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Padova
Fondazione OIC Onlus
27 ottobre 2024



L'educazione terapeutica nel paziente con malattia renale cronica: definizioni e metodi



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Convegno Regionale SIAN - Padova, 27.10.2024

IL VISSUTO EMOTIVO DEL PAZIENTE





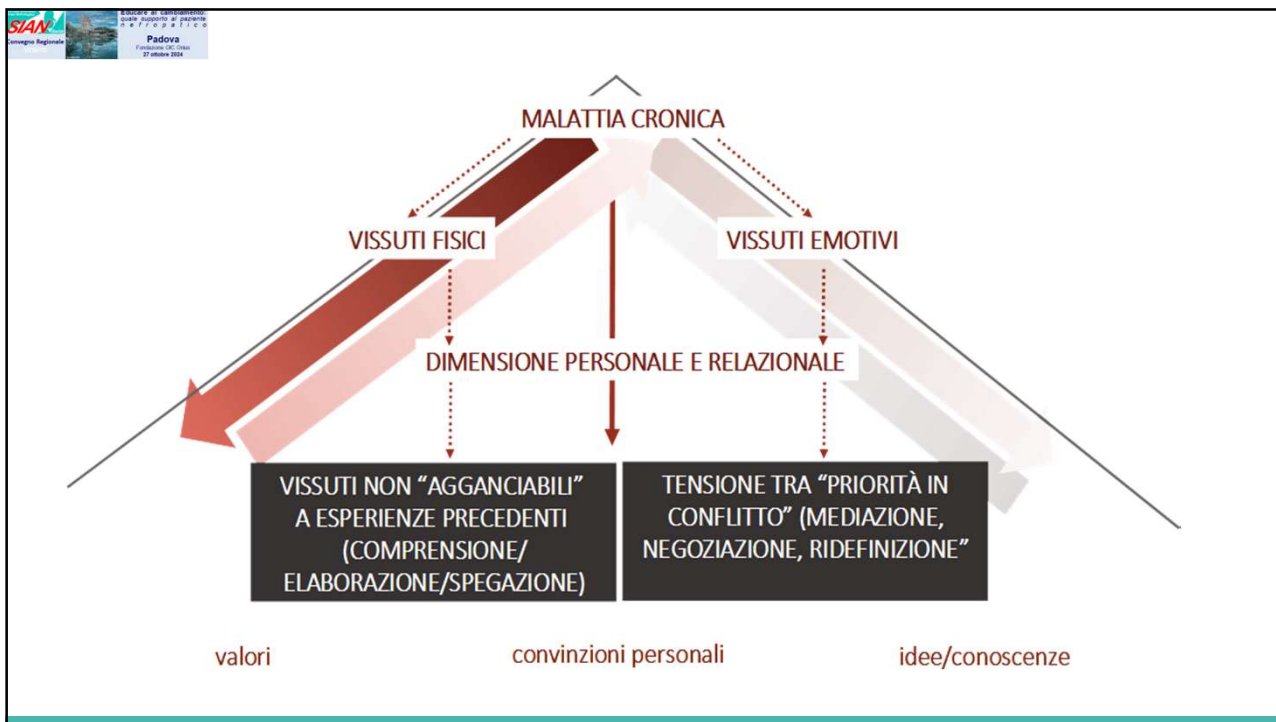
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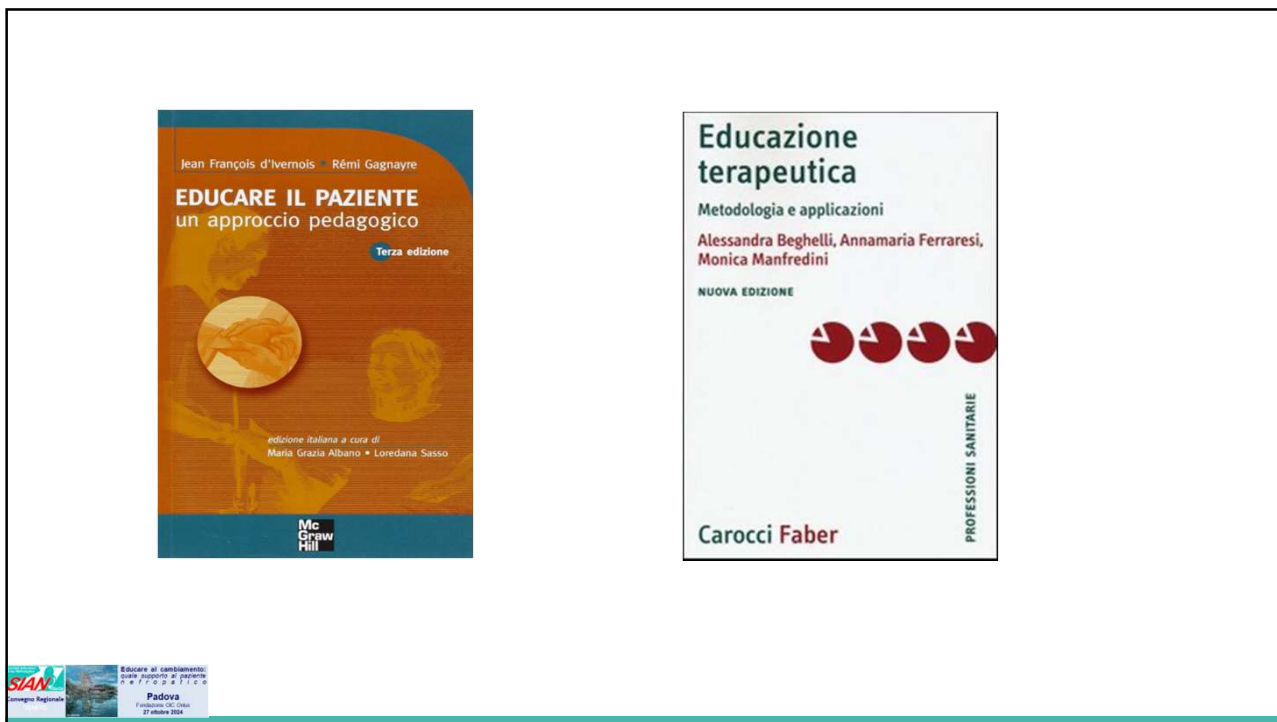
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I PROGRAMMI DI EDUCAZIONE TERAPEUTICA DEL PAZIENTE





