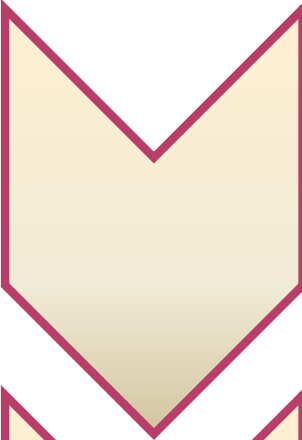




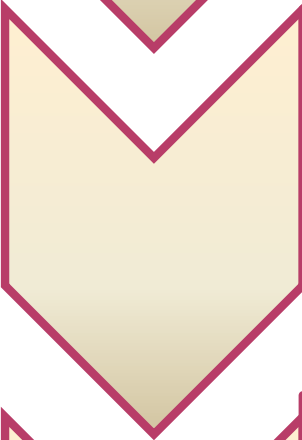
Diyaliz Hastalarında Semptom Yönetimi

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İç Hastalıkları Hemşireliği A.D.
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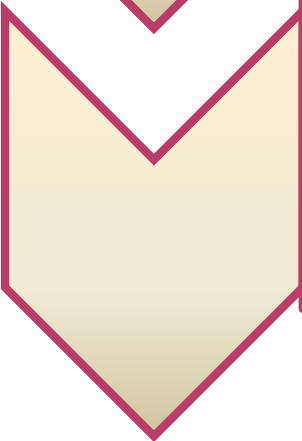




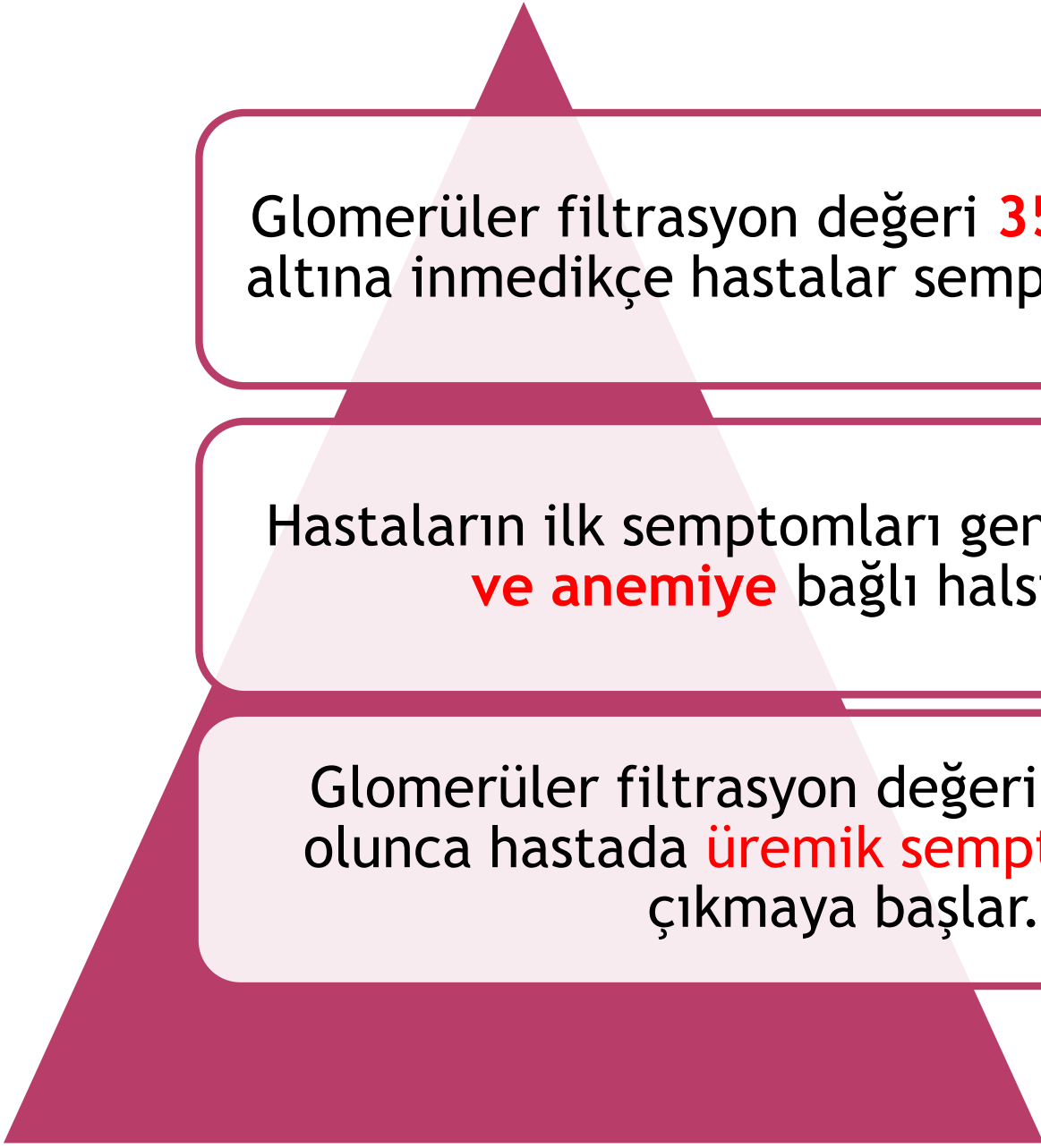
- Böbrek yetmezliği, böbreklerin metabolik artıkları atma, sıvı elektrolit dengesini devam ettirme görevini yapmaması durumudur.



- Kronik böbrek yetmezliği ise bu işlevlerin dönüşsüz olarak bozulmasıdır.



- Kronik böbrek yetmezliğinden etkilenmeyen organ veya sistem yok kabul edilebilir.



Glomerüler filtrasyon değeri **35-50 ml/dk**' nın altına inmedikçe hastalar semptomsuz olabilir.

Hastaların ilk semptomları genellikle **noktüri ve anemiye** bağlı halsizliktir.

Glomerüler filtrasyon değeri **20-25 ml/dk** olunca hastada **üremik semptomlar** ortaya çıkmaya başlar.

