**The Role of Early Dietary Advice in the Modification of Health Beliefs and Behaviours amongst Haemodialysis Patients**

**Introduction:** Diet and lifestyle changes are an essential aspect of the management of chronic kidney disease (CKD) and End-Stage Kidney Disease (ESKD) that can help to mitigate morbidity and mortality. Improving knowledge and modifying health beliefs have been shown to be essential for improving self-management behaviours and lowering rates of complications. Despite this, there are low levels of concordance with diet and lifestyle advice. The purpose of this project is to assess how the provision of educational and supportive interventions to people in the pre-dialysis period by healthcare professionals can modify health beliefs and increase patients’ skills and confidence in managing their condition via dietary and lifestyle changes.

**Methods:**Patients were recruited from one renal dialysis unit in East London. Participants were contacted and completed a 38 item questionnaire which contained questions relating to health beliefs and behaviours after written consent had been acquired.

**Results:**185 haemodialysis patients were contacted. 155 (83.8%) patients agreed to participate in the survey. The largest proportion (47.0%) were aged between 61-80. 53.3% agreed that they had been given dietary advice before dialysis. Of these individuals 44.6% saw a dietician prior to dialysis. Among patients who agreed that they had been given dietary advice before they started dialysis, comparisons were made between those who had contact with a dietician prior to dialysis and those without contact with a dietician in the pre-dialysis period. 91.2% of patients who had contact with a dietician before dialysis reported that they were aware of the dietary restrictions prior to dialysis compared with 60.9% of patients who did not have dietician contact (Mean Percentage Difference (MPD) = 30.3%, P < 0.05). Overall, patients who reported that they knew the dietary restrictions were more likely to be on a special diet. 60.3% of those who knew about the restrictions reported being on a special diet in the pre-dialysis period, compared to 11.7% of patients who were not aware of the restrictions (MPD = 48.60%, P < 0.05). To assess the long-term impact of dietary advice, we collated data on patients’ current serum potassium. Those who were on a special diet before had a mean serum potassium of 4.78 mmol/l whilst those who had not been had a serum potassium of 4.99 mmol/l (Mean Difference = 0.208, P < 0.05).

**Conclusion:**Patients who received dietician contact prior to dialysis have significantly different health beliefs to those without early dietician contact. These differences could have a long-term impact on their kidney care. Holding these beliefs was associated with a higher uptake of a special diet prior to dialysis and were also associated with a statistically significant reduction in serum potassium. Thus, the implementation of education interventions involving dieticians prior to dialysis during the earlier stages of CKD should be a strategic priority.