L'educazione del paziente viene definita dal Delphi Group on Patient Education Terminology (1985) come **“una esperienza programmata di apprendimento che prevede la combinazione di più metodi didattici (tra i quali: l'insegnamento, il counseling, le tecniche di modificazione comportamentale) che possono influire sulle conoscenze del paziente e sui comportamenti di salute adottati”** (Miller & Goldstein, 1972; Bartlett, 1985; Weingarten et al., 2002).

La stessa è stata definita da Cochrane Collaboration come **“l'insegnamento o il training dei pazienti rispetto ai loro bisogni di salute”** (Department of Health, 2005).

Secondo Bodenheimer e colleghi (2002) attraverso questa pratica vengono infatti fornite al paziente informazioni e competenze tecniche specifiche legate alla patologia.



“L’educazione terapeutica del paziente è quindi designata a questo compito, all’addestramento del paziente nelle abilità di auto-gestione o adattamento del trattamento alla sua particolare situazione di cronicità, nonché nei processi di coping” (OMS, 1998, p. 10).

“[...] Il suo scopo è di aiutare i pazienti e le famiglie a comprendere la malattia ed il trattamento, a cooperare con gli operatori sanitari, a vivere in modo sano, a migliorare o mantenere la qualità della vita” (p. 13).



L’oggetto dei programmi di ETP diventa quindi l’apprendimento di determinate competenze, anche attraverso la valorizzazione del rapporto che viene a crearsi tra i contenuti dell’attività educativa e l’esperienza vissuta del soggetto (nei termini di convinzioni, valori, motivazioni e attitudini).

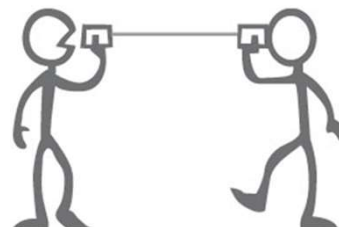


Nei fondamenti delle pratiche di ETP si evince la convinzione che il possesso – da parte della persona – di una serie di informazioni non sia più sufficiente. Le conoscenze possedute devono essere trasformate in competenze che si estrinsecano nella messa in atto di determinati comportamenti di salute.

Il paziente si configura come un acquirente di competenze differenti, tra le quali d'Ivernois e Gagnayre (2009) identificano: la comprensione di sé, della malattia e del trattamento, la capacità di auto sorveglianza, di autocura, l'adattamento e aggiustamento della terapia integrandola allo stile di vita personale (HAS-INPES, 2007).



In questo percorso si profila l'idea di educare e formare un paziente aderente, quindi "osservante" le prescrizioni fatte dai curanti. Tale convinzione trova forza nell'idea che "[...] la comprensione da parte del paziente della malattia, del suo trattamento e il senso che gli attribuisce, gioca un ruolo essenziale nella sua adesione al trattamento e alle nuove regole di vita [...]"(d'Ivernois & Gagnayre, 2009, p. 18).



