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## **Effect of Self-management Strategy on Improving Compliance to Water and Salt Restriction in Anuric CAPD Patients**

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Objective Peritoneal dialysis is a more self-cared treatment; good patient self-management can benefit their outcome a lot. Fluid overload is always a tough problem in PD patients, and fluid and salt restriction is a effective way to improve fluid status. In this study, we investigated the effect of self-management strategy on improve compliance to water and salt restriction in anuric CAPD patients. Subjects and Methods Self-management strategy, including patient education, empowerment, self-efficacy, and negotiation care, has been implemented in our PD program since 2003. Data from all anuric CAPD patients, treated on September 2005, were collected. Serum sodium concentration and dialysate net sodium removal were used to assess sodium balance. The ratio of extracellular water to total body water (E/T) and dialysis ultrafiltration volume were used to assess fluid balance. Blood pressure (BP) and daily dose of antihypertensive agent (DDD) were recorded. The criteria of uncontrolled hypertension was set at systolic BP (SBP) no less tan 140 mmHg or diastolic BP (DBP) no less than 90 mmHg. Results This study included 70 anuric CAPD patients (male 36 and female 34), with the mean age of 64.3±12.4 years old and the median time on PD of 27 (range from 4 to 163) months. The incidence of uncontrolled hypertension was 32.9% (23 cases), Average SBP and average DBP were 125±23 mmHg and 75.5±14.7 mmHg, the median DDD of antihypertensive agent was 0.5 (range from 0 to 4). dialysis ultrafiltration volume was 1081±443 ml/day, E/T was 0.51±0.05; dialysate net sodium removal was 129±71.5 mmol/day, serum sodium was 138±3.33 mmol/L. Conclusion Our study showed that fluid overload could be controlled in anuric CAPD patients by fluid and salt restriction and that self-management was an effective way to accomplish it.