- Kronik Böbrek Yetmezliği'nde renal replasman tedavilerinden biri başlanmazsa hastayı hızla ölüme götürebilir.
- Renal replasman tedavileri;





DIYALİZ SÜRECİNDE SEMPTOMLAR

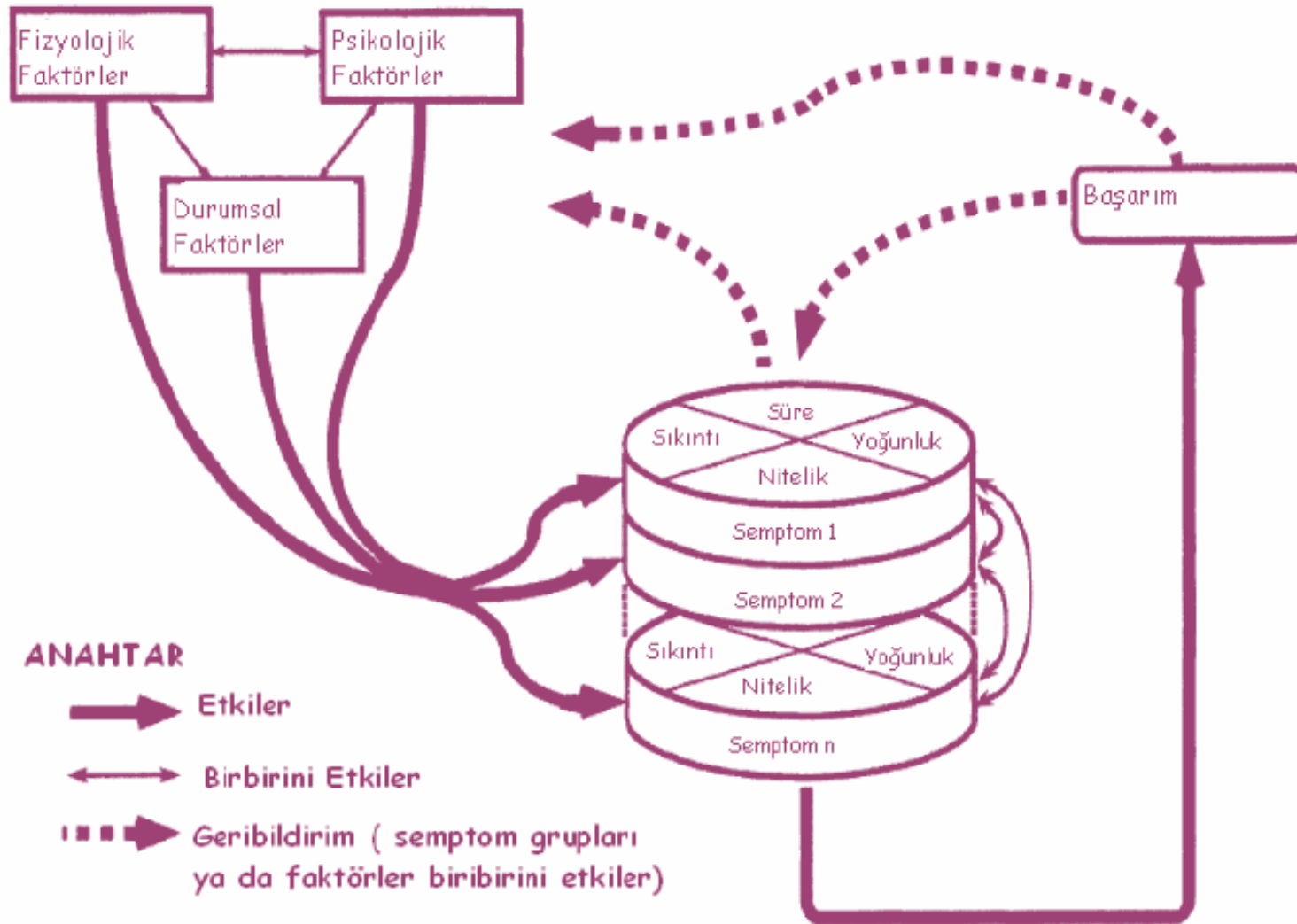
- ◉ Semptom, günlük yaşantımızda sıklıkla karşılaştığımız süresi ve derecesi bireysel farklılıklar gösteren subjektif bir durumdur.
- ◉ Semptom, bireyin biyopsikososyal fonksiyonları, duyuları ya da bilişsel durumundaki değişiklikleri yansıtan çok boyutlu, karmaşık ve sübjektif fenomendir.
- ◉ Semptom, *hastalık ya da fiziksel rahatsızlık ile gelişen geniş bedensel bozukluğun varlığını gösterir somut kanıtlardır.*