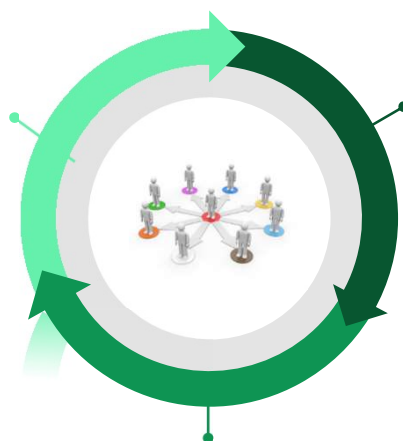
Gli elementi che hanno determinato la necessità di attuazione di programmi di ETP sono stati:

- la progressiva complessità delle procedure terapeutiche
- il riconoscimento dei diritti di salute della persona
- la consapevolezza individuale di tali diritti
- l'esigenza di qualità ed efficacia nei processi di cura



Le fasi dell'ETP

FASE DI FOLLOW-UP
EDUCATIVO
(monitoraggio e valutazione)



FASE EDUCATIVA
INIZIALE
(accompagnamento e
sensibilizzazione)

FASE DI RIPRESA EDUCATIVA
(nel caso in cui si verifichi un evento significativo
e/o problematico)



La fase educativa iniziale: componenti

DIAGNOSI EDUCATIVA

Nel corso di questa fase vengono poste al paziente alcune domande a carattere esplorativo circa le caratteristiche sociali, culturali e di salute. Particolarmente importante risulta essere l'analisi dei bisogni del paziente, rilevante per una congrua definizione di obiettivi e contenuti dell'attività educativa.

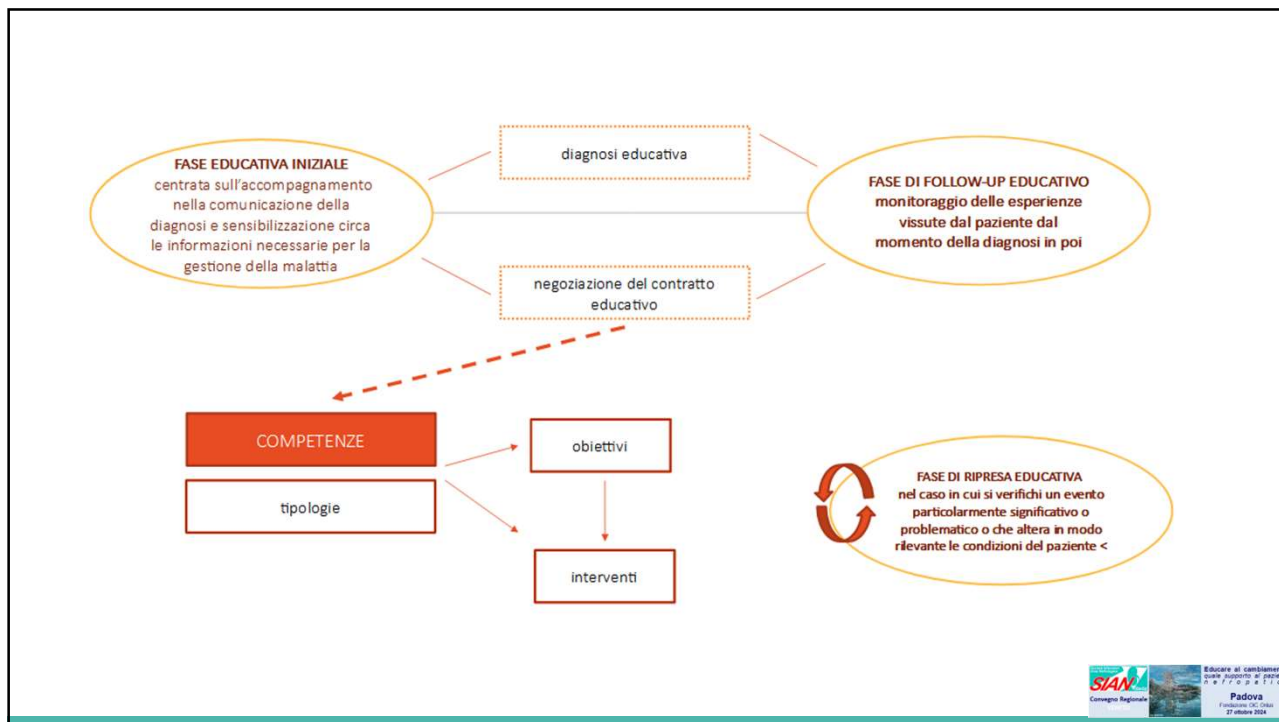
Vengono inoltre esplorate le conoscenze che la persona possiede rispetto alla malattia (Elasz, Ellis, Brown, & Pichert, 2001; Marchand, d'Ivernois, Assal, Slama, & Hivon, 2002; OMS, 1998) attraverso domande atte a indagare la personale percezione di salute; i modelli di coping adottati; il livello di autonomia e responsabilizzazione nella gestione della condizione patologica.



