

REVIEW ARTICLE

Multidisciplinary Strategies in the Management of Early Chronic Kidney Disease

Héctor R. Martínez-Ramírez, Laura Cortés-Sanabria, Enrique Rojas-Campos, Aurora Hernández-Herrera, and Alfonso M. Cueto-Manzano

Medical Research Unit in Kidney Disease, Specialty Hospital, CMNO, IMSS, Guadalajara, Jalisco, Mexico

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Chronic kidney disease (CKD) is a worldwide epidemic especially in developing countries, with clear deficiencies in identification and treatment. Better care of CKD requires more than only economic resources, utilization of health research in policy-making and health systems changes that produce better outcomes.

A multidisciplinary approach may facilitate and improve management of patients from early CKD in the primary health-care setting. This approach is a strategy for improving comprehensive care, initiating and maintaining healthy behaviors, promoting teamwork, eliminating barriers to achieve goals and improving the processes of care. A multidisciplinary intervention may include educational processes guided by health professional, use of self-help groups and the development of a CKD management plan. The complex and fragmented care management of patients with CKD, associated with poor outcome, enhances the importance of implementing a multidisciplinary approach in the management of this disease from the early stages. Multidisciplinary strategies should focus on the needs of patients (to increase their empowerment) and should be adapted to the resources and health systems prevailing in each country; its systematic implementation can help to improve patient care and slow the progression of CKD. © 2013 IMSS. Published by Elsevier Inc.

Key Words: Multidisciplinary strategies, Early chronic kidney disease, Primary health care.

Introduction

Problem Description

Chronic kidney disease (CKD) is a worldwide epidemic, especially in disadvantaged populations, with marked deficiencies in its identification and treatment (1–3). Moreover, due to the excessive economic cost of end-stage renal disease (ESRD) treatment, the situation of developing countries is particularly worrisome because many of them currently have very high incidence rates, mostly due to diabetes (4).

The Mexican CKD scenario is extraordinarily complex: it has displayed the highest general and diabetic incidence rates of ESRD over the last years (4), which could be related, at least partially, with the increased prevalence of risk factors for developing CKD in our population (5–9) and the incongruity between CKD patients' needs and the health-care delivery systems, largely designed for managing acute illnesses (10).

Need for Optimal Care in Patients with Early Chronic Renal Disease

In some developing countries like Mexico, there is an increasingly high prevalence of overweight and obesity from early ages, associated with changes in dietary (5) and physical activity (6) patterns. There is also an increase of noncommunicable diseases such as type 2 diabetes mellitus (DM2) and hypertension (7–9) which, on the other hand, are the main causes of CKD (4). Moreover, it is very

Address reprint requests to: Dr. Alfonso M. Cueto-Manzano, Unidad de Investigación Médica en Enfermedades Renales, Hospital de Especialidades, CMNO, IMSS, Belisario Domínguez No. 1000, Col. Independencia, Guadalajara, Jalisco, Mexico; Phone: +52 (33) 36683000, ext. 32204; FAX: +52 (33) 36245050; E-mail: a_cueto_manzano@hotmail.com

common that patients during early stages of CKD do not meet clinical practice recommendations for an effective control (3). They have negative lifestyle habits, which are strongly associated with kidney damage and difficult to change only with medical intervention (11,12).

Serious difficulties for primary physicians to provide the optimal management to CKD patients include the overwhelming work at the primary care units and the limited time available from their saturated schedule (13). In addition, current healthcare systems are designed to respond rapidly and efficiently to any acute illness or injury but they are poorly configured to treat chronic diseases (10) (such as CKD), which require cooperation from the patients themselves to perform self-care (14). Evidence shows that multidisciplinary models should be included from the early stages of CKD. These models should be based on patient's needs and seek encouragement and promotion of the active participation of patients to increase self-care and to modify negative lifestyle habits associated with progression of renal damage (14–17).

Recently, a call for more resources has been made to improve renal health in developing countries (1). Better care of CKD requires more than only economic resources, including utilization of health research in policy-making (18) and health systems changes (10) to produce better outcomes and models to promote effective interactions between health teams and patients (15,16). A multidisciplinary approach may facilitate and improve management of patients from early CKD in the primary healthcare setting.

Multidisciplinary Strategies to Improve Self-care in Patients with Chronic Kidney Disease

Multidisciplinary approach is a strategy to improve health care and is very useful to initiate and maintain healthy behaviors, promote teamwork, eliminate barriers to achieve goals and improve the processes of care for each patient (19–22). Strategies to increase the empowerment and self-care of patients with early CKD are strongly related with the involvement of multidisciplinary teams and include educational processes guided by health professionals, self-help groups and development of a management plan (14,19–23).

Educational Processes

Educational processes guided by professionals and focused on the patients' needs can help to increase the skills to solve problems, improve efficiency and support the application of knowledge to real situations (19–24). These processes are related with the better understanding of the disease, increase self-confidence, achieve healthy behaviors, decrease symptomatology and improve outcomes (19–24). Physicians and the multidisciplinary team interact to identify and remove barriers and to promote patient education with available community resources. Success of these strategies,

particularly in patients with CKD, requires an adequately trained multidisciplinary team (15,16). Additionally, patients must be supported by the integration of self-help groups to encourage the development of individual skills to maintain renal function and general health.

Self-help Groups

The simple transmission of information to patients is insufficient to modify risky behaviors. The most successful interventions for this purpose are those promoting patient empowerment (19–24). Integration of patients within self-help groups may contribute to increase the decision-making skills, promote the active participation in self-care actions, and help to increase the motivation in the search for solutions of common problems (for instance, lack of metabolic control, hypertension, smoking, sedentary lifestyle, unhealthy diet and lack of adherence to treatment) (25–28). These groups also increase the self-confidence in patients and promote changes towards healthy behaviors, identifying family, social and health team support networks (23,24,29). Positive effects of the use of these kinds of groups have been demonstrated in patients with early CKD (15–17).

Long-term preservation of healthy behaviors can be supported by additional community resources such as groups like Alcoholics Anonymous, Neurotics Anonymous, Compulsive Eaters Anonymous, Diabetes Clubs, and Stop-Smoking Clinics, among others (24–29). Patients may gain experience in self-care actions inspired by models of community leaders and improve their everyday skills as well as increase their ability to reinterpret symptoms and to distinguish discomfort due to illness or other causes (24–29).

Development of a Management Plan for Chronic Kidney Disease

The most important action that should be made by the healthcare team in conjunction with the patient to prevent or stop the progression of kidney damage is the development of a management plan for the disease. This plan should have specific actions according to the stage of CKD (14,22,29). The management plan is a dialogue between the healthcare team and the patient in which the latter identifies steps, removes barriers and provides the necessary resources to achieve their goals. The healthcare team must be aware of the patients' motivation and self-confidence in order to achieve and maintain healthy behavioral changes over time (14,22,29). The healthcare team should support patients to develop and implement the management plan for establishing clear and reachable goals to reduce risk factors of renal damage progression (14,22,29). With a CKD management plan, the control of other chronic diseases such as diabetes and hypertension could be obtained. Strategies to modify risky behaviors and to improve self-care require the effort and frequent

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