Knowledge Level Regarding Dietary Modification Among Patients With Chronic Renal Disease Waiting For Renal Transplant.

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**Abstract:**

Objectives: To assess the knowledge regarding dietary modification among patients waiting for renal transplant

Materials and methods of study: Descriptive research Non probability convenience sampling technique

Result: Majority, 72% of patients had adequate knowledge, 5% participants are very good knowledge and approximately, 22% of patients knowledge was poor. Conclusion: The study revealed that there is a need for making them aware of the importance of diet modification before pre transplantation period for the better outcome after transplantation.

**Keywords:** Dietary Modification, Chronic Renal Disease, Renal Transplant

**INTRODUCTION**

Kidneys are a pair of organs located in the back of abdomen. Each kidneys are about 4 or 5 inches long and about the size of a fist. The kidney’s function is to filter the blood. Renal failure is a medical condition in which kidneys fail to adequately filter waste products from the blood. Dietary modification is the form of increased or decreased total amount of food or liquid available or an increase or decrease in an element of the diet. A transplant diet is for patients who have undergone a kidney transplant with recommended balance of carbohydrates, protein, and fats.

Malnutrition is a major cause of poor prognosis in patients with acute renal failure and chronic renal failure. It can be estimated using proper questionnaire. There have been different studies regarding the relation between knowledge of patient about renal and prognosis of disease condition.

A modification in diet before renal transplantation helps to balance the regarding dietary modification before renal transplantation.

**OBJECTIVES OF THE STUDY**

- Assess the knowledge regarding dietary modification among patients waiting for renal transplant in selected nephro units at AIMS Kochi.
- Find the association between knowledge regarding dietary modification with selected demographic variables of patients with chronic renal disease.

**Assumptions**

- Renal patients may have varying levels of knowledge and awareness regarding diet modification.
- Dietary modification in the pre transplant period leads to better patient outcome in post-transplant period.

**Delimitations**

- The study is limited to only 60 renal patients in a single setting.

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The study is limited to selected hospitals of Ernakulum district.

The sampling technique was non-probability convenient sampling technique, so the generalizations of research results were limited.

**MATERIALS AND METHODS**

**Research design**
Descriptive survey design was adopted for this study.

**Research approach**
The approach of this study is quantitative.

**Research setting**
The study was conducted in the selected nephro units of AIMS, Kochi. The areas were nephro OPD, Dialysis unit and nephro ward.

**Target population:** Patients with chronic renal disease who are waiting for renal transplantation in Kerala.

**Accessible population:** Patients with renal disease who are waiting for renal transplantation in AIMS Kochi.

**Sample**
The estimated sample size - 60.

**Sampling technique**
Non-probability convenience sampling technique was used for the selection of samples.

**Sample selection criteria**

- **Inclusion criteria:**
  1. Patients with renal disease waiting for renal transplantation.
  2. Age group between 20-70 years.
  3. Both male and female patients with chronic kidney disease.
  4. Patients who can read and write malayalam.

- **Exclusion criteria:**
  1. Patients who are not available at the time of data collection.
  2. Critically ill patients.
  3. People who are mentally retarded.
  4. Patients who are not willing to participate in this study.

**Description of the tool.**
These are research materials that are necessary to perform research. All interventions, discoveries and knowledge can become research tools. It should include the type of tools like questionnaire, rating scale etc. The tool consists of two parts:

- **Section A:** Socio demographic data to collect data about the background of renal patients. Socio demographic data contained 7 questions like age, sex, marital status, education, occupation, diet, income.

- **Section B:** Semi-structured questionnaire to identify the knowledge regarding dietary modifications for renal patients before renal transplantation. It consisted of 20 knowledge questions regarding dietary modification before renal transplantation. Each question carries 1 mark.

**Scoring and interpretation**

- A] 15-20 % = Excellent
- B] 10-15 % = good
- C] 5-10 % = Adequate.
- D] <5 % = Poor.

**ANALYSIS AND INTERPRETATION**

**Distribution of subjects based on knowledge regarding dietary modification before renal transplantation.**

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<th>Knowledge regarding dietary modification before renal transplantation</th>
<th>(n = 60)</th>
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<td>very good</td>
<td>poor</td>
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<td>80%</td>
<td>60%</td>
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**Mean and standard deviation of knowledge score.**

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<th>Knowledge regarding dietary modification Before renal transplantation</th>
<th>Mean</th>
<th>SD</th>
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The data analysis findings revealed that a majority, n=43 (72%), of patients had adequate knowledge regarding dietary modification before renal transplantation. At the same time, n=4 (5%), of participants had good knowledge and approximately, n=13(22%) of patient's knowledge was poor.

**Association of demographic variables with knowledge level regarding dietary modification**

The chi-square analysis shows that there was statistically significant association ($\chi^2 = 6.5$) at 0.05 level of significance between educational status and knowledge score. It is also noted that there was association ($\chi^2 = 4.3$) at 0.05 level of significance between age and knowledge level of subjects. The subjects with adult age group have good knowledge regarding dietary modification before renal transplantation and subjects with high school education have better knowledge regarding dietary modification before renal transplantation than othersubjects.

**REFERENCE:**


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**Answer key for Jan – Apr 2016**

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