



Queensland University of Technology
Brisbane Australia



Person-centred care in chronic kidney disease: The CKD-SMS study

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Person-centred care

Patient-reported
preferences,
values, & needs

Coordination &
integration of care

Information,
communication &
education

Physical comfort

8 Dimensions of Person-Centred Care

Emotional support
& alleviation of
fear & anxiety

Involvement of
family & friends

Transition &
continuity

Access to care

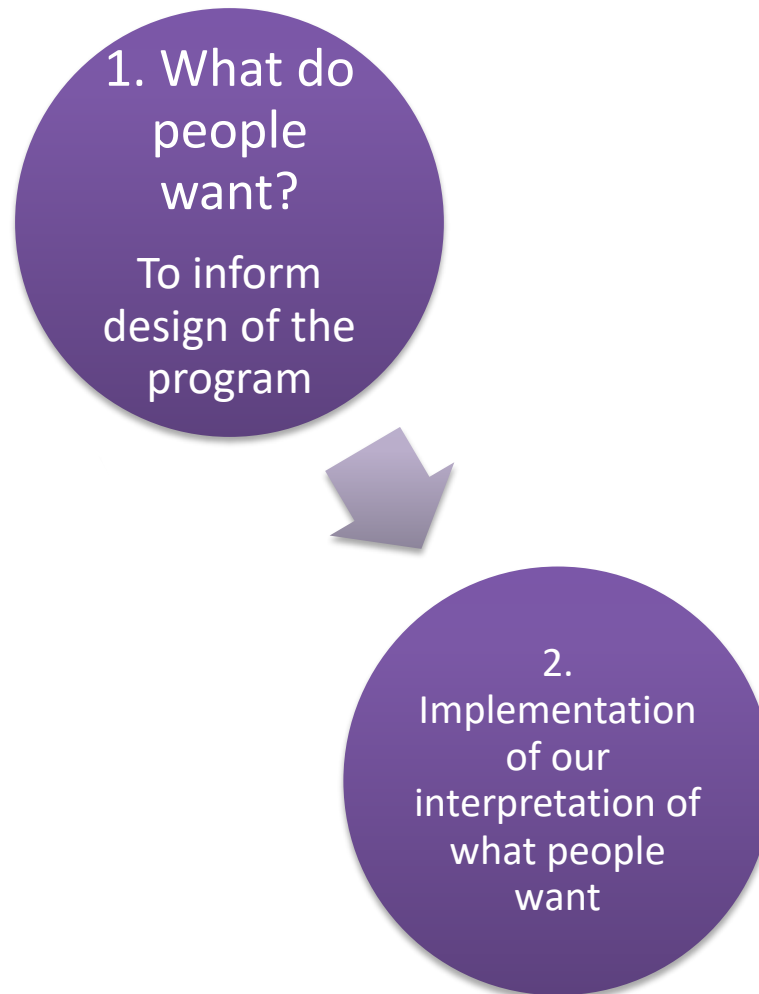


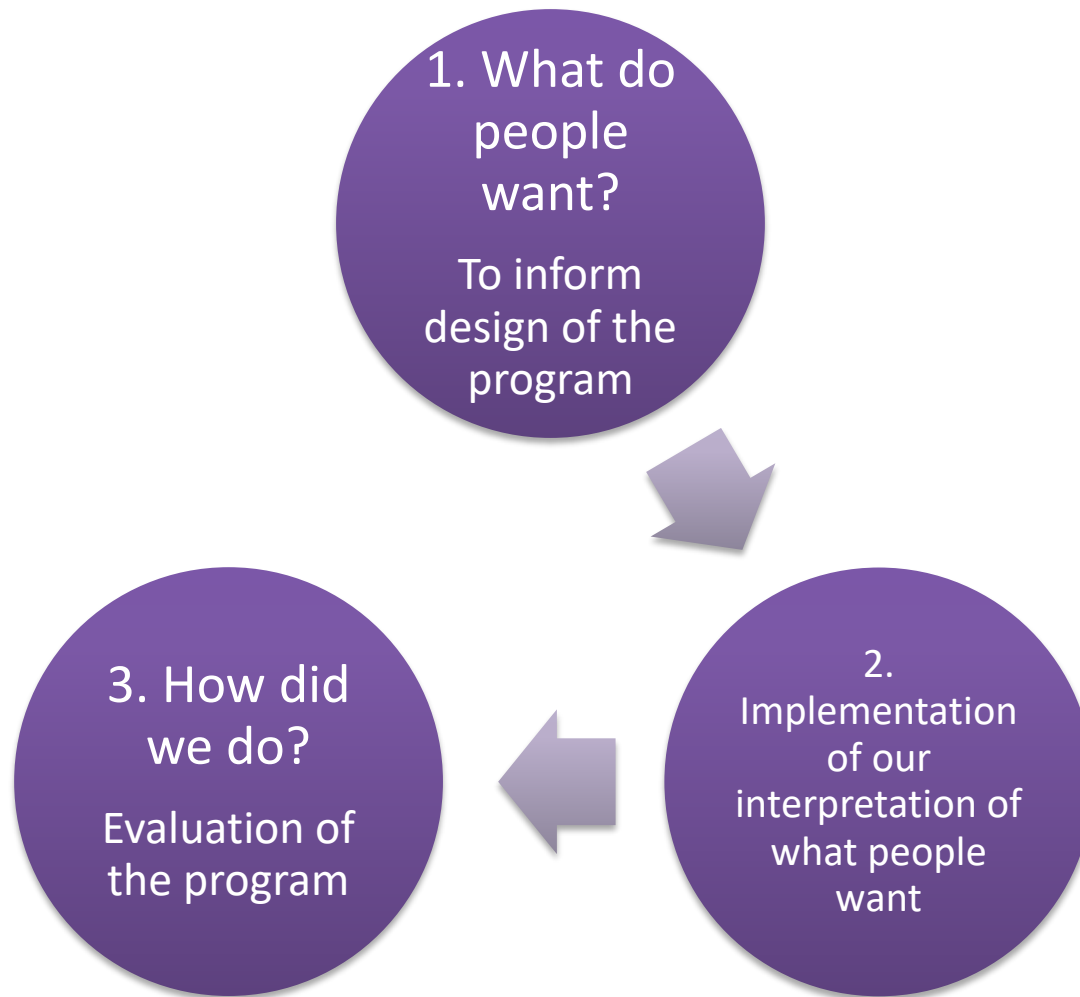
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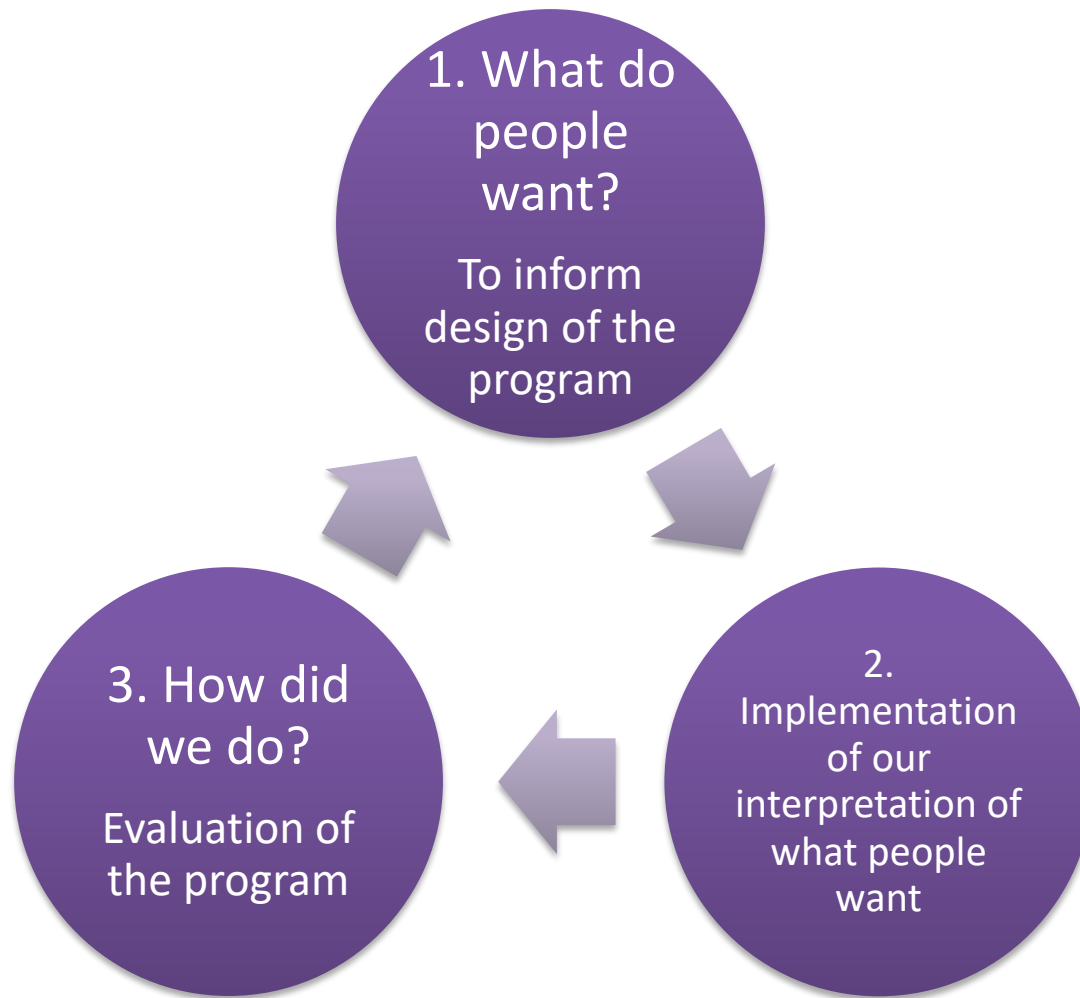


