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PATIENTS' EXPERIENCES OF TRANSITIONING FROM HOME BASED TO IN CENTRE DIALYSIS: A QUALITATIVE STUDYEls Holvoet¹, Wim Van Biesen¹, Gill Combes², Liesbeth Van Humbeeck¹¹Ghent University Hospital, Ghent, Belgium and ²University of Birmingham, Birmingham, United Kingdom

INTRODUCTION: Although transitioning between RRT modalities is common, data on it are scarce. INTEGRATED is an international consortium aiming at improved understanding of quantitative and qualitative aspects of transitioning. We aimed at exploring the experience of patients transitioning from a home based to an in-center modality using a qualitative inductive approach.

METHODS: Patients who transitioned RRT modality were purposively selected. Semi-structured interviews were performed by one female researcher, recorded and transcribed verbatim. Data analysis was performed consistent with Charmaz' constructivist approach of grounded theory and supported by NVivo10 (QSR International).

RESULTS: 14 patients (78 % male, average age of 60.5 years (range: 27-84)) participated. The conditions of the transitioning process impacted the participants' experience, resulting in divergent experiences and associated emotions. Not all participants experienced a loss of control due to the therapy-related changes (paradox of control). Some felt tied down and having lost independence, whereas others regained control as they felt relieved from responsibility. Whether patients experienced not of this paradox of control was related to the patient having (1) experienced a fit of HD with their personal life-style, (2) a frame of reference, (3) a certain level of care requirement, (4) insight in the underlying reasons for transitioning, and (5) trust in the health care providers. Appreciation of self-esteem, fear for the unknown and the future were however common themes.

CONCLUSIONS: Combined with the collective perspective that preparation and initiation of in-center dialysis therapy is emotionally fraught, care teams need to offer ample opportunities to elicit patient's knowledge and fears, dispel myths and forge connections with other patients. A visit to the dialysis unit can alleviate anxiety. Interventions that facilitate a sense of control need to be grounded in the meaning the disorder has for the person and its impact on their sense of self.