Le tecniche di indagine atte alla rilevazione del bisogno educativo sono differenti e possono essere distinte a seconda della numerosità delle persone che vi partecipano. Nel caso in cui si tratti di un singolo paziente si utilizzeranno l'osservazione partecipante, l'intervista, l'analisi di un evento critico. Nel caso in cui ci si rivolga a un gruppo di pazienti si potranno considerare sia il focus group che l'uso del questionario (Beghelli et al., 2015).

Risulta particolarmente interessante l'utilizzo di mappe concettuali che rivelano l'elaborazione cognitiva del paziente rispetto a un determinato quesito relativo alla sua salute (Bonadiman ET AL., 2006; Marchand et al., 2002).





LA NEGOZIAZIONE DEL CONTRATTO EDUCATIVO: LE COMPETENZE COME OBIETTIVI DI APPRENDIMENTO

Una volta raccolte le informazioni utili e necessarie prende avvio il momento di costruzione negoziata del contratto educativo e dunque di progettazione dell'attività educativa (OMS, 1998).

Le competenze identificate e formulate all'interno del contratto costituiranno gli obiettivi del programma (d'Ivernois & Gagnayre, 2009). Particolare attenzione viene attribuita alla formulazione di obiettivi che rispettino i principi di realismo e pertinenza. Gli stessi dovranno inoltre essere osservabili e misurabili (Assal & Lacroix, 1986; Beghelli et al., 2015) e avranno, come detto, carattere operativo.

ETP - Competenze



AREA COGNITIVA	AREA MANUALE/GESTUALE	AREA RELAZIONALE
1. comprensione, descrizione e memorizzazione 2. riconoscimento e interpretazione 3. soluzione e innovazione	1. imitazione dei gesti 2. parziale padronanza dei gesti 3. totale padronanza dei gesti	1. recettività e sensibilità 2. comportamento consapevole 3. interiorizzazione di una modalità di comportamento



Gli interventi messi in atto devono rispettare i principi della pertinenza e della distanza pedagogica. Gli stessi devono essere pratici e, naturalmente, necessitano di una differenziazione che tenga conto dell'età del paziente, del numero di persone coinvolte e del campo tassonomico di appartenenza degli obiettivi (Beghelli et al., 2015; Bloom, 1956).

	AREA COGNITIVA	AREA MANUALE/GESTUALE	AREA RELAZIONALE
Incontro informativo	+		
Lezione partecipata	+		+
Letture di opuscoli informativi	+		+
Addestramento		+	
Counseling			+



Review

Evolution of Therapeutic Patient Education: A Systematic Scoping Review and Scientometric Analysis

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Abstract: Therapeutic patient education (TPE) aims to empower the patients and their caregivers to effectively care for and manage their conditions. Such educational programs have been shown to improve health behaviors, disease outcomes, and quality of life among different patient populations. The field of TPE has evolved extensively over decades, owing to interdisciplinary research. No study so far has been done to map this field, to identify the stakeholders and gaps requiring future research. By leveraging the theory of co-citation, CiteSpace was used to visualize the bibliographic data pertaining to TPE research. A total of 54,533 articles published in English language were analyzed to identify influential funders, regions, and institutes contributing to this field. Besides these, significant theoretical and empirical contributions that shaped this field were mapped. Our analysis revealed several important insights. Most of the important theories that helped shape TPE were inspired from the social sciences. Five important research themes were identified: disorders, study designs utilized in TPE research, the scope of the TPE literature and outcomes, and populations. The research focused on improving perceptions, behaviors, and attitudes toward health promotion, reducing stigma, self-management and medication adherence. Most of the research was developed in the context of high-income countries. Future research should involve patients and use digital technology. Meta-analytical studies need to be done to identify the effectiveness and moderators of TPE interventions across different disorders. Further research should involve low and middle-income countries (LMIC) to ensure knowledge and technology transfer.

Keywords: patient education; health literacy; scientometric analysis

Check for updates

Citation: Correia, J.C.; Waqas, A.; Aujoulat, I.; Davies, M.J.; Assal, J.-P.; Golay, A.; Pataky, Z. Evolution of Therapeutic Patient Education: A Systematic Scoping Review and Scientometric Analysis. *Int. J. Environ. Res. Public Health* **2022**, *19*, 6128. <https://doi.org/10.3390/ijerph19106128>

Academic Editors: Javier Diaz-Palmar and Altair Gómez González

Received: 8 March 2022
Accepted: 9 May 2022
Published: 18 May 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Figure 1. Trends of publications in patient education research.