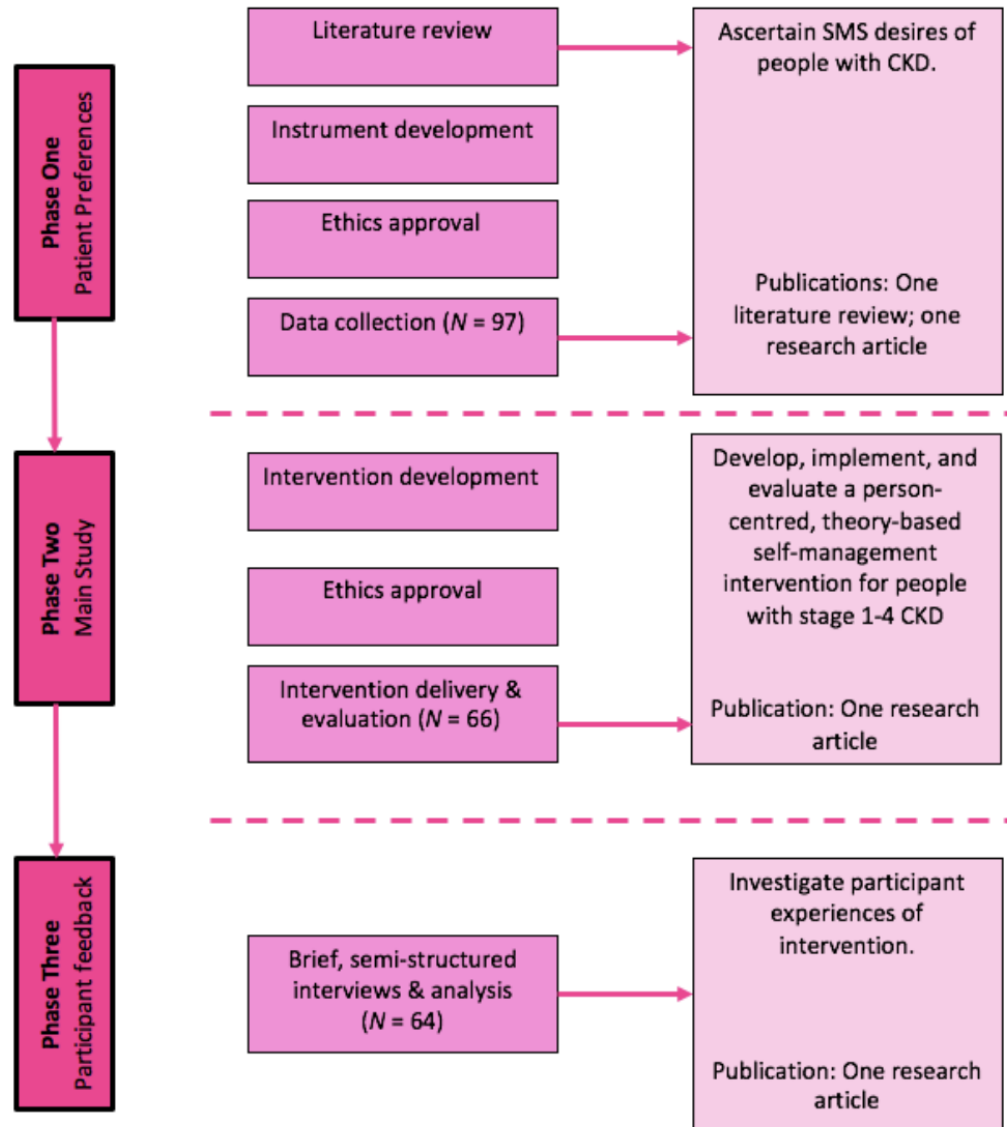
1. What do
people
want?

