

Results:

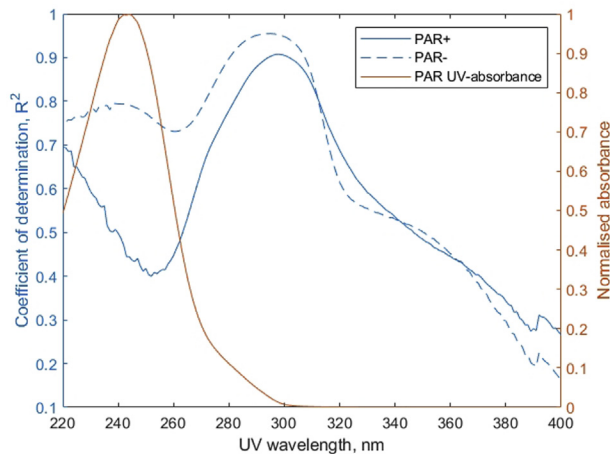


Figure 1. Correlation between UV absorbance (220–400 nm) of spent dialysate and uric acid's concentration in spent dialysate samples of patients who received PAR (PAR+, N = 304) and who did not receive PAR (PAR-, N = 685). Forty-three data points from the total of 1032 were omitted from the data set due to errors related to sample drawing, laboratory analysis and self-tests of the HD machine. Normalized absorbance spectrum of PAR is given for the reference.

There was a strong linear correlation between UA concentration in dialysate and UV-absorbance of spent dialysate at 220–400 nm with different treatment settings (Figure 1). PAR intake decreased remarkably the correlation between UV-absorbance of spent dialysate and UA concentration in the region of UV-absorbance of PAR and its metabolites.

Conclusions: Intake of PAR shortly before or during the dialysis treatment in doses over 1 g decreases considerably the accuracy of UA concentration determination by UV-absorbance of spent dialysate in the region of UV-absorbance of PAR and should be taken account for optical monitoring of uremic toxins' removal in dialysis.

[1] Vanholder et al 2018; [2] Arund et al 2012; [3] Lauri et al 2019; [4] Castellarnau 2010; [5] Tanner et al 2013.

Conflict of interest

Potential conflict of interest:

The authors declare no conflicts of interest. The funders had no role in the design of the study in the collection, analyses, or interpretation of data in the writing of the manuscript, or in the decision to publish the results.

The research was funded mainly by the project H2020 – SMEINST – 2 – 2017 OLDIAS2 - On-line Dialysis Sensor Phase2, partly by the Estonian Ministry of Education and Research under institutional research financing IUT 19-2, and by Estonian Centre of Excellence in IT (EXCITE) funded by European Regional Development Fund (TAR16013DB and TAR16013). Financial support for some of the Swedish portion of the study from the collection Foundation, Njur-fonden (2017 and 2018), Sweden.

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IMPACT OF PHARMACIST INTERVENTION THROUGH MOTIVATIONAL INTERVIEW IN IMPROVING MEDICATION ADHERENCE AMONG HEMODIALYSIS PATIENTS: PRELIMINARY FINDINGS

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Introduction: Despite advances in dialysis treatment, poor survival rates are observed among hemodialysis (HD) patients due to medication non-adherence. Addressing the medication compliance issue is important to improve the quality of life and reduce mortality among HD patients. This study aims to evaluate the impact of motivational interviewing, a novel skillful clinical method to

maintain behavioral change and support treatment adherence among HD patients.

Methods: A pre-post study was conducted prospectively among HD patients at multicenter dialysis units. Patients with age > 18 years undergoing HD treatment for at least 3 months were included in the study. Patients who have had any major surgical interventions, have malignancies, cognitive impairment, dementia, active psychosis, or major hearing impairment, or are pregnant or breastfeeding were excluded. The recruited patients received two sessions of motivational interviewing. The goal of MI is to determine the causes of non-adherence and ways to resolve it via a motivational approach. The General Medication Adherence Scale (GMAS) was used to evaluate medication adherence among enrolled patients. The GMAS was given to the patients before and after the interventions. An Independent *t*-test was used to analyze the impact of MI in improving adherence among HD patients. In this study, the level of significance was 0.05.

Results: A total of 34 patients (14 males and 20 females; mean age 51±14.28 years) were included in the study. While the mean of dialysis duration and number of medications was 8.1±6.31 years and 8.7±2.46 respectively. Independent *t*-test showed a significant increase in medication adherence score from a baseline of 25.76±2.91 to 26.94±2.2 at the end of the study (*p*<0.05). Motivational interviewing was effective in increasing intrinsic positive attitude by resolving their ambivalence thus improving the adherence towards medication.

Conclusions: The study emphasized that MI effectively enhances medication adherence among HD patients. Health care teams are encouraged to use this MI technique to improve medication adherence among HD patients.

No conflict of interest

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ASSOCIATION OF DIETARY PROTEIN INTAKE AND LEAN BODY MASS WITH SEVERITY OF METABOLIC ACIDOSIS IN PATIENTS ON REGULAR HAEMODIALYSIS

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Introduction: Persistent metabolic acidosis (MA) in haemodialysis (HD) patients leads to protein breakdown, insulin resistance, worsening renal osteodystrophy and increased cardiovascular mortality. However, there is little scientific literature on the prevalence, determinants, and impact of MA in HD patients in India. Majority of patients receive twice weekly HD, and the Indian diet is poor in protein content. We previously reported that 41% patients on regular HD had persistent MA at the completion of HD. This study was undertaken to assess the association between the protein intake and lean body mass with the severity of MA in patients on regular HD.

Methods: This single centre cross-sectional study enrolled all patients above 18 years of age and who were on regular HD for at least 3 months at the Outpatient Haemodialysis centre of our institute. Patients with poor vascular access, amputation of limbs, liver disease, ascites, significant pleural effusion, lung disease and any intercurrent acute illness in the 4 weeks preceding enrolment were excluded. Patients with poor compliance with dialysis treatment, defined as skipping more than one session of haemodialysis in the preceding 4 weeks were also excluded. Normalized Protein catabolic rate (nPCR) was determined in all patients. Protein catabolic rate (g/kg/day) - was calculated using the formula:

Protein Catabolic Rate = 0.22 + (0.036 x Interdialytic rise in BUN (midweek) x 24) / Interdialytic interval in hours.

24-hour urine nitrogen excretion as measured in patients with residual renal function and the protein catabolic rate calculated from urea nitrogen excretion was added to the nPCR calculated from BUN. Lean Body Mass was estimated with the body composition monitoring (BCM) equipment using the bioimpedance