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> Clin J Am Soc Nephrol. 2016 Apr 7;11(4):694–703. doi: 10.2215/CJN.07680715. Epub 2015 Nov 4.

Educating Patients about CKD: The Path to Self-Management and Patient-Centered Care

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Affiliations + expand
PMID: 26536899 PMCID: PMC4822666 DOI: 10.2215/CJN.07680715

Abstract

Patient education is associated with better patient outcomes and supported by international guidelines and organizations, but a range of barriers prevent widespread implementation of comprehensive education for people with progressive kidney disease, especially in the United States. Among United States patients, obstacles to education include the complex nature of kidney disease information, low baseline awareness, limited health literacy and numeracy, limited availability of CKD information, and lack of readiness to learn. For providers, lack of time and clinical confidence combine with competing education priorities and confusion about diagnosing CKD to limit educational efforts. At the system level, lack of provider incentives, limited availability of practical decision support tools, and lack of established interdisciplinary care models inhibit patient education. Despite these barriers, innovative education approaches for people with CKD exist, including self-management support, shared decision making, use of digital media, and engaging families and communities. Education efficiency may be increased by focusing on people with progressive disease, establishing interdisciplinary care management including community health workers, and providing education in group settings. New educational approaches are being developed through research and quality improvement efforts, but challenges to evaluating public awareness and patient education programs inhibit identification of successful strategies for broader implementation. However, growing interest in improving patient-centered outcomes may provide new approaches to effective education of people with CKD.

Keywords: chronic kidney disease; decision making; health literacy; humans; kidney diseases; learning; patient centered care; patient education; self-management; shared decision making.

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27 ottobre 2024

Global Health, Epidemiology and Genomics
Volume 2023, Article ID 4295613, 9 pages
https://doi.org/10.1155/2023/4295613

Research Article
Effect of Educational Intervention on Knowledge and Level of Adherence among Hemodialysis Patients: A Randomized Controlled Trial

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Received 5 November 2022; Revised 28 February 2023; Accepted 7 March 2023; Published 31 March 2023

Academic Editor: Amutha Ramadas

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Purpose. The purpose of the study was to assess the impact of an educational intervention on the level of knowledge and adherence to the treatment regimen among hemodialysis (HD) patients as well as to describe the association between these variables. **Methods.** In this randomized controlled trial, 160 HD patients at an HD centre of a 2030-bed tertiary teaching hospital in Southern India were randomly assigned into intervention (N = 80, received education and a booklet) and control (N = 80, received standard care) groups. Knowledge and adherence were measured preintervention and postintervention using a validated questionnaire for knowledge and the ESRD-AQ (End-Stage Renal Disease Questionnaire) for the level of adherence. The statistical analysis of the data was performed with the help of the Statistical Program SPSS version 19.0. The statistical significance level was set at 0.05. **Results.** The increase in knowledge on disease management, fluid adherence, and dietary adherence in the intervention group was significantly higher compared to the control group. There was no significant correlation between knowledge and adherence. Adherence improved for all the domains, i.e., dialysis attendance, episodes of shortening, adherence to medication, fluid restriction, and dietary restriction. Adherence to fluid and dietary restriction was statistically significant. This trial is registered with <https://clinicaltrials.gov/ct2/show/CTRU/2018/05/01/4166>.



Arad et al. BMC Nephrology (2021) 22:119
https://doi.org/10.1186/s12882-021-02319-9

BMC Nephrology

RESEARCH ARTICLE Open Access

Do the patient education program and nurse-led telephone follow-up improve treatment adherence in hemodialysis patients? A randomized controlled trial

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Abstract


Background: End-Stage Renal Disease (ESRD) is the final and permanent stage of Chronic Kidney Disease (CKD). Hemodialysis (HD) is the most common treatment for CKD. To have desirable therapeutic outcomes, patients have to adhere to a specific therapeutic regimen that reduces the hospitalization rate and side-effects of HD. The present study aimed to determine the effects of the patient education program and nurse-led telephone follow-up on adherence to the treatment in hemodialysis patients.

Methods: This is a randomized controlled trial in which a total of 66 patients were recruited using convenience sampling and then randomly assigned to two groups of control (n = 33) and intervention (n = 33). Data were collected using a demographic questionnaire, the laboratory results record sheet, and the End-Stage Renal Disease Adherence Questionnaire (ESRD-AQ), which included four dimensions of HD attendance, medication use, fluid restrictions, and diet recommendations. The intervention group received a patient education program and nurse-led follow-up services through telephone communication and the Short Message Service (SMS) for 3 months. All participants filled in the questionnaire before and after the intervention. Data were analyzed using IBM SPSS Statistics for Windows, version 25 (IBM Corp., Armonk, N.Y., USA).