To inform
design of the
program

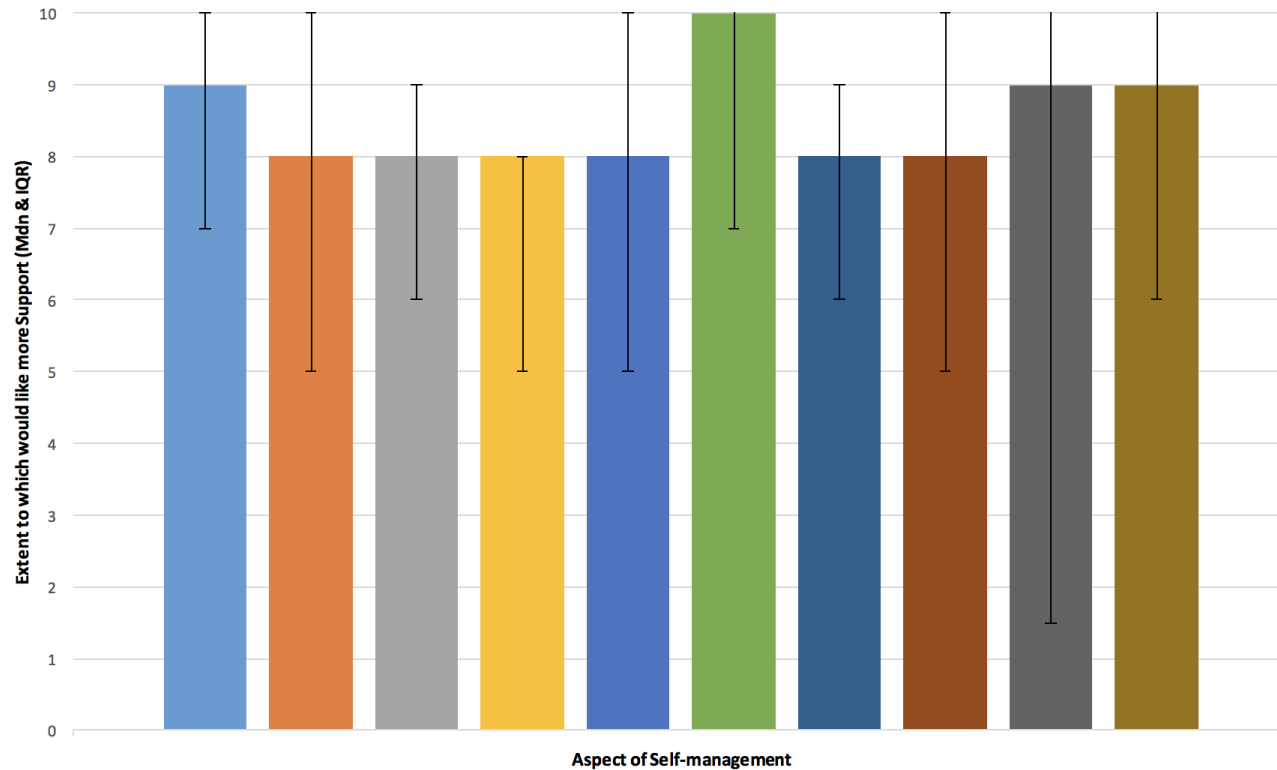








Phase 1: What do People with CKD want?



- Disease-specific knowledge
- Managing Medications
- Engaging & sustaining social support
- Maintaining social & occupational roles
- Modifying lifestyle
- Developing & sustaining a positive attitude & caring for mental & physical wellbeing
- Building & sustaining effective relationships with HCPs
- Establishing routine & planning ahead
- Actively participating in healthcare
- Recognising & effectively responding to symptoms

Phase 2: CKD-SMS

- Goal-setting
- SCT strategies
 - Performance accomplishments
 - Vicarious learning
 - Verbal persuasion
 - Stress and anxiety reduction
 - Mindfulness
 - Motivational interviewing
 - CBT
- Education
- Self-monitoring
- Problem-solving

TAKING CARE OF MY KIDNEYS

Companion handbook



This handbook has been adapted, with permission, from:
Kidney Health Australia, 2008
Living with reduced kidney function: A handbook for self management of chronic kidney disease.
Australia: Kidney Health Australia.

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Phase 2: Outcome Measures

Primary outcomes:

- Self-efficacy (SEMCD-6)
- Self-management (Aus.CKD-SM)

Secondary Outcomes

- HRQoL (SF-12)
- CKD knowledge (KIKS)
- Emotional distress (DASS-21)
- Understanding of physical activity guidelines (AAS) and engagement in physical activity (HAP)
- Fruit and vegetable consumption (serves yesterday)
- Communication with HCPs (PiH)
- Alcohol use (AUDIT-C)
- Physiological measures (eGFR, weight, BP)



Ineligible ($n = 103$):

- Did not speak English: $n = 13$*
- Cognitively impaired: $n = 8$*
- Stated no kidney problems: $n = 30$*
- Already receiving extensive support through another program: $n = 8$*
- eGFR < 25 : $n = 25$*
- Inaccessible to researchers: $n = 19$*

Declined ($n = 167$)

- No interest: $n = 121$*
- Overburdened with appointments: $n = 17$*
- Too physically unwell: $n = 29$*

Baseline (T0) Assessment ($n = 78$)

- 1) Demographic & clinical characteristics
- 2) Standardised patient-reported measures

Goal-setting

Patients Approached (Across Two Sites): $N = 348$

Lost to Follow-Up (n = 12)
Uncontactable: n = 6
Withdrew: n = 6
 No time/need: n = 1
 Too unwell: n = 4
Deceased: n = 1

