

## Investigation of Adherence to Treatment, Perception, and Predictors of Adherence among Patients with End-Stage Renal Disease on Haemodialysis in the Eastern Region of Saudi Arabia: A Descriptive Cross-Sectional Study

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**Abstract :** Aim: To investigate the prevalence of non-adherence of patients on haemodialysis and explore their perception of the importance of adherence to the therapeutic regime and estimate the predictors for adherence to the therapeutic regime. Background: End-stage renal disease is commonly treated by haemodialysis. Haemodialysis treatment alone is not effective in replacing kidney function. Diet and fluid restrictions, along with supplementary medications, are mandatory for the survival and well-being of patients. Hence, adherence to this therapeutic regimen is essential. However, non-adherence to diet and fluid restrictions, medications, and dialysis is common among patients on haemodialysis. Design: Descriptive cross-sectional method was applied to investigate the prevalence of non-adherence to treatment, including adherence to diet and fluid restrictions, medications, and dialysis sessions. Methods: Structured interviews were conducted using the Arabic version of the End-Stage Renal Disease Adherence Questionnaire. The sample included 230 patients undergoing haemodialysis in the Eastern Region of Saudi Arabia. Data were analysed using descriptive statistics and multiple regressions. Results/Findings: Most patients had good adherence (71.3%), and only 3.9% had poor adherence. The divorced or widowed patient had higher adherence compared with single ( $P=0.011$ ) and married participants ( $P=0.045$ ) through using the post hoc test. Patients above 60 years had higher adherence compared to patients below 40 years old ( $P=0.016$ ) using the post hoc test. For the perception of the importance of adherence to the therapeutic regime subscale, two-thirds of the patients had lower scores ( $\leq 11$ ). Conclusion: Adherence to therapeutic regime is high for three fourth of patients undergoing haemodialysis in the Eastern Region of Saudi Arabia; this finding is similar to results abstracted from the local literature. This result would help us highlight the needs of patients who are not compliant with their treatment plans and investigate the consequences of non-adherence on their well-being and general health. Hence, plan individualised therapeutic programmes that could raise their awareness and influence their adherence to therapeutic regimes.

**Keywords :** adherence to treatment, haemodialysis, end stage renal disease, diet and fluid restrictions

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