Carpenito, 1989, Gapstur, 2007

Semptomun Yedi Özelliği

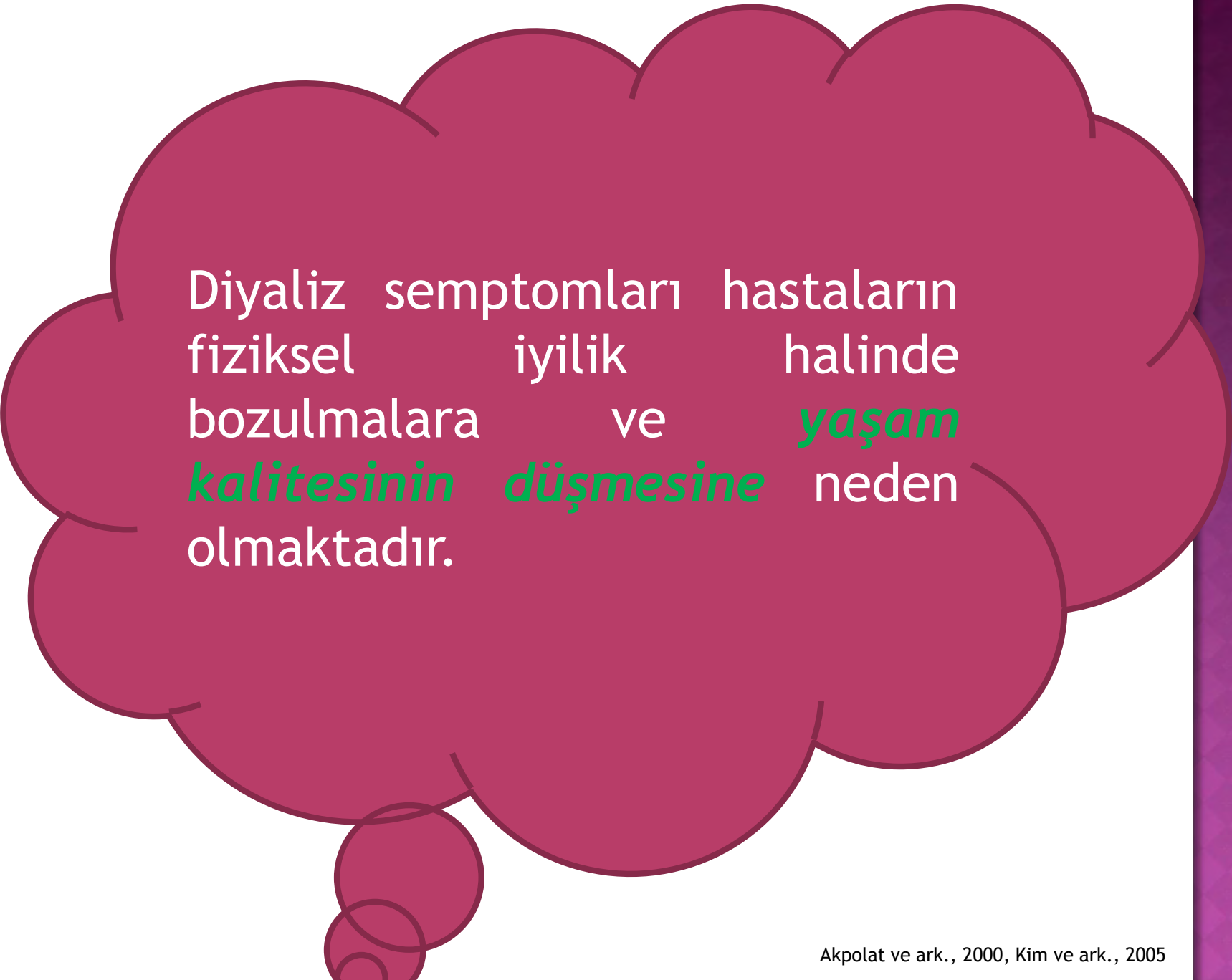


Rahatsız Edici Semptomlar Teorisi



- ◉ Semptomlar ile performans durumu arasında da karşılıklı ve iki yönlü ilişki vardır.
- ◉ Örneğin; ağrı fiziksel aktivitede sınırlılığa neden olurken, aynı zamanda fiziksel aktivitede sınırlılık daha şiddetli ağrı algılanmasına neden olabilmektedir.

Gift ve ark., 2004



Diyaliz semptomları hastaların
fiziksel iyilik halinde
bozulmalara ve *yaşam*
kalitesinin düşmesine neden
olmaktadır.



- Diyaliz hastalarında nadiren tek bir semptom vardır.
- Semptom grubunu oluşturan semptomlar arasında *sinerjik ilişki* söz konusu olup bu ilişki *morbidite oranını* arttırabilmektedir.

Davison ve Jhangri, 2010, Kim ve ark., 2005

○ Gerek hastalık gerekse tedavi nedeniyle diyaliz hastalarının yaşadığı çoklu semptomların;

- yaşam kalitesi üzerinde olumsuz etkisinin ortadan kaldırılması,
- semptom gruplarının daha iyi anlaşılması
- semptomlara yönelik uygun bakımın sağlanması ile mümkündür.

EDTNA/ERCA,ANNA 2016

○ Sağlık çalışanlarının diyaliz tedavisi alan hastalarda yaşanan semptomların farkındalıklarını belirlemek amaçlı yapılan bir çalışmada;

■ hemodiyaliz tedavisi alan hastalarda fiziksel ve duygusal semptomları yeterince fark edemedikleri,

■ hastaları en çok rahatsız eden semptomların çoğunun şiddetini genellikle az tahmin ettikleri görülmüştür.

Weisbord ve ark,2007



- ⦿ Semptomların kontrolü multidisipliner bir yaklaşım gerektirir.
- ⦿ Semptomların şiddetinin azaltılmasında ve giderilmesinde özellikle hemşireye önemli görevler düşmektedir.
- ⦿ Yapılan birçok çalışmada **hemşirelerin semptomların yönetiminde önemli bir yeri olduğu saptanmış ve yapılan uygulamalarla semptomların azaldığı** gösterilmiştir.

HEMŐİRELER;



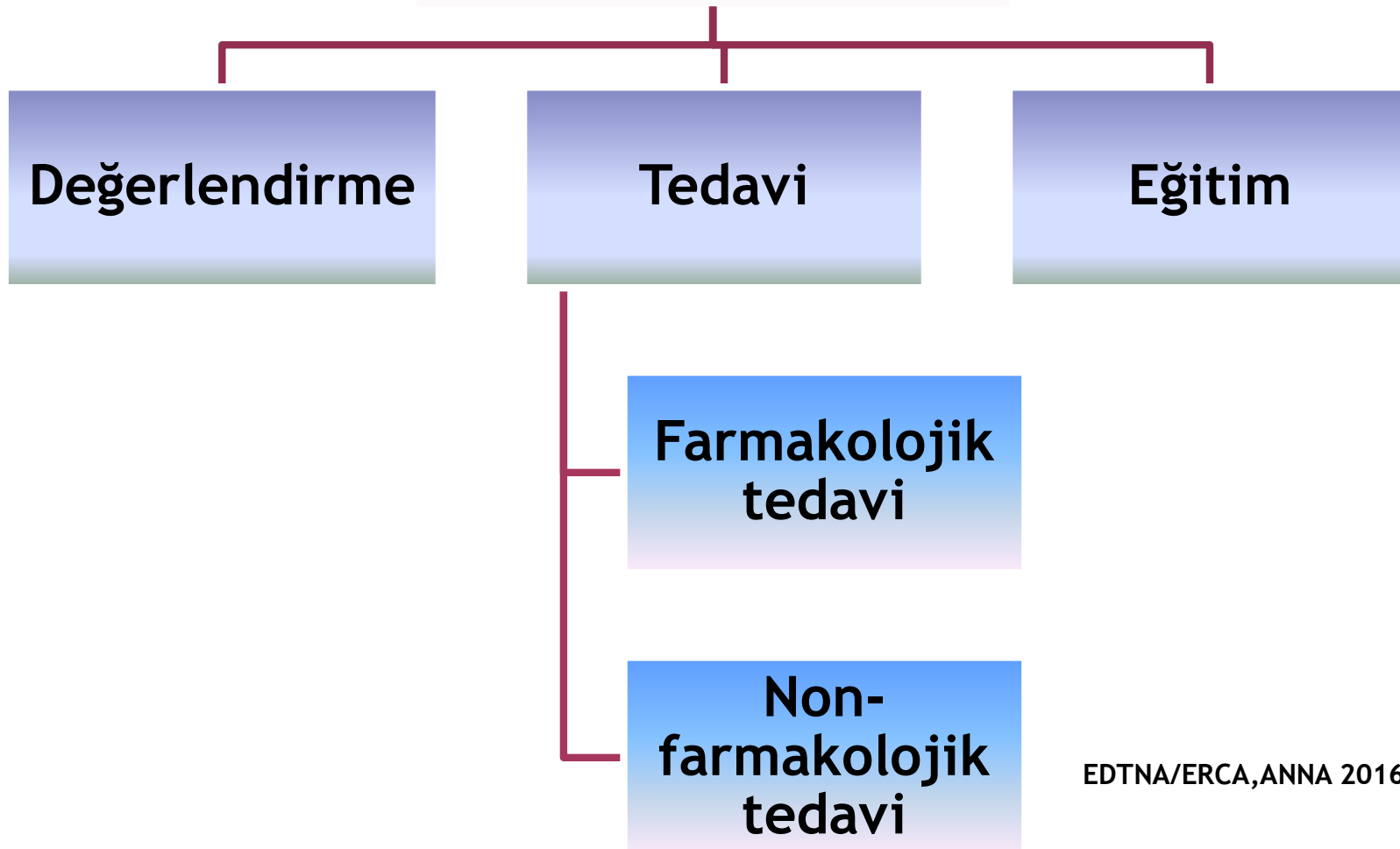
- Hastalığın rehabilitasyonu,
 - Hastalıkla birlikte yaşamın sürdürölmesi,
 - Semptomların belirlenmesi ve kontrolöl,
- olmak üzere hastalığın tüm evrelerinde yüksek kalitede bakım vermek ve hastaların yaşam kalitelerini yükseltmekle sorumlu profesyonellerdir.