Results: The results showed a significant difference in the mean scores of HD attendance, medication use, fluid restrictions, and diet recommendations between the two groups immediately, 1 month, and 3 months after the intervention (p < .001). The results also indicated a significant difference in the mean scores of four dimensions during the four-time points of measurement in the intervention group (P < 0.0005). Therefore, the level of treatment adherence in the intervention group was higher than in the control group. Moreover, there was a significant difference in the mean score of laboratory values between the two groups after the intervention, except for the level of serum sodium (P = 0.130).

Conclusion: Implementation of the patient education program and nurse-led follow-up can lead to better adherence to hemodialysis in four dimensions of HD attendance, medication use, fluid restrictions, and dietary recommendations in HD patients.

(Continued on next page)



Randomized Controlled Trial > Am J Kidney Dis. 2018 Mar;71(3):371-381.
doi: 10.1053/j.ajkd.2017.09.014. Epub 2017 Dec 1.

Hemodialysis Self-management Intervention Randomized Trial (HED-SMART): A Practical Low-Intensity Intervention to Improve Adherence and Clinical Markers in Patients Receiving Hemodialysis

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Affiliations + expand
PMID: 29198641 DOI: 10.1053/j.ajkd.2017.09.014

Abstract

Background: Poor adherence to treatment is common in hemodialysis patients. However, effective interventions for adherence in this population are lacking. Small studies of behavioral interventions have yielded improvements, but clinical effectiveness and long-term effects are unclear.

Study design: Multicenter parallel (1:1) design, blinded cluster-randomized controlled trial.

Setting & participants: Patients undergoing maintenance hemodialysis enrolled in 14 dialysis centers.

Intervention: Dialysis shifts of eligible patients were randomly assigned to either an interactive and targeted self-management training program (HED-SMART; intervention; n=134) or usual care (control; n=101). HED-SMART, developed using the principles of problem solving and social learning theory, was delivered in a group format by health care professionals over 4 sessions.

Outcomes & measurements: Serum potassium and phosphate concentrations, interdialytic weight gains (IDWGs), self-reported adherence, and self-management skills at 1 week, 3 months, and 9 months postintervention.


Results: 235 participants were enrolled in the study (response rate, 44.2%), and 82.1% completed the protocol. IDWG was significantly lowered across all 3 assessments relative to baseline ($P<0.001$) among patients randomly assigned to HED-SMART. In contrast, IDWG in controls showed no change except at 3 months, when it worsened significantly. Improvements in mineral markers were noted in the HED-SMART arm at 3 months ($P<0.001$) and in potassium concentrations ($P<0.001$) at 9 months. Phosphate concentrations improved in HED-SMART at 3 months ($P=0.03$), but these effects were not maintained at 9 months postintervention. Significant differences between the arms were found for the secondary outcomes of self-reported adherence, self-management skills, and self-efficacy at all time points.

Limitations: Low proportion of patients with diabetes.

Conclusions: HED-SMART provides an effective and practical model for improving health in hemodialysis patients. The observed improvements in clinical markers and self-report adherence, if maintained at the longer follow-up, could significantly reduce end-stage renal disease-related complications. Given the feasibility of this kind of program, it has strong potential for supplementing usual care.

Trial registration: Registered at ISRCTN with study number ISRCTN31434033.

Keywords: Self-management; adherence; chronic disease management; diet; end-stage renal disease (ESRD); fluid intake; health behaviors; hemodialysis; interdialytic weight gain (IDWG); medication compliance; patient education; randomized controlled trial (RCT); self-efficacy.



Yasari et al. BMC Nephrology (2024) 25:262
https://doi.org/10.1186/s12882-024-03693-w

BMC Nephrology

RESEARCH Open Access

The effect of an educational video about healthy diet on metabolic control of patients on hemodialysis: an interventional study with a one-year follow-up


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Abstract

Background Adherence to diet is effective for metabolic control in patients on hemodialysis. There are educational pamphlets or booklets to improve patients' knowledge about healthy diets. As video presentation is more desirable than the presentation of readable materials, we designed an educational video on healthy diets in renal failure patients who was played during several sessions of hemodialysis. We compared the effect of this modality on the knowledge, attitudes and metabolic control of the patients before and after the intervention.

