of the 52 adult renal units in England participated. Outpatients with pre-dialysis CKD or kidney transplant, and those on maintenance haemodialysis/peritoneal dialysis received a survey comprising PAM, a renal-specific symptom score (POS-S Renal) and EQ5D-5L. Items in the latter two are scored on a scale from ‘0’ (no problems/concerns) to ‘4’ (highest level of severity/concern). These were recoded to ‘absent/mild’ (0,1) and ‘at least moderate’ (2, 3, 4). PAM scores were recoded into low (1,2) and high (3,4) activation. Deprivation is based on the Index of Multiple Deprivation (IMD score) calculated using the person’s post code and scored from 1 (least deprived) to 5 (most deprived).**RESULTS:** Renal units submitted data on 3,325 patients of which 1,707 were analysed. The majority (N=609, 36%) were on haemodialysis (HD) or transplanted (N=473, 28 %), the remaining either on peritoneal dialysis (N=17), pre-dialysis (N=44), or no treatment type reported (N=564). Overall 45% respondents are at low activation levels and 52% at high activation level; for 3% a score was missing. Comparing transplanted respondents with those on HD, more (57%) patients on HD showed low activation than those transplanted (31%) (p<0.001). Respondents aged 18-64 showed a higher level of activation (60%) compared with 45% in the over 65 age group (p<0.001). Comparing the least deprived (score=1) respondents (N=223) and most deprived (score=5) respondents (N=412), 65% of least deprived patients have a high activation level whereas 41% of more deprived patients has a high activation level (p<0.001). Overall, more respondents (37%) at a low activation level reported an at least moderate symptom burden in most of the 17 POS-S measures than those with a high activation level (20%) (p<0.001); similarly, respondents (70%) at lower activation levels were more likely to report at least moderate problems with mobility, self-care, usual activities, pain and anxiety than those at high activation level (41%) (p<0.001).**CONCLUSIONS:** We found that people with lower activation levels were older, more likely to be on haemodialysis and with higher levels of deprivation. These findings can support renal units to target patient groups where is the most room for improving patient activation. Lower activation levels were also associated with lower health-related quality of life and a higher symptom burden. Future research should investigate whether there is a causal relationship between activation levels and patient outcomes.[1,2] Hibbard, J. H, et al. (2004) Health services research, 39(4p1), 1005-1026. |

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