Follow-up (T1) Assessment (n = 66)
 1) Clinical characteristics
 2) Standardised patient-reported measures

Intervention
 Session 1: Face-to-face (n = 74)

Intervention
 Session 2: Phone session (n = 72)

Intervention
 Sessions 3-11 (may choose 1 to 9 further sessions): Phone sessions (n = 72)

Intervention
 Session 12: Face-to-face (n = 68)

Final Sample:
T0 Only: N = 78
T0 and T1: N = 66

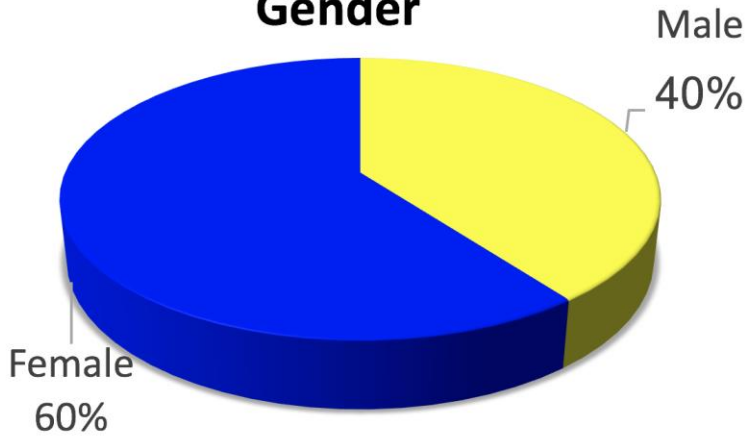
Data Analysis

- 1) Descriptive background and clinical data
- 2) Between-groups t-tests and Fisher's exact tests to evaluate potential baseline differences between completers and non-completers
- 3) Repeated-measures t-tests/Wilcoxon Signed-Rank tests to test for significant differences on outcome measures pre- and post-intervention