Methods In this interventional study, all the patients who were referred to the hemodialysis ward at Ashraf-Esfahani Medical Center (Tehran, Iran) between May 2018 and March 2019 were enrolled ($N=190$). Totally, 130 patients had inclusion criteria. An educational video about a healthy diet was shown seven times (once a week in the first month, once every two weeks in the second month, and once in the third month) during hemodialysis for the patients. The nephrologist prepared a video in the form of a lecture with graphic images for 20 min based on the healthy nutrition of the Kidney Federation of Iran's Guide for hemodialysis patients. The questionnaire was completed in terms of awareness and attitudes, and blood and urine tests were performed at the 1st, 3rd, and 12th months. Serum parameters, including electrolytes, lipid profile, CBC-diff, dialysis efficacy (Kt/V), and the URR (urine filtration rate) were examined. Pre and post intervention values were compared via the statistical analysis performed using IBM SPSS. P -Value < 0.05 was significant.

Results The data of 128 people were analyzed at the end of the study. 55% of patients were 10–40 years old and 60% were male. 56% of patients were illiterate or had an elementary school education. The most common underlying diseases were hypertension and diabetes mellitus. Ten to 19% of participants had enough knowledge about the various components of a healthy diet for patients on hemodialysis. Approximately 25%, 14%, and 45% of the participants consumed a healthy diet for breakfast, lunch and dinner, respectively. A comparison of the mean values of the serum parameters before and after the intervention revealed significant changes in phosphorus, blood urea nitrogen, and hemoglobin with mean differences of -118.41 ± 22.84 , 21.51 ± 10.38 (both $P<0.001$), and 0.29 ± 1.18 ($P=0.044$), respectively. The mean Kt/V was similar at all phases.



> Ann Med Surg (Lond). 2024 Mar 11;86(5):2723-2728. doi: 10.1097/MS9.0000000000001906. eCollection 2024 May.

The impact of teach-back training method (TBTM) on treatment adherence in hemodialysis patients: a randomized controlled trial

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Affiliations + expand

PMID: 38694284 PMID: PMC11060250 DOI: 10.1097/MS9.0000000000001906

Abstract

Introduction: Ensuring adherence to treatment is vital for individuals undergoing haemodialysis. The demanding treatment frequency and duration often present challenges for patients in maintaining a consistent routine. Non-adherence can result in adverse health effects and an increased risk of hospitalization. This study aimed to evaluate the impact of teach-back training on treatment adherence among haemodialysis patients.

Method: A randomized controlled trial involved 60 end-stage kidney disease patients undergoing haemodialysis. Participants were randomly assigned to either the control or intervention group. Data were collected using the End-Stage Renal Disease Adherence Questionnaire (ESRD-AQ), assessing adherence in four dimensions: HD incidence, medication use, fluid restriction, and diet recommendations. The intervention group received feedback-based training on diet and fluid restriction during four 45-60-min sessions, while the control group received regular indoor training.

Result: Following the intervention, significant differences in mean scores for HD frequency, medication use, and fluid restriction were observed between the two groups ($P < 0.001$). However, there was no significant difference in the mean score for food recommendations ($P = 0.108$).

Conclusion: The teach-back training method (TBTM) is an effective communication strategy that enhances treatment adherence in haemodialysis patients. This intervention has the potential to improve patient outcomes and overall quality of life by simplifying medical information and encouraging patient engagement.

Keywords: adherence; education; haemodialysis; nurse; teach-back training.



Review > Am J Kidney Dis. 2016 Sep;68(3):422-33. doi: 10.1053/j.ajkd.2016.02.053. Epub 2016 Apr 26.

Patient Education and Peritoneal Dialysis Modality Selection: A Systematic Review and Meta-analysis

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PMID: 27125246 DOI: 10.1053/j.ajkd.2016.02.053

Abstract

Background: Educational interventions are increasingly used to promote peritoneal dialysis (PD), the most common form of home therapy for end-stage renal disease. A systematic review of the evidence in support of dialysis modality education is needed to inform the design of patient-targeted interventions to increase selection of PD. We performed a systematic review and meta-analysis to characterize the relationship between patient-targeted educational interventions and choosing and receiving PD.

Study design: Systematic review and meta-analysis.

Setting & population: Published original studies and abstracts.

Selection criteria for studies: We searched MEDLINE, EMBASE, CINAHL and EBMR. We included controlled observational studies and randomized trials of educational interventions designed to increase PD selection.

Intervention: Predialysis educational interventions.

Outcomes: The primary outcome was choosing PD, defined as intention to use PD regardless of whether PD was ever used. The secondary outcome, receiving PD, was defined as an individual receiving PD as his or her treatment.

