



## The ABCs of KDQOL for the Dietitian

In a previous article we took the Mystery out of KDQOL for the team. In this article, we'll look at the ABCs of KDQOL for the dietitian member of the interdisciplinary team.

### **A** Assess and Address

What if your patient scored low in one of the mental/emotional components of the KDQOL survey? Food is a major part of everyone's life. Family celebrations, holidays, and the seasons of the year are all symbolized by special foods. People on dialysis may feel that they can no longer have the familiar foods they enjoy and may feel a sense of loss as a result. A detailed diet history and collaboration with the social worker's assessment can help the dietitian discover what role food plays in the patient's emotional and social life. The dietitian can then help the patient learn to adjust and adapt favorite recipes so they can enjoy their mealtime traditions, but still meet their dialysis needs.

### **B** Banish Barriers

Maybe your patient scored low on a physical component of the KDQOL. What barriers does your patient face that interfere with food procurement, preparation, or enjoyment? Does the stove in their kitchen work? Do they have transportation to the grocery store? Are they too tired after dialysis to prepare or eat a meal? Have there been changes in financial status that make purchasing food difficult? These are just some of the barriers, real or perceived, that can affect a patient's nutritional status which can, in turn, lead to low physical component scores. With careful interviewing techniques and collaboration with the team, barriers can be discovered and banished.

### **C** Communicate and Collaborate

Once you've identified causes of low KDQOL scores, communicate them to the interdisciplinary team. If your patient can't afford groceries, discuss with the social worker what assistance programs might be appropriate so applications can be initiated. Work with the patient to formulate low cost menus. If they are tired all the time or consistently have no appetite, speak with the nursing staff and the physician. Does the treatment or medication regimen need to be adjusted? Is the patient anemic or do they have an infection? All of these will affect appetite and sense of well-being. Help the patient and the team set new goals for treatment that address the problem areas and enable your patient to move toward better nutritional status.

KDQOL is no MYSTERY. It's as easy as ABC.