

## CNSW ABSTRACTS FROM THE NATIONAL KIDNEY FOUNDATION 2008 SPRING CLINICAL MEETINGS

### 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.

### NEPHROLOGY SOCIAL WORK SALARIES, PATIENT CASELOADS, AND IMPLICATIONS FOR CKD CARE IN THE UNITED STATES

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In 2007, The Council of Nephrology Social Workers (CNSW) executed an online salary survey for social workers in all settings (CKD, dialysis, transplantation and administration). The anonymous information will help improve the understanding of the current salaries, benefits, licensure status, education level, number of dialysis units covered, scope of transplant social work services provided, and caseloads of nephrology social workers, along with related implications for chronic kidney disease patient care. 1,747 social workers completed the entire survey over several months in 2007. The annual salary ranged from \$20,502-\$83,803 for dialysis social workers and \$37,981-\$84,989 for transplant social workers. Full time social work caseloads in dialysis units were as high as 425 patients. We posit that social workers with high caseloads, that cover more than one dialysis unit, and that have to drive great distances to their workplaces are less able to provide adequate assistance to CKD patients and their families in ameliorating psychosocial barriers to optimal care and outcomes.

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**QUALITY OF LIFE (QOL) AND LIFE  
SATISFACTION OF PATIENTS UNDERGOING  
MAINTENANCE HEMODIALYSIS THRICE A  
WEEK IN INDIA**

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Maintenance hemodialysis (MHD) thrice per week is life saving however expensive treatment. To save on expenses patients opt for and nephrologists recommend twice instead of thrice a week hemodialysis in an effort to save cost.

The present study is aimed at finding out quality of life and life satisfaction in our patients on MHD and to compare these parameters among 45 stable patients on MHD for minimum of 6months. 20 patients were on twice a week (Group A) compared to 25 patients thrice a week (Group B). Quality of life was assessed by SF-36 v2 Health survey. Life satisfaction was assessed by life satisfaction scale (LSS) by National Psychological Corporation, India.

	PCS	MCS	LSS
A	33.7±8.03	34.15±13.41	39.35±6.08
B	41.24±9.4	41.12±15.19	42.32±4.18
p	0.004*	0.059	0.03*

PCS: Physical Component Summary,

MCS: Mental Component Summary

3/20(15%) in Group A had >50 and 7/25(28%) had >50 score by SF-36 survey. 9/20(45%) among Group A had low life satisfaction score whereas 5/25(15%) among Group B had low life satisfaction. None in both groups achieved high life satisfaction score.

Twice weekly MHD gives poor QOL & life satisfaction.