



THE REALITY OF PATIENTS IN HEMODIALYSIS BEFORE COVID 19 PANDEMIC

LA REALIDAD DEL PACIENTE EN HEMODIALISIS ANTES DE LA PANDEMIA COVID 19

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Mr. Editor

In a pilot test carried out in the department of Lambayeque (Peru) about the profile of patients who entered hemodialysis for the first time with grade five chronic kidney disease (CKD 5), evidence was found different from other Latin American

The treatment modality for CKD 5 patients increased through hemodialysis according to the Latin American Registry of Dialysis and Kidney Transplantation from 2000 to 2008. In Peru, 84.75% of patients are registered with this form of treatment still in force in our country and others⁽¹⁾.

During admission to hemodialysis, the majority of patients are people with low socioeconomic status. In this population, health promotion and prevention is not intensified, being more susceptible to non-communicable chronic diseases⁽²⁾.

When these patients are admitted to hemodialysis for the first time, the clinical assessment is essential but epidemiological references must also be taken into account in order to have a better management. In laboratory tests, they are admitted with a hematocrit less than 30%, albumin less than 3.5 g / dl and with positive hepatitis C; the most common vascular access is venous catheter⁽³⁾. However, the pilot provides that the age, gender and vascular access coincide but the predominant causes are firstly arterial hypertension and secondly, diabetic nephropathy with a reason for admission of diabetic encephalopathy in the majority, being this last data where several studies do not take it into account; In the laboratory tests, a hematocrit of 23.53%, hemoglobin of 7.82, albumin of 3.12 gr / dl, creatinine of 11.17 and non-reactive to hepatitis C was found, reinforcing the information from the pilot, in a public hospital in our country in 2018, where it is obtained that in terms of sex it is slightly higher in men than in women, the age is less than 60 years, the causes are according to predominance as described above and in the case of hemoglobin it is less than 7g / dl⁽⁴⁾.

Due to the aforementioned, the doctor-patient relationship should be emphasized for a greater knowledge of associated comorbidities and possible complications that may occur during and after treatment; going hand in hand with mental health surveillance involving the family and caregiver for greater effectiveness in improving health in a holistic way; and in the same way, it takes into account the nutritional management in a diet that makes up for the deficit of proteins, vitamins and iron⁽⁵⁻⁶⁾.

In conclusion, the patient who is admitted to CKD 5 hemodialysis for the first time should be treated in an interdisciplinary manner through practical strategies by health personnel, especially by nephrologists, since this will allow, in the medium term, to be able to train the first level of care to thus avoid patients do not arrive in inadequate conditions to the emergency; and in the same way, information can be updated to keep track of reality and thus establish a health policy that helps to improve current management.

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