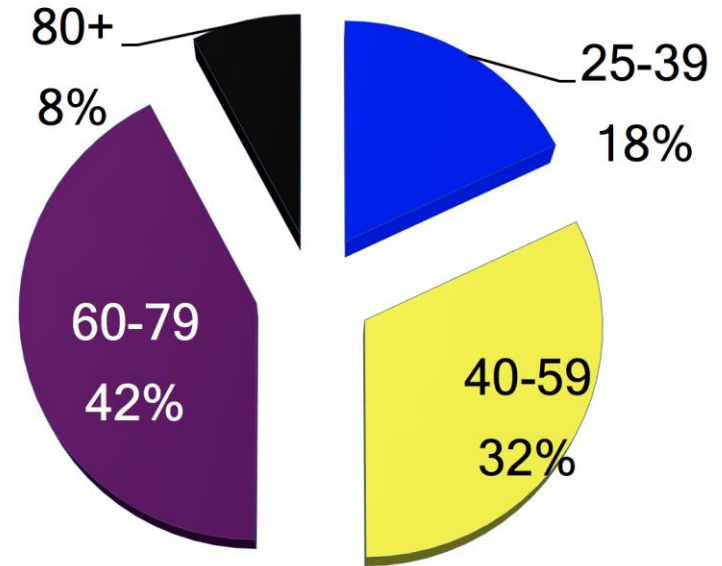
Phase 2: Participant Characteristics

N = 78

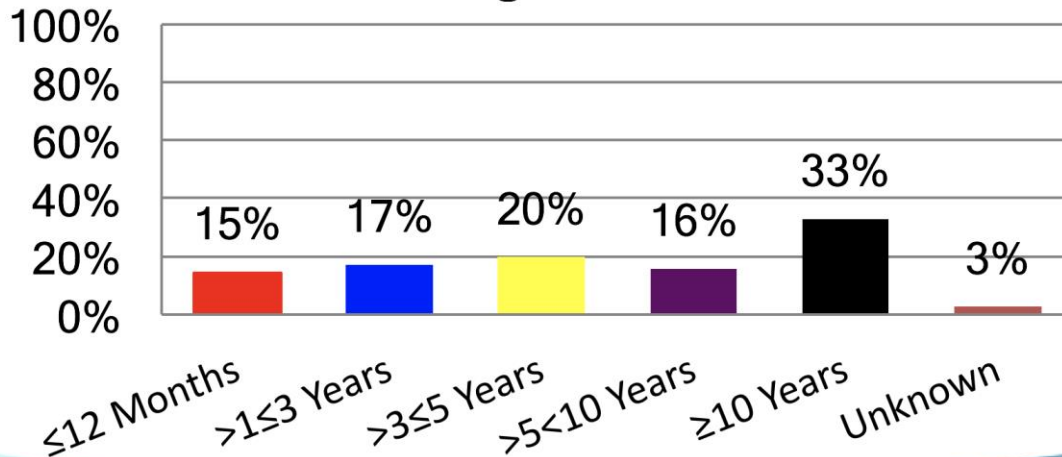
Gender



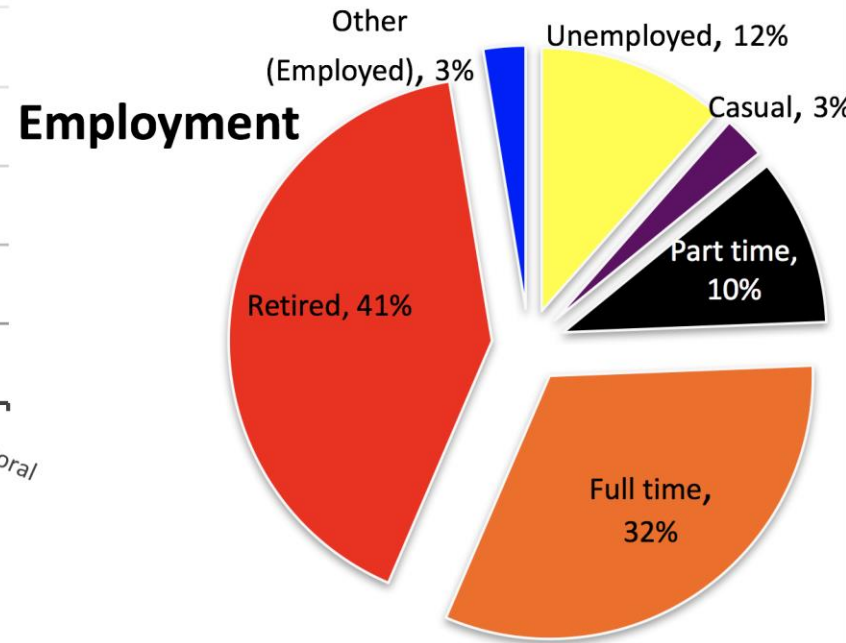
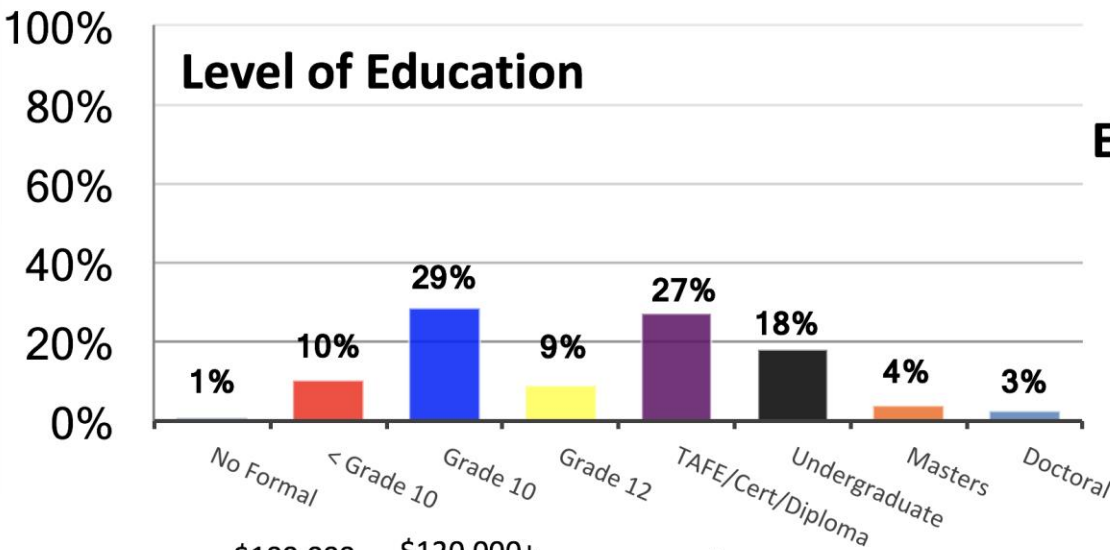
Age