Yu ve ark, 2011

EDTNA/ERCA,ANNA 2016

Semptom Yönetimi



EDTNA/ERCA,ANNA 2016

SEMPATOM DEĞERLENDİRME

- ◉ Diyaliz hastalarında günlük aktivitelerini kısıtlayacak eş zamanlı çok sayıda semptom yaşanabilmektedir.
- ◉ Diyaliz hastalarında semptomların önlenmesi ve yönetiminin ilk basamağı değerlendirmedir.
- ◉ Değerlendirme geçerlik güvenirliği kanıtlanmış çok boyutlu ölçekler ile yapılmalıdır.
- ◉ Semptom değerlendirmesinin hasta ilk kliniğe kabul edildiğinde başlaması ve belli aralıklarla tekrarlanması önerilmektedir.

Fleishman, 2004

ÜLKEMİZDE YAPILAN BİR ÇALIŞMADA

Semptom	Görülme sıklığı
Yorgun hissetme veya enerjide azalma	56.0
Kemik veya eklem ağrısı	48.7
İştahta azalma	47.0
Ayaklarda uyuşukluk/karıncalanma	42.3
Kas krampları	39.0
Rahatsız hissetme	38.0
Sersemlik/baş dönmesi	36.3
Cinsel ilişkiye ilgide azalma	35.3
Deride kuruluk	35.0
Uyku bozuklukları	31.3

Diyalizde Sık Görülen Semptomlar ve Yönetimi

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Yorgunluk %60-97	•Atık ürünlerin (üre, ürik asit, kreatin) birikmesi, •Kan basıncında değişiklikler •İştahsızlık, •Anemi •Sıvı-elektrolit dengesizliği, •Uzun süreli olarak aynı pozisyonda kalınması •Psikolojik nedenler	•Diyaliz Semptom İndeksi •Kısa Yorgunluk Formu •Piper yorgunluk ölçeği	•Aktivite planlaması •Planlı egzersiz •Psikolojik danışmanlık •Diyet düzenlenmesi •Yeterli uyku ve dinlenme •Stresle başetme stratejilerinin uygulanması •Hasta ve aile eğitimi •Aneminin tedavisi •Etkin diyaliz •Methylphenidate •Antidepresanlar •İlaçları zamanında ve uygun dozda almasını sağlamak •<u>Tamamlayıcı yöntemler;</u> •Yoga •Masaj •Gevşeme ve hayal kurma •Akupres •Terapotik dokunma •Refleksoloji •Aromaterapi

YORGUNLUK

Original

Article

Effect of acupressure on fatigue in hemodialysis

Fakhri Sabouhi¹, Leila Kalani², Mahboubeh Valiani³, Mojgan Mortazavi⁴, Mahboobeh Bemanian⁵

ABSTRACT

Background: Fatigue is considered as a major problem in hemodialysis patients and can impair the quality of life. The purpose of this study was to investigate the effectiveness of acupressure on fatigue in hemodialysis patients.

Materials and Methods: This is a clinical trial study in which 96 hemodialysis patients participated. Patients were randomly assigned into acupressure, placebo, and control groups (32 subjects fulfilling the inclusion criteria were assigned to each group). The measures included the form of demographic characteristics, visual analog scale of fatigue, and Piper Fatigue Scale. Patients in the acupressure and placebo groups received acupressure intervention during the early hemodialysis on six acupoints with massage for 20 min/day, 3 days per week for 4 weeks. In the placebo group, acupressure intervention was performed as mentioned above with a distance of 1 cm away from the actual intervention site. Patients in the control group received routine unit care only. Chi-square test, Kruskal-Wallis, paired t-test, one-way analysis of variance (ANOVA), and Dunnett test were used for data analysis.

Results: One-way ANOVA tests showed significant differences in the total mean score of fatigue and fatigue mean scores in the behavioral, emotional, sensory, and cognitive dimensions in the acupressure, placebo, and control groups.

Conclusion: The results of this study showed that acupressure may reduce fatigue in hemodialysis patients, and use of this non-pharmacologic technique for hemodialysis nurses is suggested.

Key words: Acupressure, fatigue, hemodialysis, Iran, nursing

96 hasta

Rastgele 3 gruba ayrılmış VAS yorgunluk şiddeti, piper yorgunluk skalasıyla da yorgunluk değerlendirilmiş.

Akupres uygulanan grupta diğer gruplara göre yorgunluğun azaldığı ifade edilmiştir.



The effects of aromatherapy with lavender essential oil on fatigue levels in haemodialysis patients: A randomized clinical trial



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Lavanta yağ
inhalasyonunun
yorgunluk şiddetini
azaltmadığı
saptanmıştır.

Received 17 Sep
Received in revised
10 November 2015
Accepted 3 December 2015

Keywords:
Aromatherapy
Fatigue
Fatigue Severity Scale
Haemodialysis
Lavender essential oil

ABSTRACT

Objective: This study was intended to examine the efficacy of lavender essential oil for the alleviation of fatigue in haemodialysis patients.

Methods and materials: This randomized clinical trial was conducted on 59 haemodialysis patients in two groups. The routine care group received the routine care, but the experimental group inhaled lavender essence 5% for 10 min, three times a week for 4 consecutive weeks. The Fatigue Severity Scale was used to assess fatigue before the intervention and after the last intervention in the second and fourth weeks.

Results: No statistically significant differences were observed between the two groups in terms of the fatigue scores before, and after the last intervention in the second and fourth weeks.

Conclusion: Our result does not support other studies suggesting that lavender essential oil is effective on fatigue in haemodialysis patients. This conflicting result can mostly be ascribed to a variety of factors such as duration of aromatherapy and differences in concentrations of lavender essential oil.

