HEMODIALYSIS PATIENTS IN INNER-CITY BROOKLYN HAVE A POORER DIET AND HEALTH LITERACY THAN PATIENTS ATTENDING FAMILY MEDICINE CLINIC:

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End stage kidney disease (ESKD) patients on hemodialysis receive dietary counseling monthly. Social determinants including ability to afford food and health literacy may affect patients’ ability to understand the importance of nutritional adherence. Dialysis patients’ dietary intake and social determinants were compared to a background population attending family medicine clinic in an inner-city population.

A face-to-face survey was conducted in a random convenience sample of people attending family medicine clinic (22) and the hemodialysis unit (24). The Healthy Eating Index-2015 (HEI-2015) was used to measure diet quality using 24-hour recall data analyzed by AYA-24 software. The Rapid Estimate of Adult Literacy in Medicine-short form (REALM-SF) was used to assess health literacy. All comparisons were by t-test.

Mean age was 50.98±18.173 with 21 (46.7%) males, 24 (53.3%) females, 39 black, 4 Hispanic, and 2 others. 23 (56.1%) had an income < $20K, with 7 (17.1%) between $20K and $40K. 17 (37.8%) were unemployed, 8 (18.2%) were unemployed, 20 (44.4%) were receiving disability/social security. 23 (52.3%) received SNAP. There was no significant difference in age, years in the US, education level, SNAP use, food security score, and total kcal intake between the patients attending family medicine (FM) and dialysis (HD) clinics.

HD had a lower HEI (50.745±10.9 vs 58.72±14.0, p=0.038) ate more cholesterol (45.18±26.4 vs 248±142.0, p=0.006), sodium (3667.5±1373.5 vs 2766.5±1017.3, p=0.016), refined grains (6.4±4.2 vs 3.8±2.6, p=0.05), phosphorus (1218.1±138 vs 987.0±776.6, p=0.032) and protein (109.1±67.0 vs 68.8±23.0, p=0.010) than FM. For sources of protein, HD ate more poultry, seafood, organ meat, cured meat, (9.0±7.6 vs 5.0±2.8, p=0.023) and eggs (1.0±0.9 vs 0.4±0.7, p=0.034) but HD had lower levels of albumin (3.8±0.3 vs 4.3±0.2, p=0.05), higher potassium (4.7±0.8 vs 4.1±0.7, p<0.0001) and a lower health literacy score by REALM-SF (5.75±1.9 vs 6.77±0.6, p=0.019). There was no difference in intake of potassium, sugars, or sugar sweetened beverages.

In our population: 1. All patients had low HEI scores, but HD pts were worse. 2. Comparing HD pts to FM pts suggests that social determinants are not the main factor in dietary choices. 3. HD pts ate more sodium and phosphorous, at levels above that typically prescribed. 3. Both groups had low health literacy scores, but HD pts were worse, suggesting they may have more difficulty understanding educational materials. 3. Despite higher protein intake, HD pts had lower levels of albumin, a strong predictor of poorer outcome. 4. Further studies about how best to educate indigent patients with poor health literacy about diet are suggested to avoid adverse health outcomes from poor dietary decisions, especially in the ESKD population.

REMOTE MONITORING AUTOMATED PERITONEAL DIALYSIS - A SINGLE CENTER EXPERIENCE:

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Peritoneal dialysis (PD), whether through automated PD (APD) or continuous ambulatory PD (CAPD), offers a possibility for home-based renal replacement therapy (RRT), providing an interesting alternative for many patients with end-stage renal disease (ESRD). Although it provides greater independence, its efficacy relies heavily on patient adherence. APD is becoming an increasingly attractive option due to the recent development of software capable of remote monitoring (RM) and adjustment of the delivered treatment. Hence, we aimed to compare the hospital admissions in patients on CAPD and APD.

We conducted a retrospective cohort study including 20 patients in a single center who started on CAPD and transitioned to RM-APD using Homechoice Claria with Sharesource software by Baxter®. We evaluated the demographic characteristics, comorbidities and need for urgent consult or hospitalization due to PD-related issues, with a follow-up period from the beginning of PD until transitioning to another RRT or until 31/10/2019. SPSS software was used for statistical analysis of our data.

The classic finding of ANCA-Associated Vasculitis (AAV) is a necrotizing crescentic glomerulonephritis with scant or absent immune deposition. Though this glomerular injury is considered to be