



STEPS TAKEN TO GUIDE THE DEVELOPMENT OF EVIDENCE-INFORMED RENAL PSYCHOLOGY INTERVENTIONS IN PORTUGUESE NEPHROLOGY CENTERS

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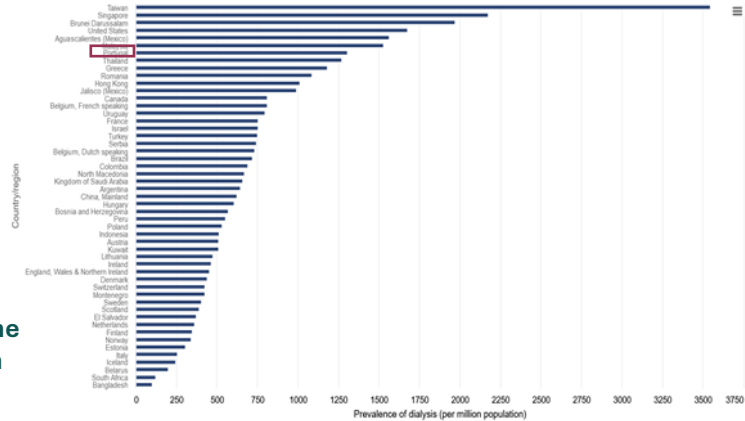
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INTRODUCTION

Data source: USRDS report, 2022)

Renal Psychology is the clinical specialty that intersects **Health Psychology** and **Nephrology**

remains largely overlooked in most countries and little to no evidence is available to instruct best practices in this field.



This work shares the steps taken (so far) to inform Renal Psychology interventions in **Portugal**, the country with the **greatest prevalence (1304 pmp) of people on dialysis in Europe**.

METHODS

A set of mixed-methods studies has been conducted with people receiving HD, family caregivers, and healthcare professionals from five dialysis units

Psychological assessments (n=307) to screen for the presence of psychological distress and its sources using the **Hemodialysis Distress Thermometer** for Patients (HD-DT) and for Caregivers (HD-DT-C)



Semi-structured interviews (n=82) to understand patients/caregivers assistance needs, preferences, and expectations for the development and implementation of psychosocial support activities in renal care settings



2 disease management interventions were tested: a family-oriented in-person program and an Internet-mediated initiative available as a patient-, caregiver-, or family-oriented approach

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FINDINGS

High prevalence of distress 33.6% of patients and 48.1% of caregivers experience **clinically relevant** psychological distress

Desire to talk to a mental health professional Most patients/caregivers voiced their **desire to receive professional psychological support** to help manage HD medical and behavioral recommendations, and cope with the psychological strains of living with renal therapies (both at an individual, couple, and family level)

Barriers to attending disease management interventions Setbacks to the implementation of psychosocial support services in dialysis units were identified (e.g., costs of travelling to the intervention site, the **poor representation of mental health professionals in nephrology contexts**, the difficulties faced by patients/caregivers in adding new disease/treatment-related activities to the to their [already disrupted] routines)

Feasibility and acceptability of in-person and online intervention programs Both **in-person and online programs** were considered **feasible and acceptable** by the target population, but more research is needed before encouraging their integration into routine renal care practices.

CONCLUSION

This work expanded knowledge about which objectives and setbacks need to be considered when planning **Renal Psychology** interventions, highlighting the **need to strengthen the presence of Clinical Health Psychologists** in the comprehensive nephrology care team.

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