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Ağrı %25-75 •Bel ağrısı, kemik ve eklem ağrısı, •Baş ağrısı, •Mide ağrısı, •Göğüs ağrısı, •Fistül ağrısı	•Metabolitlerin vücutta birikimi •Kas-iskelet sisteminde görülen değişiklikler, •Diyaliz işlemi, •Periferik nöropati, •Periferik vasküler hastalıklar, •Kateter girişimleri •Fistül problemleri	•Ağrıyı değerlendirmede tek ve çok boyutlu ölçekler kullanılır. •Diyaliz Semptom İndeksi •Visüel Analog Skala	•Ağrının duygusal, bilişsel, davranışsal ve sosyokültürel boyutlarının değerlendirilmesi •Soğuk-sıcak uygulamalar, •Egzersiz-pozisyon verme, •Hareket kısıtlaması, •Dinlenme, •Parasetamol güvenli kullanılabilir. • Asetil salisilik asit, NSAİİ kullanılmamalı toksite gelişebilir. • <u>Tamamlayıcı yöntemler;</u> •Yoga, •Masaj •Akupres, •Hidroterapi, •TENS, •Refleksoloji •Terapotik dokunma •Aromaterapi

Original Article

Effect of lavender aromatherapy on arteriovenous fistula puncture pain in hemodialysis patients

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Key words:

pain intensity,
hemodialysis,
arteriovenous fistula,
Lavender aromatherapy

ABSTRACT

Background & Aim: Arteriovenous Fistula (AVF) is an inevitable element in the take care of hemodialysis patients. Pain of AVF puncture is a common problem for patients. The purpose of this study was to assess the effect of inhalation of lavender aromatherapy on pain intensity of arteriovenous fistula puncture in hemodialysis patients.

Methods and Material: In this before and after quasi-experimental clinical trial study, 40 hemodialysis patients were selected through convenience sampling method. Pain intensity measured after needle insertion in AVF in two stages including without any intervention and after using of lavender aromatherapy in the three consecutive hemodialysis sessions of each stage. Visual analogue scale was used to evaluate and determine pain. Repeated ANOVA test was used to compare the pain before and after intervention.

Results: The pain score in two stages including without any intervention and inhalation of lavender aromatherapy in the three consecutive hemodialysis sessions of each stage were 5.36 ± 2.08 , 5.69 ± 2.29 , 5.58 ± 2.15 and 4.00 ± 2.48 , 3.05 ± 1.94 , 2.97 ± 2.27 , respectively. There was significant differences between score of pain in first time before and first time after ($p=0.003$) and first time before and second and third time after ($p<0.001$) and second and third time before and first, second and third time after inhalation of lavender aromatherapy ($p<0.001$).

Conclusion: The results of study showed inhalation of lavender aromatherapy is effective to decrease pain of AVF puncture in hemodialysis patients. Therefore, lavender aromatherapy could be a suitable alternative complementary medicine for pain of AVF puncture.

40 hasta

Fistül bölgesine katater girişinden önce 3 seansta lavanta koklatılmış ve ardışık olarak ağrı değerleri VAS'la ölçülmüş ve ağrı değerlerinde azalma saptanmıştır.

The Effect of Aromatherapy Massage Applied to Facial Area upon Headache Severity among Patients who Suffered from Headache During Hemodialysis

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50 hasta

Yüze Aromaterapi masajı yapılmış, ağrı değerleri VAS'la ölçülmüş ve baş ağrısının şiddetini azalttığı saptanmıştır.

Abstract

Background: Pain in hemodialysis patients is one of the most common complaints. It is established that 50% of hemodialysis patients mainly undergo headache. The most characteristic of the headache is that it starts during hemodialysis and ends within 24 hours following hemodialysis. Pain management requires a multidisciplinary approach. This multidisciplinary treatment approach requires use of complementary and alternative treatments. Aromatherapy massages are among the complementary methods and are effective upon the pain control.

Aim: The study aims to determine the effect of aromatherapy massage applied to facial area upon headache severity among the patients who suffered from headache during hemodialysis.

Methodology: It was a randomized-controlled experimental study and was undertaken with the hemodialysis patients registered to the Hemodialysis Unit of Kırşehir Research and Training Hospital of Ahi Evran University. The study was completed with 50 patients who met the inclusion criteria; 25 being allocated to the experimental group and 25 to the control group. The data were gathered using a questionnaire form and VAS. During the first interview with the patients before the aromatherapy massage; questionnaire form and VAS were administered to the patients. Then, all of the patients in this group received aromatherapy massage performed by one of the researchers. At the end of the three-week aromatherapy massage performed according to the massage-application protocol; VAS was re-administered to the patients.

Results: Aromatherapy massage applied on the facial area during hemodialysis decreased the headache severity considerably and was an easy, economic method without any side effects.

Conclusions: It was concluded that aromatherapy massage was a method to be easily used by the nurses for the patients who suffered from headache during hemodialysis.

Key words: aromatherapy massage, hemodialysis, headache

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Kas krampları %33-86 •En sık alt ekstremitelerde •Ancak el, kol, bacak kasları	•En sık nedeni hipovolemi ve/veya hiponatremi •Plazma volüm azalması •Doku hipoksisi •Hipomagnezemi •Karnitin eksikliği •Vitamin C eksikliği •Artmış serum leptin düzeyi •Yaşlı ve anksiyeteli hasta	•Fazla kilo alan hastayı dikkatle izlemek •KB takibi yapmak	•İnterdiyalitik ağırlığı azalt. •Hipotansiyonun önlenmesi •Karnitin, Vit.C-E vermek •İlaçları zamanında ve uygun dozda almasını sağlamak •UF'nu yavaşlatmak •Kan akım hızını azaltmak •Plazma ozmolaritesini arttırmak •Trendelenburg pozisyonu vermek •Lokal sıcak uygulama •Bacak bölgesindeki kramplar için germe hareketi uygulama •Psikoterapi • <u>Tamamlayıcı yöntemler;</u> •Yoga, Masaj •Akupres, Hidroterapi, •TENS, Refleksoloji •Aromaterapi

Original research article

The effect of walking on the frequency and intensity of pain caused by muscle cramps in haemodialysis patients: A pilot study

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² Medical and Surgical Nursing Department, Tehran University of Medical Sciences, Tehran, Iran

*Corresponding author. Address at

Haftada 3 gün 20 dk
yürüyüşün kas
kramplarını **azalttığı**
saptanmış.

Abstract

Background: The pain, resulting from muscle cramps, is one of the most common complications of haemodialysis, which can result in disruptive dialysis sessions. The aim of this study was to investigate the effect of walking on the frequency and the intensity of pain caused by muscle cramps in haemodialysis patients. **Methods:** In an experimental design, 25 haemodialysis patients were randomly selected from three hospitals affiliated with Tehran University of Medical Sciences in 2010 for 8 weeks. The patients in the experimental group (n=12) followed a designed exercise program (walking) 3 days a week. They had to exercise for 20 minutes immediately after their dialysis session, followed by 10 minutes of bed rest and deep slow breathing, while their eyes were closed. The control group (n=13) did not receive any exercise program. The intensity of pain caused by muscle cramps was measured by the Numerical Pain Scale both before and four and eight weeks after the exercise program. An interview and self-reporting were used in order to check the occurrence of muscle cramps. **Results:** The results showed that the frequency of muscle cramps was reduced eight weeks after the exercise program in the experimental group. Moreover, the difference between the two groups was significant ($p=0.01$). **Conclusion:** It was concluded that a walking exercise routine is a safe and inexpensive way for reducing the rate of recurrence of muscle cramps in haemodialysis patients without any side effects. **Keywords:** haemodialysis, muscle cramp, exercise, walking, numerical pain scale



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Research Paper

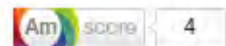
The effect of reflexology applied on haemodialysis patients with fatigue, pain and cramps

Gülistan Özdemir RN, Nimet Ovayolu RN PhD, Özlem Ovayolu RN PhD [✉](#)

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Cited by: 6 articles [Citation tools](#)



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Refleksolojinin,
yorgunluk, ağrı ve
kramplarını **azalttığı**
saptanmış.

