



# Treatment Times

When patients miss treatments, it affects numerous areas of their lives (e.g. issues with the immune system, nutritional status, elevated plasma levels of pro-inflammatory cytokines, cardiovascular problems, or mortality, etc.). Likewise, it has many implications for the Nephrology team that serves the patient. As a result, there is

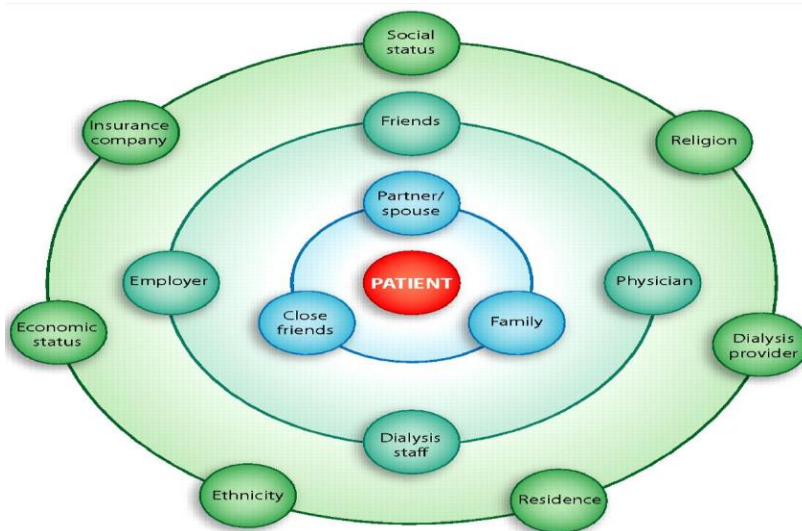


Figure 1.0

and mental well-being, although it cannot and should not be viewed as a treatment of depression” (pg. 640) or any other barrier to non-compliance. Therefore, in addition to advising the patient to keep scheduled treatment times, the Nephrology team should employ other techniques. These methods include the following:

- Rapport building
- Motivation interviewing (discussed in another issue of THRIVE found at <http://www.esrdnetwork.org/professionals/social-worker-tools-resources>)
- Consistent mental health assessment and treatment, and
- Most importantly, follow up on identified barriers to treatment times

## References

Cukor, D., Cohen, S.D., Peterson, R.A., et al. (2007). Psychosocial aspects of chronic disease: ESRD as a paradigmatic illness. *Journal of the American Society of Nephrology*, 18, 3042–3055.

Ma, T. K., & Li, P. K. (2016, August). Depression in Dialysis Patients. *Nephrology*, 21(8), 639-646.

often a dilemma as to how to influence these patients to keep their treatment schedule and maintain sensitivity to the patient’s situation.

## Spheres of Influence

Cukor, D. et al. (2007) in the *Journal of the American Society of Nephrology* suggests that we as professionals have minimal effect on patients because we are so far removed (Figure 1.0).

## What can be done?

Ma & Li (2016) recommend the following: “Frequent haemodialysis [sic] may have beneficial effects on a patients’ physical

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