Results: Of 3,540 citations, 15 studies met our inclusion criteria, including 1 randomized trial. In the single randomized trial (N=70), receipt of an educational intervention was associated with a more than 4-fold increase in the odds of choosing PD (OR, 4.60; 95% CI, 1.19-17.74). Based on results from 4 observational studies (N=7,653), patient-targeted educational interventions were associated with a 2-fold increase in the odds of choosing PD (pooled OR, 2.15; 95% CI, 1.07-4.32; (I²)=76.7%). Based on results from 9 observational studies (N=8,229), patient-targeted educational intervention was associated with a 3-fold increase in the odds of receiving PD as the initial treatment modality (OR, 3.50; 95% CI, 2.82-4.35; (I²)=24.9%).

Limitations: Most studies were observational studies, which can establish an association between education and choosing PD or receiving PD, but does not establish causality.

Conclusions: This systematic review demonstrates a strong association between patient-targeted education interventions and the subsequent choice and receipt of PD.







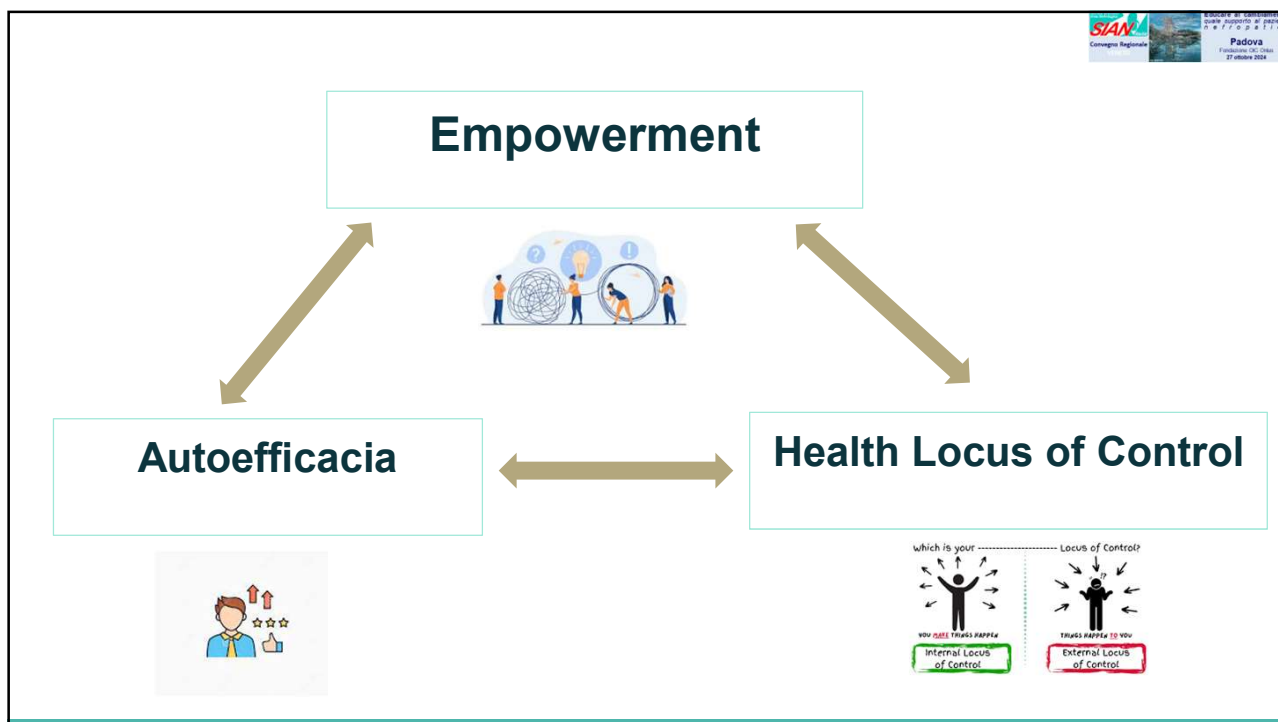

Empowerment

RESEARCH ARTICLE
Is patient empowerment the key to promote adherence? A systematic review of the relationship between self-efficacy, health locus of control and medication adherence
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COSTRUTTO MULTIDIMENSIONALE CHE RIGUARDA L'ASSETTO MOTIVAZIONALE DEL PZ

4 componenti →

- 1. "Meaningfulness" (significati e valori) 
- 1. Competenza (autoefficacia, padronanza) 
- 1. Impatto (poter fare la differenza) 
- 1. Autodeterminazione (autonomia, motivazione) 





Lavoro plenaria

DESTINATARI/TARGET PZ	
ANALISI - IDENTIFICAZIONE DEI BISOGNI DI ETP	
OBIETTIVI ETP	
IDENTIFICAZIONE COMPETENZE	
STRATEGIE EDUCATIVE	
TEMPI E RISORSE	
MONITORAGGIO E VALUTAZIONE (INDICATORI)	