Abstract

The research was conducted to evaluate the effect of foot reflexology on fatigue, pain and cramps in haemodialysis patients. The sample consisted of 80 patients in total, 40 intervention and 40 control patients, receiving treatment in the haemodialysis units of two institutions. Data were collected by using a questionnaire, Piper Fatigue Scale and visual analogue scale for measuring the severity of cramp and pain. The intervention group received reflexology treatment for 1 week in three sessions following haemodialysis, each session lasting approximately 30 min. Parametric and non-parametric tests were used in data analysis. It was determined that reflexology reduced the fatigue subscale scores and total scale scores as well as pain and cramp mean scores in the intervention group. The research results revealed that

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Uyku bozukluğu %50-83 •yatağa yattıktan sonra uyuyamama, •uyuduktan sonra sık uyanma, •Huzursuz bacak send.	•Hb düşüklüğü •BUN'da artış •Kronik metabolik asidoz •Ağrı-Kramp •Periferik nöropatinin varlığı •Kaşıntı •Yaş •Anksiyete •Stres •Yaşamda kısıtlılıklar, •Diyet kısıtlamaları	•Pittsburgh uyku kalitesi indeksi •Epworth uykululuk ölçeği	•Aynı saatte yatıp, aynı saatte kalkma, •Akşam yemeğinden sonra uyarıcı etkilerinden dolayı çay, kahve, kolalı içecekler, alkol ve sigaradan kaçınılmalı, •Yatmadan önce ağır yemek yememeli, •Uyku tutmayınca kendini zorlamamalı, •Uyku öncesi gevşeme egzersizleri •Uyku öncesi ılık bir banyo yapmalı •Yatak odası karanlık ve sessiz olmalı •Uyku ilaçlarını zamanında ve uygun dozda almasını sağlamak •<u>Tamamlayıcı yöntemler;</u> •Yoga, Masaj •Akupres, Refleksoloji •Aromaterapi

ORIGINAL ARTICLE

Effect of baby oil on pruritus, sleep quality, and quality of life in hemodialysis patients: Pretest–post-test model with control groups

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Abstract

Aim: To assess the effect of baby oil on pruritus, sleep quality, and quality of life in hemodialysis (HD) patients.**Methods:** This pretest–post-test model with control groups study was conducted in HD units in two different provinces in eastern Turkey. The study group consisted of a total of 70 patients receiving HD. After meeting the inclusion criteria, 35 being in the intervention group and 35 in the control group. All the patients in both groups were informed about the study, they were administered a questionnaire, the Itch Severity Scale, Visual Analog Scale, the Pittsburgh Sleep Quality Index, and the SF-36 Quality of Life Scale. Following the administration of baby oil to the patients in the intervention group three times a week for a period of 1 month, the same scales were repeated to explore their pruritic status, sleep quality, and quality of life. The same scales were repeated also for the patients in the control group 1 month later but without administering any baby oil.**Results:** When the Itch Severity Scale, Visual Analog Scale, Pittsburgh Sleep Quality Index, and SF-36 Quality of Life Physical and Mental Component scores of the patients in the control and intervention groups before and after the intervention were compared, the differences in the change were found to be statistically significant in favor of the intervention group ($P < 0.05$).**Conclusion:** It was found in this study that administration of baby oil had positive effects on itching, quality of life, and sleep quality in HD patients who had itching complaints.**Key words:** baby oil, hemodialysis, nursing, patients, pruritus.

**70 hasta,
Ön test-son test
kontrol guruplu
deneysel çalışma
soğutulmuş Bebek
masaj yağıyla 4hf
haftada 3 kez 15-
20 dk masaj
yapılmış.**

**Kaşıntı şiddetini
azalttığı ve uyku-
yaşam kalitesini
arttırdığı
saptanmış.**

The Effect of Massage With Lavender Oil on Restless Leg Syndrome in Hemodialysis Patients: A Randomized Controlled Trial

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Abstract

Background: Restless leg syndrome (RLS) is a common sleep disturbance. This disorder is usually caused by chronic renal failure. It can reduce the quality of life and complementary medicine methods have been suggested for its treatment. The effect of aromatherapy on RLS.

Objectives: The aim of this study was to evaluate the effect of lavender oil on RLS symptoms in hemodialysis patients.

Patients and Methods: This study was a randomized controlled trial. 40 patients with RLS that were randomly assigned into two groups in 2014. The experimental group received massage using lavender oil and control group received routine care for three weeks. Data was collected with RLS questionnaire. Data was analyzed using independent and paired t-test and Chi-square test.

Results: The mean RLS scores were not significantly different in the two groups at the start of study (22.41 ± 7.67 vs. 22.90 ± 4.38 , $P = 0.76$). At the end of study, the mean RLS score significantly decreased in the intervention group, while this score remained relatively un-changed in the control group (12.41 ± 5.49 vs. 23.23 ± 4.52 , $P < 0.0001$).

Conclusions: Lavender oil massage was effective to improve RLS in hemodialysis patients. It has no adverse effects, is practical and cost-effective. It is suggested to be used along with routine treatment of RLS in hemodialysis patients.

Keywords: Massage, Lavender Oil, Restless Leg Syndrome, Hemodialysis

Lavanta yağı ile
masajın huzursuz
bacak sendromunu
azalttığı
saptanmıştır.

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
•%70 •İştahsızlık •Bulantı-Kusma •Dispepsi •Karın ağrısı •Konstipasyon •Diyare Konstüpasyon <3 kez / hafta %40-70 •Vücuttan potasyum uzaklaştırılmasında gastrointestinal sistem önemli bir rol oynar. •Bu nedenle konstüpasyon önlenmelidir.	•Sıvı ve posalı gıdaların az alınması •Kalsiyum içeren fosfor bağlayıcılar • Oral demir preparatları • Aktivitede azalma Kodein, meperidin narkotikler • Komorbid hastalıklar	•Gastrointestinal Semptom Derecelendirme Ölçeği (GSDÖ), •Konstipasyon Ciddiyet Ölçeği • Konstipasyon Yaşam Kalitesi Ölçeği (KYKÖ) •Bristol Gaita Skalası (BGS)	•Sıvı alımının planlanması •Lifli ve laksatif özl.olan besinler alması •Hareketin arttırılması •Laksatif ilaçlardan yararlanmak mümkündür. Ancak, hipermagnezemi riskinden dolayı magnezyum bileşiklerinden kaçınmak gerekir. •<u>Tamamlayıcı yöntemler;</u> • Yoga, •Masaj •Akupres, •TENS •Refleksoloji •Aromaterapi

Effect of Acupressure on Fecal Impaction in Hemodialysis Patients

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Abstract

Background: Fecal impaction is one of the most common digestive problems in hemodialysis patients. Acupressure is a non-invasive method of life in these patients. Non-medical treatments have more benefits than medical treatments. This study aimed to investigate the effect of acupressure on fecal impaction in hemodialysis patients.

