

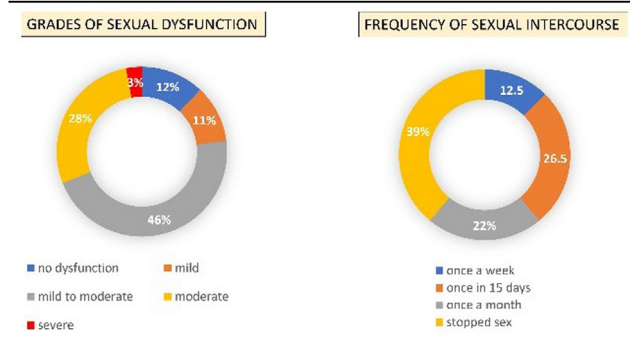
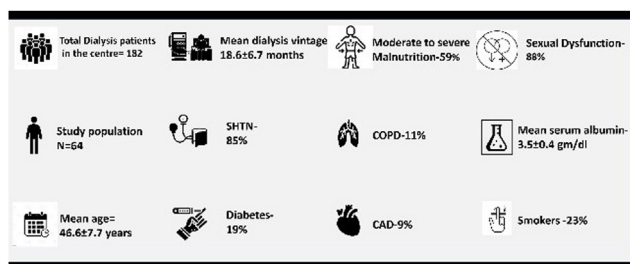
P. SHANKAR¹, KANNAN BHABA VELU¹,
AVUDAYAPPAN SANKARA¹

¹NEPHROLOGY, TIRUNELVELI MEDICAL COLLEGE, TIRUNELVELI, India

Introduction: Sexual dysfunction is common in people with Chronic Kidney Disease (CKD) and has been identified by people living with CKD as an important research gap. The prevalence in various studies is very high at about 62-77%. Historically, this cause of considerable morbidity has been under-reported and under-recognized. Taking sexual dysfunction into consideration while managing CKD patients will improve their quality of life. The ideal approach to diagnosis and management remains unclear due to a paucity of large clinical trials.

Methods: This was a prospective cross-sectional study. Of the 182 patients undergoing maintenance hemodialysis in our center 64 male CKD patients of age 18 to 60 years were included in the study. Sexual dysfunction was assessed and graded using international index of erectile function (IIEF-5) questionnaire. Dialysis malnutrition score (DMS) was used for assessing nutritional status. Relevant clinical, socioeconomic and laboratory parameters were recorded which included complete blood count, electrolytes, liver function and renal function tests. Hormonal profile was assessed which included follicle stimulating hormone (FSH), luteinizing hormone (LH), prolactin and testosterone. Depression among the patients was assessed with HADS questionnaire. Patients with AKI, severe LV dysfunction and who are hospitalized with acute complications were excluded from the study. All data were processed by SPSS software.

Results: Of the 64 patients included in the study, 50% belonged to the age group 41 to 50 years. 23% of them were smokers. 19% of the patients were diabetics. 9% and 11% of the patients had underlying coronary artery disease and chronic obstructive pulmonary disease respectively. 39% of the patients stopped having sexual intercourse. The frequency of sexual intercourse was about once a week in 12.5%, once in 15 days in 26.5% and once a month in 22% of the patients. 59% of the patients had moderate to severe malnutrition. Mean hemoglobin was 8.1 ± 1.5 gm/dl. Mean serum albumin was about 3.5 ± 0.4 gm/dl. Based on IIEF-5 questionnaire, the prevalence of erectile dysfunction was about 88% of which 46% had mild to moderate and 28% had moderate grades of erectile dysfunction. Only about 9% of the patients sought consultation regarding sexual dysfunction. Prevalence of Depression was about 33% as assessed using HADS-D questionnaire. About 76% of the patients are unemployed after initiating dialysis. Presence of malnutrition ($p=0.017$), reduced serum albumin ($p=0.037$), reduced serum testosterone levels ($p=0.043$) and elevated FSH levels ($p=0.05$) correlated with sexual dysfunction. Serum LH and prolactin levels were elevated in 89% and 81% of the study population.



Conclusions: The prevalence of sexual dysfunction in CKD patients on dialysis is high and it still remains a taboo subject among the patients with only few patients seeking consultation regarding this issue. Presence of malnutrition, reduced serum albumin, elevated FSH and reduced testosterone levels correlated with sexual dysfunction. Though the prevalence is high, larger clinical trials exploring the treatment options are lacking which if addressed will improve the quality of life in patients with sexual dysfunction.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.

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IMPLEMENTING CKD PATIENT EDUCATION IN A LOW-RESOURCE SETTING: A MIXED METHODS FEASIBILITY STUDY IN WESTERN KENYA



Christopher Owino^{*1}, Jie Tang², Juddy Wachira³, Mathew Koeh¹

¹Department of Medicine, Moi University, Eldoret, Kenya; ²Division of Kidney Diseases and Hypertension, Alpert Medical School of Brown University, Providence, United States; ³Department of Mental Health and Behavioral Sciences, Moi University, Eldoret, Kenya

Introduction: Chronic Kidney Disease (CKD) is a huge public health concern in sub-Saharan Africa. As a chronic condition, it often requires strong patient engagement in self-management to slow disease progression and manage complications. CKD-specific knowledge gained from education programs mediates self-care behaviors and can lead to improved outcomes. Currently, there are no formal education efforts in place locally. To fill this gap, a CKD educational program was piloted and factors affecting implementation ease explored.

Methods: A mixed methods study was conducted from October 2022 to May 2023. This pilot study used a convenience sample of 80 adult pre-dialysis CKD patients for the quantitative arm. The qualitative arm included 10 patients from the quantitative cohort, stratified by gender and age, and 4 purposively sampled healthcare providers, stratified by cadre. For the first objective, CKD-specific knowledge was assessed before the intervention and 1 hour after a 45-minute, doctor-led group education session, which covered the causes, diagnosis, stages, and treatment of CKD, using the pre-validated Kidney Knowledge Survey (KIKs) tool. Changes in CKD knowledge were analyzed using descriptive statistics and a paired t-test in Stata version 16. Qualitative data was gathered from 14 in-depth interviews and analyzed using thematic analysis.

Results: The median participant age was 49.5 years (IQR: 28–63). About 75% had at least a secondary education, and most had advanced CKD, with 66.3% in stage 3B or beyond. The pre-test mean Kidney Knowledge survey (KIKs) score was 52.1% (± 16.7). After the intervention, the average score increased significantly ($t=16.73$, $p<0.001$) from 52.1% ($\pm 16.8\%$) to 80.7% ($\pm 8.6\%$), showing a 28.6% improvement. The intervention was well received by patients and healthcare providers, who noted benefits such as improved knowledge of medication and nutrition, renewed hope, better understanding of treatment plans, and a sense of empowerment for peersupport. However, patients found it challenging to understand the CKD stages, and providers noted an increased workload. Concerns were also raised about poor staffing, inadequate infrastructure, and insufficient provider skills for program implementation.

Conclusions: The educational intervention significantly improved CKD-specific knowledge and was well-accepted by both patients and providers. However, challenges in staffing, infrastructure readiness, and provider skills could hinder the effective implementation of the program. The CKD intervention shows promise in enhancing patient engagement at the MTRH renal clinic and should be considered for adoption. To make the group CKD educational intervention feasible at MTRH and other low-resource settings, especially where financial constraints and low patient literacy are factors, it is necessary to revise the educational materials to improve understanding of CKD stages, address staffing issues, and empower providers with the skills needed for patient education.

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