

2019 Research Awards

Project Title:

Interventions to improve what matters to patients on haemodialysis

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Project Summary:

Chronic kidney disease is a common, yet progressive and debilitating condition affecting 10% of Australians and is the 10th leading cause of death. Haemodialysis (HD) is the most common treatment for kidney failure, yet burdensome, time consuming and costly (\$1.1 billion/ year in Australia alone). Patients on HD often experience severe and overwhelming pain, fatigue, itching nausea and depression, and report their quality of life (QoL) at <60% of full health, yet research to improve these outcomes is currently limited by inconsistent, selective and under-reporting of patient-important outcomes.

This research project will assess whether iPad-based collection of symptoms that HD patients may experience with feedback to the treating clinicians is feasible and acceptable in preparation for a large study to determine whether this intervention improves the quality of life and survival of patients on HD.

In addition, this research project will validate critically important outcome measures for HD research based on the shared priorities of patients, caregivers and health professionals, established through the Standardised Outcomes in Nephrology (SONG) initiative (www.songinitiative.org) to ensure global implementation of these core outcomes in research and clinical practice.

Research Benefits:

Monitoring patients' symptoms on HD with feedback to their treating clinician will facilitate patient-centred care. If this intervention proves to be effective in our ~9000 patients currently on HD in Australia, a 7% improvement in their QoL would translate to a gain of 613 years of life lived in perfect health/year, an outcome valued at \$31 million/year. More globally, this could change practice and outcomes for >2 million patients currently on HD worldwide. Implementing validated patient-important outcome measures globally in research and clinical practice will maximise our chances of discovering effective interventions to reduce patient-important outcomes in HD.

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