

Adherence to treatment, essential in the quality of life of patients with kidney disease

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IMSS cares between 70 – 80% of the country's patients; in Mexico there are more than 60,000 patients with Chronic Kidney Disease that receive these therapies: 41.7% receive Hemodialysis (HD) and 58.3% receive Peritoneal Dialysis (DP).

According with the National Institute of Statistics and Geography (INEGI, for its acronym in Spanish), Chronic Kidney Disease (CKD) is the sixth cause of death in Mexico, with more than 13 thousand deaths registered in 2017.

The diagnosis of Chronic Kidney Disease (CKD) is news that impacts patients, family, and friends; this is because of the restrictions it carries with a specialized diet, the time investment in Renal Replacement Therapies (RRT), and the general reduction of social activities such as work and mobility.

In commemoration of the World Kidney Day, it is paramount to remember that the main causes for developing Chronic Kidney Disease (CKD) are the complication of Diabetes Mellitus (~48.5%), arterial hypertension (~19%), and chronic glomerulopathies (~12.7%).

To attend this world pandemic there are two types of therapies that substitute kidney function. According to the Mexican Institute of Social Security (IMSS, for its acronym in Spanish), which cares between 70 - 80% of the country's patients, in Mexico there are more than 60,000 patients with CKD who receive these therapies; 41.7% receive Hemodialysis (HD) and 58.3% receive Peritoneal Dialysis (PD).

Under the 2021 campaign entitled *"Living Well with Kidney Disease"*, international organizations invite the public to empower patients, friends, and families; looking to achieve a greater adherence to their Hemodialysis (HD) or Peritoneal Dialysis (PD) treatments.

For her part, Karina Renoirte López, M.D., specialist in nephrology and Medical Director of Services at Grupo PiSA, explains that one of the most discouraging facts of the kidney disease diagnostic is the lack of adherence to treatment.

"When carrying out an analysis of renal replacement therapies, the inputs that are required for a treatment that presents the lowest possible risk of infection and adherence to it for its control should be considered", shared Renoirte López, nephrologist adhered to the Civil Hospital of Guadalajara.

On the other hand, Irma Luisa Ceja Martínez, M.D, specialist in internal medicine and Medical Manager for Endocrinology and Nutrition at Grupo PiSA, asks the population to remember the main risk factors for CKD and to take prevention preventions.

"It is important to remember that kidney disease tends to be consequence of other Non-Communicable Diseases (NCD's), mainly diabetes mellitus and hypertension, which is why

prevention with a correct hydration, adequate nutrition, and a consistent habit of physical activity are paramount in reducing the risk of developing diabetes, hypertension and Chronic Kidney Disease”, commented Ceja Martinez, also president of the Mexican Chapter of the American College of Physicians (AMP).

On the same topic, Rebeca Vega Pérez, specialist in Sports Nutrition and Nursing Medical Coordinator at Grupo PiSA, adds that prevention must be accompanied by health professionals certified on medical institutes.

“Nowadays there are a great number of digital platforms and social media «trainers» who want to promote healthy lifestyles; nevertheless, we must remember that the advice and assessment of health professionals must be a key part of our approaches to self-care. We also must remember that a lot of these diseases can be managed in a better way if we have an early diagnosis, such as the case of Chronic Kidney Disease (CKD) and diabetes”, recommended Vega Pérez.

For a patient living with CKD, there are many factors in addition to the condition that can aggravate their disease. According to a study carried out at the Autonomous University of the State of Mexico (UAEM, for its acronym in Spanish), the participants reported that the developed depression (25%) or anxiety (20%) derived from their disease. Likewise, these conditions reflected a reduction in adherence to treatment in 26% of the patients.

To prevent these factors, motivate adherence to treatment, and provide a better quality of life to patients, it is essential to empower the patient with the promotion of self-care, by providing knowledge about their disease, involving them in decision-making, providing guidance in the acquisition of information, promoting support networks with their family, friends and even patient organizations, and even promoting mental health care along with their renal replacement therapy.