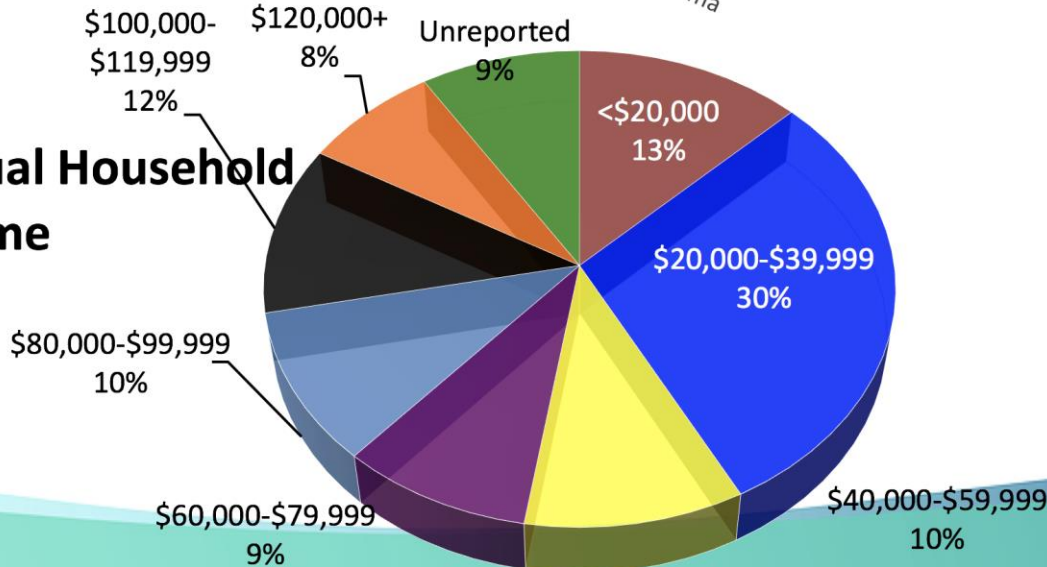
Time since Diagnosed



Phase 2: Participant Characteristics

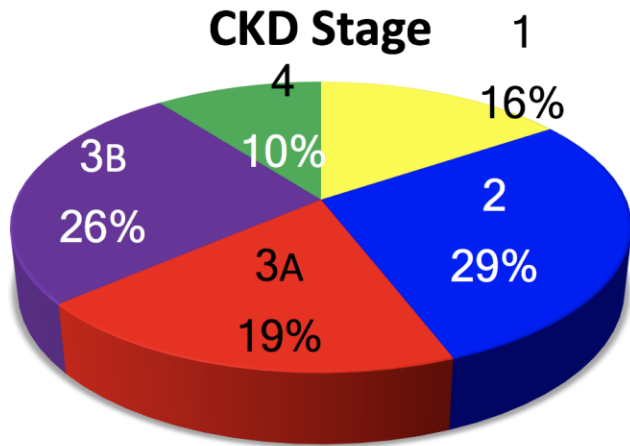


Annual Household Income

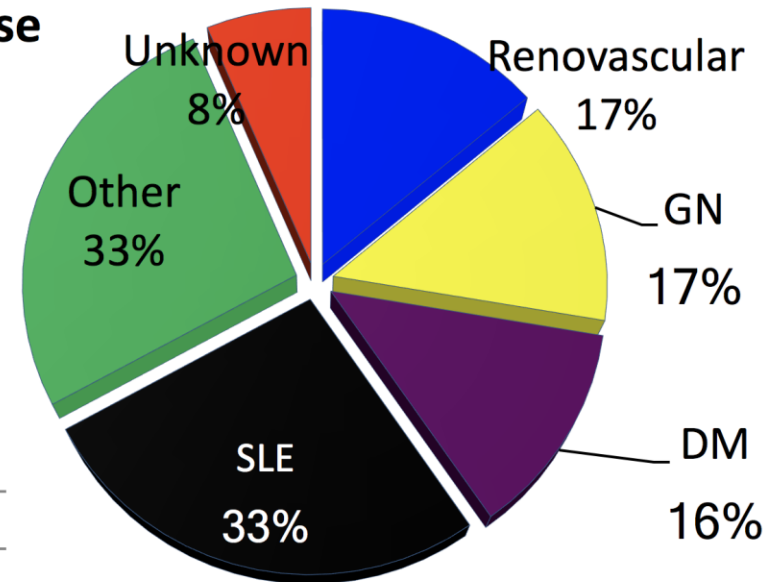


Phase 2: Participant Characteristics

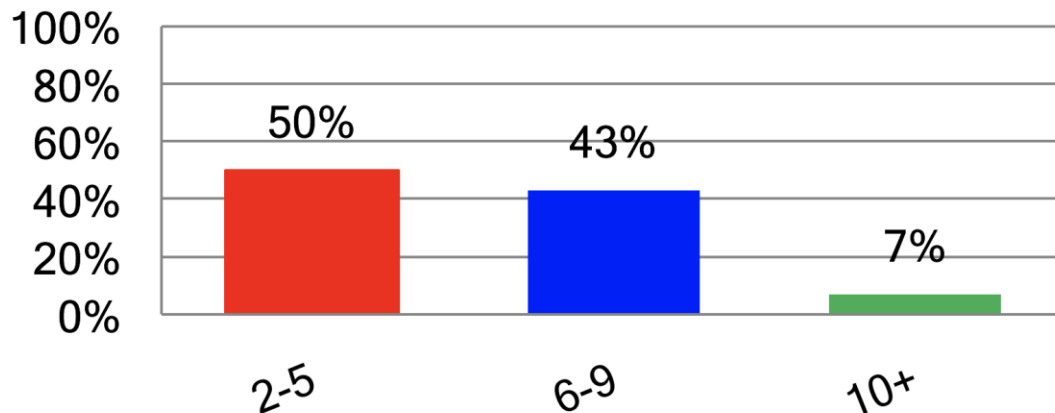
N = 78



Cause



CCI



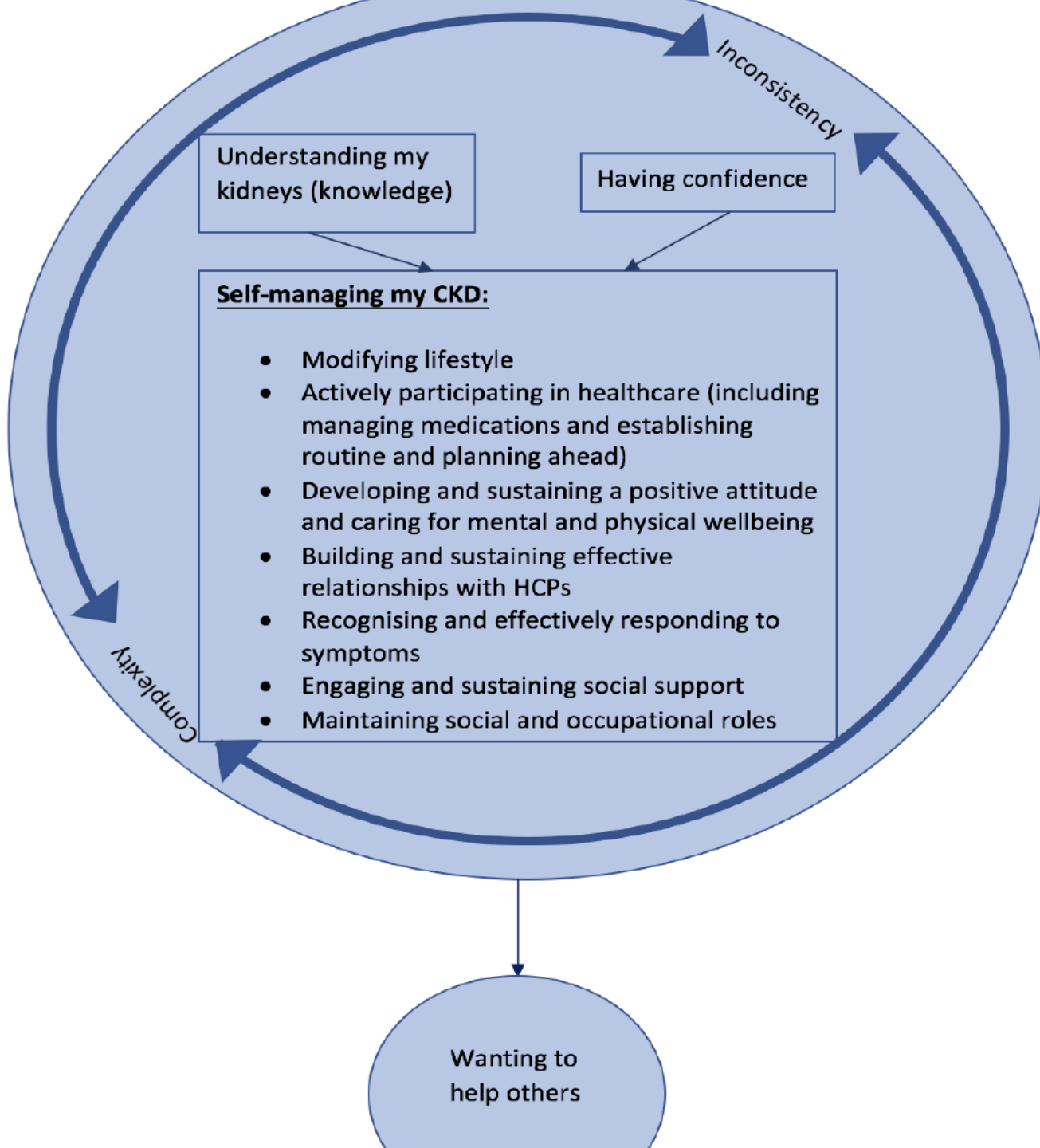
Phase 2: Results

Primary outcomes:

- Self-efficacy (SEMCD-6)*
- Self-management (Aus.CKD-SM)*

Secondary Outcomes

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Conclusions and Implications

- Self-management of CKD is multifaceted and complex, and people desire support.
- SCT shows promise as a framework for CKD self-management.
- Outcomes can be improved in a short period with relatively little intervention.
- Participants see the value in self-management support.
- This group are heterogeneous and complex, and a person-centred approach to self-management support is required.



Acknowledgements

- QUT APA Scholarship
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- Kidney Health Australia
- Staff at MNHHS KHS & Inala Primary Care