physical ill health. 33% patients reported pain interfered with their normal work. 36% and 27.7% patients reported as ‘excellent’ and ‘very good’ respectively as accessibility and care provided by their healthcare team.

Conclusions: To our knowledge this is the first multi-centric ePROMs study conducted amongst MHD patients in India. More than three-fourths of the pts were unemployed. It was interesting to note that the majority of patients reported feeling good about their health, while 2/3rds reported having some limitation of their physical activity. Most patients found their healthcare teams to be easily accessible (see fig). This is a valuable tool in evaluating patient centred care.

No conflict of interest

POS-516

ASSESSMENT OF QUALITY OF LIFE IN HEMODIALYSIS PATIENTS USING WHOQOL-BREF QUESTIONNAIRE

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Introduction: Assessing Quality of Life (QOL) is one of valuable research tools in assessing the outcome of therapeutic intervention in chronic diseases like End Stage Renal Disease (ESRD) receiving hemodialysis (HD). The aim of this study was to assess the satisfaction of patients undergoing chronic HD as well as to evaluate the effects of socio-demographic and Haemodialysis (HD) variables associated with QOL.

Methods: A hospital based observational study was designed in 155 patients who were on maintenance HD (MHD) twice and thrice weekly in two dialysis centers, Chattogram. Socio-demographic and HD data including age, sex, educational status, marital status, residence, employment, income, and duration of illness, HD duration and frequency of HD were collected. QOL was assessed using the Bangla version of World Health Organization Quality of life-Best available techniques Reference Document (WHOQOL-BREF) questionnaire. Scores of four domains (physical, psychological, social, and environmental) and two global items (overall perception of QOL and health) of the WHOQOL-BREF were the primary end points of this study. Bi-variate relationship between socio-demographic factors and QOL scores were analyzed using independent samples t-test and one-way analysis of variance. Multiple linear regression analysis was performed to determine independent predictors of QOL.

Results: Of 155 patients studied mean age was 48.01±13.97 years, 71% were male. Total QOL of most of the studied patients (83.2%) was fair with the highest scores in environmental domain (44.78±15.29), followed by psychological domain (47.12±14.94), social domain (44.78±15.29), and physical domain (44.56±14.94) and the QOL scores were significantly impaired in HD patients compared to healthy control (50 non CKD normal individuals). Older age was associated with a better QOL score in the social domain (p=0.005), and employed patients scored better in the environmental domain (p=0.028). Low income status and increase HD duration were found to be the only independent negative predictors of QOL in patients with HD (p<0.05).

Conclusions: The most important socio-demographic and HD factors affecting QOL were age, income, employment status, HD duration and disease duration.

No conflict of interest

POS-517

IMPLEMENTING PATIENT-REPORTED OUTCOME MEASURES IN ROUTINE HEMODIALYSIS CARE: A QUALITATIVE STUDY OF PATIENT AND HEALTHCARE PROVIDER PERCEPTIONS

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Introduction: The mobile app for kidney health has been shown to be an important tool for the dietary follow-up of patients on hemodialysis, since biochemical monitoring is essential to maintain adequate levels, especially in relation to potassium, phosphorus and calcium since these directly influence the food.

Results: From the analyzes on the serum profile of calcium, phosphorus and potassium carried out with the graphic reports generated from data recorded by users in the last 5 months of the year 2019 in the mobile app in renal health it was observed that the average calcium obtained was given between 4.1 to 10.2 mg / dL; phosphorus from 2.3 to 7.0 mg / dL; and potassium between 4.7 to 6.0 mEq / L. These results, when compared by the reference values presented in [5], such as: calcium 9.0 to 11.0mg / dL; phosphorus 4.5 to 6.0 mg / dL and potassium 3.5 to 5.5 mEq / L, cause concern, since in a study presented by [6] the serum levels of these elements outside the normality parameter are considered predictors of mortality in hemodialysis patients.

Conclusions: The mobile app for kidney health has been shown to be an important tool for the dietary follow-up of patients on hemodialysis, since biochemical monitoring is essential to maintain adequate levels, especially in relation to potassium, phosphorus and calcium since these directly influence the food.

No conflict of interest