USE OF BEHAVIORAL MODELING IN PATIENT-TAILORED EDUCATION ON PHOSPHOROUS CONTROL   Sana Ghaddar, Hafez Elzein. Wael Shamseddine American University of Beirut, Beirut – Lebanon

We examined the relationship between patients' perceptions of barriers, benefits, seriousness, susceptibility and self efficacy of compliance with dietary phosphorus intake based on the Health Behavior Model (HBM) constructs, and their placement across stages of readiness to change utilizing the Transtheoretical model (TTM).

This cross sectional study examined 235 hemodialysis (HD) patients in three HD units in Lebanon. Collected data included two questionnaires (HBM and TTM) and prior three-month values for serum phosphorus. The TTM questionnaire contains an algorithm that facilitates placement of patients into stages based on their phosphate binder and dietary phosphorus intake practices in the last 6 months. Univariate analyses were conducted to summarize the demographic, clinical and behavioral characteristics of study participants. Multivariate statistics (ANOVA, MANOVA, and post hoc LSD) were used to examine the interface between constructs of HBM with TTM stages of change.

This study included 51.2% males, mean age was 58.5 ± 14.2 and average years on dialysis were 4.7 ± 4.7 years. The distribution of the participants across the TTM stages was 35% in the precontemplation, 8.5 % in the contemplation, 24% in the preparation, 14% in the action, and 18.5% in the maintenance stage. Individual constructs that had significant correlations across the five stages were perception of barriers ($p = .02$) and self-efficacy ($p < .01$). Post hoc LSD analysis showed that patients in the precontemplation stage had significantly less perception of barriers compared to those in the preparation and maintenance stages, while for perception of self-efficacy, patients in the precontemplation stage had significantly lower scores compared to those in the preparation, action and maintenance stages. TTM stages were not significantly associated with gender ($p = .28$), age ($p = .58$), or number of years on dialysis ($p = .07$).

Counselling tailored to individual needs was found to be more effective than traditional programs. We recommend using the TTM and HBM assessments to tailor patient-specific educational approach.