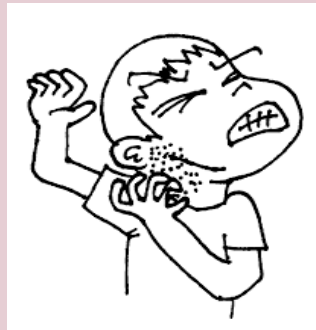
Methods: A randomized controlled trial was conducted in 60 hemodialysis patients. The patients were randomly assigned into either intervention or control group. In intervention group, acupressure was applied three times a week for four weeks during hemodialysis in acupoints while in control group it was done in false points. Fecal impaction was measured before and after the intervention.

Results: There was a significant difference in fecal impaction between the two groups in week four after the intervention ($P < 0.001$) and the stool was more natural in intervention group compared to that of the control group (thicker and more adhesive).

Conclusion: Acupressure has a positive effect on fecal impaction in hemodialysis patients with constipation. Therefore, it could be used as a complementary treatment of constipation in hemodialysis patients.

4 noktaya yapılan
akupresin fekal
impaksını azaltmada
etkili olduğu
bulunmuştur.

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Üremik Kaşıntı %60	•Üremide kaşıntı semptomunun ciltteki mast hücrelerinden histamin salınımı, •Sekonder hiperparatiroidizm, •kuru cilt (ter bezlerindeki atrofi sonucu), •hiperfosfatemi (ciltte artmış kalsiyum fosfat birikimi sonucu), •yetersiz diyaliz, •anemi, •periferalnöropati	•Modifiye pruritus indeksi, •VAS	•Üremik prurituslu diyaliz hastalarının kesin tedavisi böbrek transplantasyonudur. •Diyaliz dozunun optimize edilmesi •Aneminin tedavi edilmesi •Serum kalsiyum ve fosfor çarpımının 55 in altında tutulması •Tedaviye dirençli hiperparatiroidizmlı olgularda kaşıntı semptomlarının giderilmesi için paratiroidektomi gerekebilir. •Nemlendiricilerin uygulanması, •Antihistaminik kullanımı, •Topikal kapsaisin uygulaması •<u>Tamamlayıcı yöntemler;</u> • Masaj, Akupres, •TENS •Aromaterapi



Effect of Acupressure on Patients in Turkey Receiving Hemodialysis Treatment for Uremic Pruritus

Nazan Kılıç Akça, PhD, RN; Sultan Taşçı, PhD, RN; Nimet Karataş, PhD, RN

78 Hasta
Deneyisel çalışma
Lİ 11, SP6, ST36, SP10
akupunktur
noktalarına haftada 3
kez, 18 seans TENS
cihazıyla akupres
uygulanmıştır.

Akupres uygulanan grupta
kaşıntı şiddetinin azaldığı ve
etkinliğinin 18 hafta
boyunca sürdüğü, ilaç
kullanımının azaldığı ve
uyku kalitelerinin arttığı
saptanmıştır.

ABSTRACT

Context • Pruritus develops for various reasons at any stage of treatment for the majority of patients receiving hemodialysis (HD) due to end-stage renal failure (ESRF). Today, many nonpharmacological treatment methods, including acupressure, are used to relieve the discomfort experienced by patients due to pruritus. Acupressure has been proven to reduce the intensity of pruritus when it is used alone or in combination with pharmacologic methods.

Objective • This study was conducted to determine the effect of acupressure on pruritus in patients receiving hemodialysis treatment.

Design • This study was a nonrandomized, controlled trial.

Setting • The study occurred at four hemodialysis centers in Turkey.

Participants • Seventy-eight patients, 38 in the intervention group (IG) and 40 in the control group (CG), met the inclusion criteria and completed the study.

Intervention • The IG received acupressure that was applied using a transcutaneous electrical nerve stimulation

(TENS) acupressure apparatus, and the control group (CG) received no acupressure. The study used the SP6, ST36, SP10, and LI11 acupuncture points, with acupressure occurring three times/wk for 6 wks for a total of 18 sessions.

Outcome Measures • The study's data were collected using a patient identification form, a visual analogue scale (VAS), and a pruritus score.

Results • It was found that IG participants' mean VAS and pruritus scores significantly decreased at wk 6 ($P < .001$), as compared to the CG, and that the decrease showed a stable trend in wks 12 and 18 ($P > .05$). The IG was observed to use less medication than the CG throughout the study ($P < .001$).

Conclusion • It was concluded that acupressure provided to hemodialysis patients was effective in reducing pruritus. The research team suggests that the use of acupressure should be expanded by informing HD patients and nurses working in HD units about the benefits of acupressure. (*Altern Ther Health Med*. 2013;19(5):12-18.)

Acupressure and Transcutaneous Electrical Acupoint Stimulation for Improving Uremic Pruritus: A Randomized, Controlled Trial

Nazan Kılıç Akça, PhD, RN; Sultan Taşcı, PhD, RN

ABSTRACT

Context • Uremic

symptom for

(ESRD).

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Objecti

acupressur

stimulation (T

were receiving the

Design • The study was a ran

Setting • The study took place in hemodialysis units

located in hemodialysis centers in Turkey.

Participants • Participants were patients in the hemodialysis units who were under hemodialysis treatment and had experienced uremic pruritus.

Intervention • Participants were randomly assigned to

75 hasta,
3 gruba ayrılmış
Akupres, TENS ve kontrol
deneysel çalışma

4 hafta boyunca Li akupunktur noktasına
12 seans parmakla akupres ve TENS yapılmış

• Hem akupres hemde TENS grubunda kaşıntı
şiddetinde azalma saptanmış.

• Ancak akupres grubunda azalmanın daha fazla
olduğu saptanmıştır.

the acupressure group (intervention group), the TEAS

group (intervention group), or the control group. For the

intervention groups, the treatment was applied 3 ×/wk

the 4 wk of the study on the large intestine (LI-11)

acupressure points in the arm, for a total of 12 sessions.

Measures • The study measured the severity of

patients' pruritus using a patient information form

and analogue scale (VAS). The data were collected

pre and posttreatment.

A total of 75 patients participated in the study.

Results indicated that patients in the acupressure and

groups had significant reductions from baseline to

posttreatment in their levels of discomfort from uremic

pruritus compared with patients in the control group.

