

Abstract Number 2371

CHARACTERIZATION OF WOMEN'S HEALTH CARE FOR WOMEN UNDERGOING HEMODIALYSIS IN PARAÍBA, BRAZIL

Pablo Rodrigues Costa Alves, Danilo Da Silva Ferreira, Andreza Kettlyn Sales de Araújo, Emmanuel Lawall Domingos, Dayanne Sperle Campos, Glaucielle Ramalho Uchoa, Fabiana Maia Gonçalves, Carlos Ricardo Carvalho, Henrique Roberto Gouvêa Barbosa Medeiros,, Eduardo Henrique Lima Batista, Rafaella Lígia Roque Cordeiro, Francisco Rasiyah Ladchumananandasivam



INTRODUCTION

After starting dialysis treatment, patients often centralize their care in the dialysis center or with the nephrologist, restricting the advance care planning to the renal dysfunction and its complications. Therefore, aspects of the health of women who have CKD, such as gynecological cancer screening and reproductive and sexual health are neglected. This abstract aims to characterize the women's health-related primary care delivery for women undergoing hemodialysis.

METHODS

This is a quantitative, descriptive study, conducted as a population-based survey using structured interviews. We evaluated patients over 18 years old with CKD undergoing hemodialysis in three dialysis centers located in the state of Paraíba, Brazil.

RESULTS

A total of 80 women were interviewed, with a mean age of 50.91 years (SD: 13.65) and an average dialysis duration of 34.85 months (SD: 35.41). Out of the target population for cervical cancer screening (n = 61), 8 (13.1%) had never undergone the exam. Among those who underwent the screening, only 40 (65.6%) had it within the last 3 years. 18% of those interviewed confirmed that the nephrologist discussed the need for regular cervical cancer screening. Regarding mammography, approximately 63% of women of suitable age for screening underwent the radiographic examination at least once and only 37.9% did so at an appropriate frequency (annual or biennial). Only one reported receiving guidance from the nephrologist about the need for periodic mammography. 65% of the patients reported that they had already undergone gynecological examination, but only 20% did it annually. Only 7.5% reported that the nephrologist questions and is interested in gynecological evaluation.

Among women aged 25 to 49, 36.6% reported receiving guidance on contraception, family planning, and gestational risks, however, only 13.3% were approached by a nephrologist on this topic. Within this age group, around 73% of those interviewed attributed the responsibility for women's health to the gynecologist, but only 56.66% carried out follow-up care with the specialist. Only 10 interviewees (13.2%) were asked by a physician about a decrease in sexual interest. Between the ages of 50 and 74, 78.26% believed the gynecologist was responsible for reproductive and gynecological health, but only 10% were monitored by such a professional. Most women not receiving specialized care indicated difficulty in access as the biggest barrier for this to happen.

Total Women Interviewed	80
Mean Age (years)	50.91
SD Age	13.65
Average Dialysis Duration (months)	34.85
SD Dialysis Duration	35.41
Cervical Cancer Screening (n=61)	
Never Undergone Exam	8 (13.1%)
Undergone within Last 3 Years	40 (65.6%)
Nephrologist Discussed Screening	18%
Mammography (women of suitable age for screening)	
Undergone at Least Once	63%
Undergone at Appropriate Frequency	37.9%
Nephrologist Discussed Mammography	1
Gynecological Examination	
Undergone Examination	65%
Undergone Annually	20%
Nephrologist Interested in Evaluation	7.5%
Questioned by Physician about Gynecological or Urological Symptoms	29%
Women Aged 25-49	
Received Guidance on Contraception	36.6%
Nephrologist Discussed Topic	13.3%
Responsibility Attributed to Gynecologist	73%
Follow-up Care with Gynecologist	56.66%
Women Aged 50-74	
Believed Gynecologist Responsible	78.26%
Monitored by Gynecologist	10%
Women Asked about Decrease in Sexual Interest	10 (13.2%)
Biggest Barrier to Specialized Care	Difficulty in Access

CONCLUSION

Women undergoing hemodialysis lack adequate cervical and breast cancer screening, contraception guidance, and sexual health discussions from nephrologists, leading to gaps in reproductive and general healthcare. Access barriers to gynecological care exacerbate these issues.