



PD education and the implementation of the treatment of elderly and prostrate patients

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Introduction / Objectives

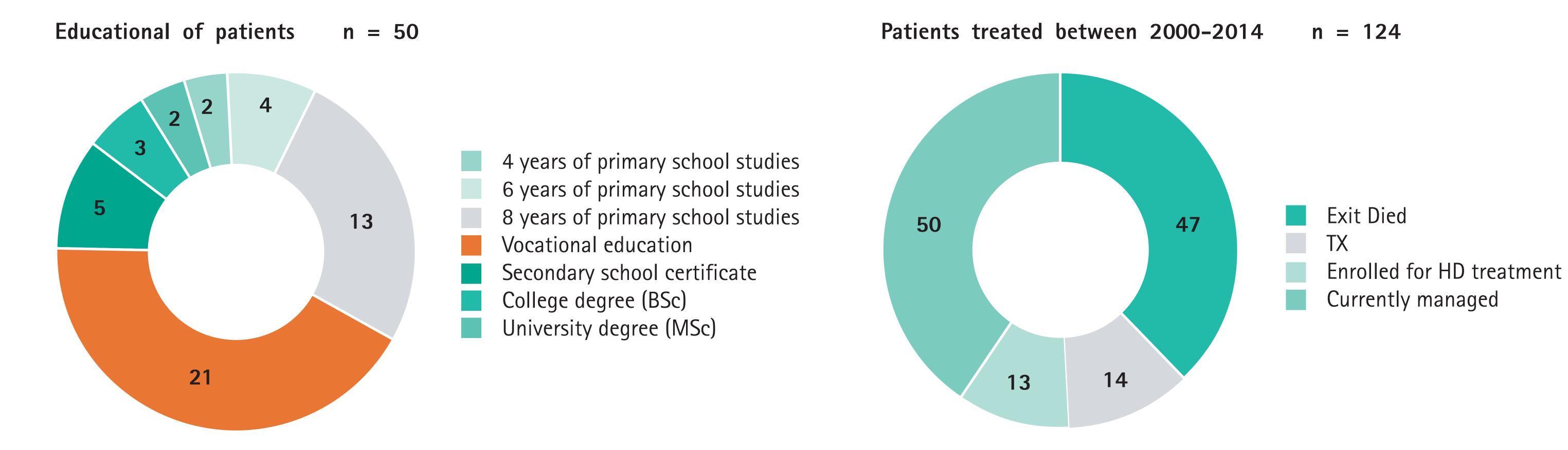
In the midst of the economic crisis the social well-being of the people in Hungary has been rapidly declining recently. Due to lack of proper information, most of our patients opt for haemodialysis (HD) instead of peritoneal dialysis (PD). In order to promote peritoneal dialysis, an open day at our station was organised by us to which the local television was invited. The audience was acquainted with dialysis alternatives. According to our experience, patients do not choose PD, because they do not have sufficient knowledge on it. Many of them do not favour home therapy because of their disadvantageous social conditions, old age and under-education: ("I cannot learn this! I have no sterile room! etc ...")

Task

Each patient must be given the right of choice. In case the given patient cannot carry out his/her treatment, an alternative solution must be found. Assisted PD has been increasingly gaining popularity, which can be effectuated by a relative or personnel of a social asylum. Individual education is inevitable. Safe PD treatment implemented at the places of the elderly must be made possible.

