

MASTERING HEMODIALYSIS TO REVERSE PATTERNS OF MISSED AND SHORTENED TREATMENTS

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Missed and shortened hemodialysis (HD) treatments, often developing in the first months of HD, put patients at greater risk for fluid overload and hospital utilization. Missed treatments also impact dialysis center revenues. Mindful of the social worker's (SW) dual ethical responsibility to patients and employing agencies, we tested the hypothesis that a nephrology SW intervention would be more effective in reversing missed and shortened treatments than traditional educational approaches (i.e., having patients watch an instructive video during treatment or receiving nurse chair-side instruction). In a convenience sample, *treatment-resistant* patients (n=14) were admitted to the SW intervention group receiving four 90-minute psychoeducation classes ("Mastering Hemodialysis") over four weeks. To avoid researcher bias, nursing staff identified patients receiving the video education (n=7) and patients receiving the nurse teaching (n=7) as the comparison group. Baseline measures of missed and shortened treatments were obtained for participants in both groups and compared at three months. Baseline measures for the *treatment-resistant* patients were also compared at six months from the start of the SW intervention to measure adherence to HD treatment over time. Baseline and post-test measures of scores on the SF-36v2 and the Beck Depression Inventory (BDI)—FastScreen were compared. While patients receiving the video and nurse chair-side instruction showed some improvement in the number of missed and shortened treatments when measured at three months from project startup, the SW intervention group demonstrated sustained improvement when missed and shortened treatments were compared at three and six months. The SW intervention group scored higher at post-test in all self-reported health function domains on the SF-36v2 than did the patients receiving video instruction, and lower on the BDI—Fast Screen than did the comparison group. "Mastering Hemodialysis" classes are urged to truncate patterns of missed and shortened treatments. Multi-site randomized replication is exhorted.