However, no differences existed between the acupressure

and the TEAS patients in terms of outcome measures.

Conclusions • The research team concluded that both

acupressure and TEAS applied to hemodialysis patients was

effective in reducing uremic pruritus. The study provided

support for an alternative method for health care providers in

managing hemodialysis patients with symptoms of uremic

pruritus. (*Altern Ther Health Med.* 2016;22(3):18-24.)

ORIGINAL ARTICLE

The effect of aromatherapy on haemodialysis patients' pruritus

Mehtap Cürçani and Mehtap Tan

80 hasta,
Ön test-son test kontrol gruplu
deneysel çalışma
Lavanta ,çay ağacı ve jajoba yağlarını
karıştırmış, %5'lik yağı ile 6 hafta boyunca
haftada 3 kez
7-15 dk masaj yapılmış.

Aromaterapinin
kaşıntı şiddetini ve
BUN değerini
azalttığı saptanmış.

ives. To determine the effect of aromatherapy on pruritus
dialysis patients.

h the prevalence of pruritus in kidney failure has decreased
pruritus is a difficult and serious problem which concerns the
dialysis patents and is hard to cure.

ive, pretest-post-test quasi-experimental design was used.

search is quasi-experimental clinical trial conducted as pretest

with control groups between January 2011–April 2012, in haemodi-

units of hospitals in Erzurum. The collection of the data is achieved using a

questionnaire to detect the patients' individual and pruritus score scale and to

clarify certain laboratory parameters regarding the pruritus. Chi-square analysis

and *t*-test are used for the analysis of data.

Results. The experimental group's mean post-test pruritus scores (7.20 ± 3.14)

were found to be lower than that of control group patients (10.00 ± 2.47), and a

highly significant difference was found between the groups ($p < 0.001$). In the

between-groups comparisons of experimental and control group's laboratory

parameters, the experimental group's post-test blood urea nitrogen levels

(118.26 ± 36.76) were found to be lower than that of control group patients

(138.80 ± 48.69), and the between-groups difference was found to be statistically

significant ($p < 0.05$).

Conclusions. The results demonstrate that aromatherapy was found to decrease

the pruritus problem of haemodialyses patients and led to positive changes in

some laboratory parameters related to pruritus.

Relevance to clinical practice. One of the roles of health professionals is to advise

individuals, who are living on this problem, using the nonpharmacological meth-

ods in checking the itching. By preventing or reducing uraemic pruritus, aroma-

therapy may also improve quality of life in this patient group.

Key words: aromatherapy, haemodialysis, nursing, pruritus, Turkey

Accepted for publication: 25 January 2014

What does this paper contribute
to the wider global clinical
community?

- The results of this study have practical implications in nursing practice for haemodialyses patients who suffer from pruritus.
- Nurses are ideal practitioners of complementary therapies and are positioned to contribute to the research base regarding the use of aromatherapy in health care.
- Using aromatherapy for management of patient's pruritus is a simple and effective treatment that causes no harm and avoids overuse of pharmaceuticals.

Sık görülen semptomlar	Etyolojisi	Değerlendirme	Hemşirelik yönetimi
Stres, anksiyete %20-30 Depresyon %20- 30	•Tedaviye bağımlılık •Kontrol kaybı •Sosyal konum, iş, •Uzun dönem sağlık durumu, •Erken mortalite, •Finansal durumlar	•Beck Depresyon Ölçeği •Beck Anksiyete Ölçeği	•Hemşirenin kendi duygularını tanıması, gerçek dışı beklentilerini fark etmesi, bu durumun hastaya yansımalarını önlemek için gerektiğinde yardım ve destek almalı, •İntihar potansiyeli olup olmadığı öncelikli olarak ele alınmalı, •Hastanın fiziksel olarak kendini iyi hissetmesini sağlamak ve kendine olan güveni arttırmak için uygun hemşirelik girişimleri planlanmalı, •Etkin iletişim kurulmalı •İlaçları zamanında verilmeli •<u>Tamamlayıcı yöntemler;</u> • Masaj, Akupres, •TENS, Aromaterapi

Lavanta yağ
inhalasyonunun
depresyon, stres
skorunu **azalttığı ama**
anksiyete skorunu
değiştirmedığı
saptanmış.

- Hemşirelerin rolleri arasında SDBY olan bireylere yönelik bütüncül bir yaklaşımla ev ve hastane ortamındaki tedavi ve bakımları sırasında karşılaşılabileceği sorunların çözümünde yol gösterebilecek **eğitim**, danışmanlık ve rehabilitasyon hizmetleri yer almaktadır

- Hemşireler tarafından, bireylerin gelişen sağlık sorunlarıyla başa çıkmasını sağlamak amacıyla **eğitimlerin** verilmesi gerekmektedir.
- **Bu eğitimlerin amacı;** bireyin kendisini iyi hissetmesini sağlamak, yaşanan semptomlara karşın yaşamını güçlü kılmak ve fiziksel, psikolojik ve sosyal gelişmesi açısından kişisel kapasitesini optimal seviyeye getirmektir.

Neyhart CD, Gilet AC, Mccoy L et al., 2010

Diyalizde eğitim konuları



- HD tedavileri sırasında fiziksel ve psikososyal yönden birçok sorunla baş etmek zorunda kalan bireylerin semptom yönetiminde hemşirelerin yaptıkları düzenli kontrollerin ve eğitimlerin etkili olduğunu gösteren çalışmalar bulunmaktadır.
- Üstün ve Karadeniz'in (2008) HD tedavisi alanlarla yaptığı çalışmalarında, eğitim verilen bireylerin **yaşam kalitelerinin yükseldiği** belirlenmiştir.

Üstün ME, Karadeniz G., 2006

Schlatter and Ferrans yaptıkları çalışmada, eğitim yapılan diyaliz tedavisi alan bireylerin fosfor düzeylerinin azaldığı ve Ca^{++} seviyesinin arttığı belirlemişlerdir.

Ayrıca aynı çalışmada eğitim programı kapsamında diyet kısıtlaması, RRT seçenekleri, fiziksel egzersiz ve KBY'de sosyal etkinlikler gibi konular yer aldığına, eğitim programına katılan bireylerde fonksiyonel yetersizliklerin ve hareket probleminin daha az görüldüğü bulunmuştur.

- ◉ Hemşirelik eğitimleri ile bireylerin yaşam kalitelerinin ve memnuniyetlerinin arttığı, hastanede kalış süresi ve ölümlerin azaldığı belirlenmiştir.

Neyhart CD, Gilet AC, Mccoy L et al., 2010

SONUÇ OLARAK

○ Hemşireler

- Diyalizde semptom yönetiminde kilit rol oynayan sağlık profesyonelleridir.
- Semptom yönetimi için hemşirelik süreci içinde bağımsız rollerini etkin ve doğru kullanmalıdır.