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P458 -Evaluating symptom prevalence and management for patients on haemodialysis.

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Background
Patients undergoing dialysis due to chronic kidney disease (CKD) often have numerous abnormal electrolyte and blood abnormalities. Less documented however, are patient reported outcomes of symptomatology during the course of their dialysis treatment. Common symptoms include uraemic pruritus, pain, nausea, restless legs syndrome, and sleep disorders [1]. These symptoms can have a detrimental effect on quality of life (QoL), yet are under-recognised and under-treated. Identification and effective management of these conditions can lead to increased quality of life within dialysis patients.

Methods
Patient reported outcome measures (PROMs) were measured and obtained by use of questionnaire given to patients during courses of haemodialysis. The questionnaires evaluated and scored symptoms that the patient had experienced in the previous week numerically from 0 (least effect on QoL) to 4 (overwhelming effect on QoL). 35 patients had PROMs data available along with corresponding medication data.
The data from these 35 patients were analysed to evaluate prevalence of named symptoms in our cohort of patients as well as treatment strategies in use. It is unclear if any symptoms are significantly linked within our population.

Results
Prevalence of symptoms in our population and proportion of those being treated for symptoms are outlined in table 1.
In our population, no patients were treated for uraemic pruritus specifically. Drugs used for the management of pruritus included anti-histamines and steroid creams which do not have any evidence base for their use. Cyclizine was a common drug used in this unit for the treatment of nausea, which can be considered futile in comparison to more appropriate drugs such as levomepromazine, which may have a greater evidence base. 54.3% of patients were being treated for pain with a prevalence of 38.2% suggesting it is well managed. 50% of patients had restless leg syndrome with a treatment population of 8.6%, suggesting this is not being well managed.
When evaluating the relationship between pain and sleeping disorders, and itch and sleeping disorders, no statistical significance was concluded ($P>0.99$, $P=0.98$). Due to small sample size we cannot exclude clinical significance.

Conclusion
Itch and pain do not appear to be independent predictors of sleep disorders, indicating each symptom should be regarded as a separate entity. Patients complaining of pruritus should be considered for uraemia and treated as such with gabapentin or pregabalin, as currently no patients were on these drugs. Nausea is being well managed however there is still room for improvement within these patients.
PROMs questionnaires should be continued within dialysis units, with consideration to follow up patients routinely. This will allow evaluation of the efficacy of any treatments which are initiated. These questionnaires should be audited on a more frequent basis.