

## PERITONEAL DIALYSIS

# Cognitive behavioural therapy might improve patient adherence to fluid restrictions

Patient adherence to fluid restrictions in peritoneal dialysis is important to avoid the adverse consequences of fluid overload, including hypertension, oedema and increased mortality. However, fluid non-adherence is a known problem in this population. Now, new data from a randomized controlled trial suggest that cognitive behavioural therapy (CBT) might improve patient adherence to fluid restrictions in peritoneal dialysis.

To investigate whether CBT could improve fluid adherence, the study investigators randomly assigned 15 patients on peritoneal dialysis for  $\geq 3$  months who had been identified as fluid non-adherent to intervention and control groups. Patients in the intervention group attended four weekly group sessions of CBT using the 'Liquid Intake Programme', which includes cognitive, behavioural and educational components. At the end of the 10-week trial phase patients in the control group also received the intervention. Post-intervention

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data for both groups were combined in the longitudinal analysis.

The investigators report that CBT compared with no intervention did not result in a significant difference in the primary outcome of change in weight from baseline—a measure of fluid overload—at 6-week follow-up in either the randomized controlled trial or longitudinal phases. Moreover, blood pressure increased in the intervention group during the trial phase. However, in the longitudinal analysis, CBT was associated with significant improvements in oedematous status (indicating a reduction in fluid retention) and self-reported measures of quality of life, psychological well being and health beliefs at 6-week follow-up. Based on

previous research, the investigators state that improvements in these measures correlate with enhanced fluid adherence. In addition, the participants' perceptions of the usefulness of the intervention were positive.

“This study reveals encouraging and significant changes in predictors of fluid adherence,” conclude the investigators. “More research is required to encourage health-care providers to invest greater resources into multifaceted, psychosocial interventions among the renal population; so to reduce the costly implications of fluid overload in both health outcomes and financial resources.”

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