

# “If you can’t change it, don’t fight it” Coping with Automated Peritoneal Dialysis for End-Stage Kidney Disease: A Qualitative Study

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## Introduction

People receiving peritoneal dialysis (PD) for end-stage kidney disease (ESKD) experience poor quality of life and may assume a high burden of self-care. Further investigation into how patients cope with ESKD and dialysis is needed.

## Method



Participants recruited purposively through CNARTS in South Australia.



Ten people receiving automated peritoneal dialysis (APD) (5 female) aged 21 to 77 years (M = 59.3) participated in a qualitative interview.



Interviews were audio recorded and transcribed verbatim. Thematic analysis.

## Results

Five main themes were generated, representing participants’ experiences of psychosocial challenges resulting from ESKD and APD and attitudes, behaviours and social resources that fostered adaptive coping.

| Themes & Sub-themes  | Description   |
|--|---|
| <b>Resigned Acceptance</b>   | Participants viewed PD as a life source and death the stark alternative to not receiving therapy; accepting their circumstance as “it is what it is”. Pragmatic and contentious attitudes fostered compliance with medical advice and coping with the laborious daily dialysis regime.  |
| <b>A Bridge to Transplant</b>  | Dialysis was perceived as a bridge; something to go through whilst awaiting kidney transplant, after which life and health would return to “normal”, which aided acceptance of participants’ current situation.   |
| <b>Navigating Emotions at Milestones and Transitions</b>                                       | Emotional difficulties were heightened at CKD diagnosis, during the transition to dialysis and when told they had reached “end-stage”, which represented the death of a kidney and the body’s failing. Feelings of frustration, depression, sadness, and shock were common at these times.  |
| <b>Professional Support</b><br>• Education and Information Delivery<br>• Psychological Support | Some participants described receiving rushed and blasé diagnoses of end-stage kidney disease, with little time to process or feel resulting emotions.<br><br>Four participants reported they would accept professional psychological support if offered, particularly during acutely challenging times, at transitions and in decision making processes.                          |
| <b>Social Supports</b><br>• Hidden from View and Hiding Illness                                | Family member, partners, pets and religion were essential to coping with dialysis. Caregivers provided significant emotional and practical support.<br><br>The hidden nature of ESKD and PD meant participants did not feel like a “kidney victim or patient”. However, this was perceived to also prevent others enquiring about their wellbeing or taking complaints seriously. |

## Conclusions

Patients employ various cognitive, emotional and behavioural strategies, and rely strongly on social supports, to cope with peritoneal dialysis. Psychological distress and poor coping may be heightened at key disease milestones and transitions, when patients need professional psychological support, or among individuals undergoing therapy without a caregiver in the home. Shared-decision making should include patients psychosocial priorities and needs.