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## P294 -Burden in patients and their informal caregivers living with haemodialysis in Saudi Arabia: A cross sectional study.

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**Background:** Patients with end-stage-kidney disease (ESKD) receiving regular haemodialysis (HD), experience multiple distressing symptoms which may have significant consequences for both the patient and their caregiver.

**Aim:** The study aimed to measure the perceived burden in patients receiving HD and their caregivers. In addition, this study aimed to explore the association between caregiver burden and patient symptom burden as well as the predictors which may affect burdens in both populations.

**Method:** 141 patients and 61 associated caregivers were recruited into a cross-sectional study from a HD center in the King Khaled Hospital, in the north region of Saudi Arabia. Symptom burden was measured using the Chronic Kidney Disease-Symptom Burden Index (CKD-SBI) and caregiver burden using the Arabic version of the Zarit Burden Interview (ZBI-22). Statistical analysis was carried out in SPSS, to assess the association between patient and caregiver burden and personal characteristics using linear regression, as well as the correlation of the patient and caregiver burden.

**Results:** The mean age of patients was  $53 \pm 17$  years, while caregiver's tended to be younger, with a mean age of  $36 \pm 13$  years. 76 (54%) of patients were male and 65 (46%) were female. The majority of caregivers were female (n= 48, 79%) and 90% (n=55) of caregivers lived with the care recipient.

Of the 32 measured symptoms, patients reported having 0-31 of these symptoms, with a mean of  $10 \pm 6$ . The most prevalent symptoms reported were fatigue (72%), followed by itching (63%), bone pain (62%), and muscle cramps (61%). If a symptom was present, patients experienced moderate distress (range 1-10), with an overall mean of  $5.37 \pm 3.01$ . Just over 21% (n=13) of caregivers reported high to extreme burden in caring for their relative.

Being female, unmarried, and having one or more health conditions showed a statistically significant association with increased symptom burden in patients receiving HD. The duration of dialysis and the duration of travel to receive dialysis was not associated with symptom burden. Caregiver burden was positively associated with being older but not with cohabiting with the patient.

The study reported a positive correlation between the total symptom burden in patients receiving HD and caregiver burden although it was not statistically significant. High caregiver burden was also associated with the increase in all symptom burden dimensions scores, including symptom prevalence, symptom distress, symptom severity and symptom frequency.

**Discussion:** Symptom burden is a major contributor to caregiver burden in patients with ESKD who require HD. Treatment optimization in patients receiving HD will not only contribute to improved patient wellbeing, but may also reduce the level of burden in caregivers. Larger sample size is required to determine this association.