Materials and methods

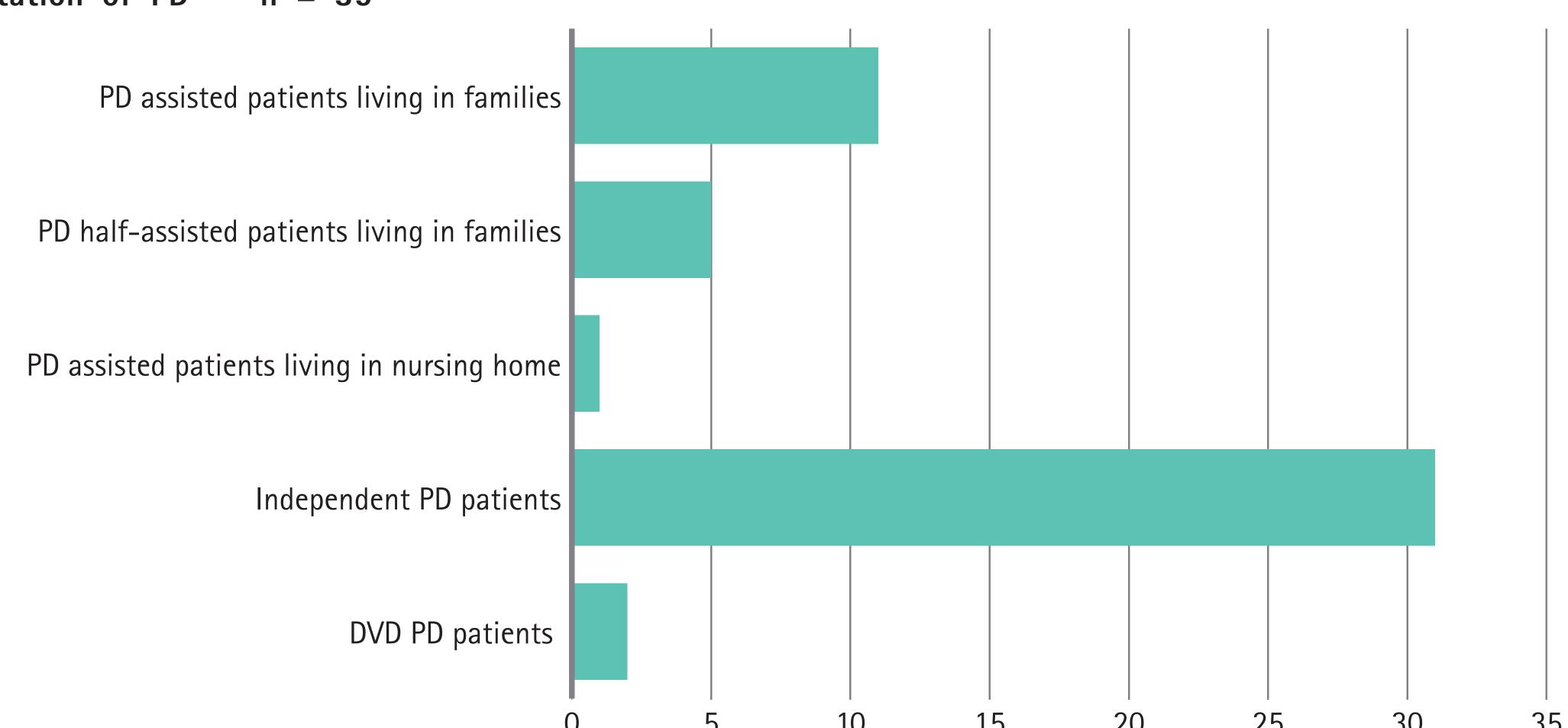
At our station 124 patients were treated between 2000 and 2014 in PD programme. Our patients' average age is 64.2 (24–77 years of age). The social conditions and educational background of our patients were assessed based on a questionnaire compiled by us. The average income per capita is between 81–324 EURO*. The questionnaire revealed that the patients are most scared by complications inadvertently caused by themselves. Upon adequate education the frequency of occurrence of these complications can be minimised. Emphasis was placed on adjusting the level of the education rendering it adequate to the mental faculty of the patient and/or assistant (in the case of assisted PD). Therefore, a 10-day educational plan was elaborated at our station. In certain cases DVDs were produced in order to demonstrate the correct way of treatment from which deviation is possible.



Results

The majority of patients carry out the treatments independently. To some of them assisted PD was given. The method of thorough teaching detailed above has proved effective. The audio and video recordings (DVD) made by us can be successfully applied in order to perform PDs at patients' homes. The training seemed longer to them than for others, however with the help of the recordings seamless treatment could be carried out. "PD therapy = Watch a DVD."





Conclusions

The legitimacy/ raison d'etre of assisted PD was confirmed by our study, which is in line with international experience. Based on the above findings it may be advised that one should not be panicking about environmental problems that arise. From the social survey it was inferred that in a world with much discomfort treatments can be performed flawlessly. Due to impoverishment there are patients who have been forced to residential homes. In their cases a higher risk for infection may arise since the patient "goes through many hands". According to our experience, social workers carry out treatments with more care. The education and treatment of our elderly patients assisted by image and sound recording in our Dialysis Centre has proven effective.