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WCN24-739 Impact of dialysis modality on patients' life plans: inclus-dial, a survey for independent patients

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Physical (Q4,10,15,16,17,18)

Most respondents for both groups reported that physical pain prevented them a little from doing what they needed to do (HD=25, 38%; PD=44, 47%). They also only needed little treatment for these pains to function in their daily lives (HD=43, 46%; PD= 40, 43%). In terms of having energy for everyday life, the frequency for the option "mostly" had the highest count (HD= 30, 32%; PD=33, 35%). Neutral responses were observed most for items regarding being able to get around, being satisfied with sleep, and being satisfied with their abilities to perform daily living activities. It can be noted that in terms of the physical aspect of quality of life, the item regarding how well the respondents of hemodialysis are able to get around had the highest frequency of very dissatisfied answers (HD= 14, 15%).

Psychological (Q5,6,7,11,19,26)

Generally, respondents for both groups reported very much feeling that their lives are meaningful (HD= 30, 32%; PD= 37, 40%). Although it is worth noting that both groups only had neutral perception in terms of how much they enjoy life (HD= 39, 42%; PD= 40, 43%). Most respondents are very much able to concentrate and mostly accept their body appearance. They also perceive themselves to be content with themselves. Results show that respondents seldomly have negative feelings such as blue mood, despair, anxiety, and depression (HD=39, 42%; PD= 53; 57%)

Table 1. WHOQOL-BREF domain scores and ZBI-22

	Overall (n=186)	HD (n=93)	PD (n=93)	p-value
WHOQOL-BREF				
Median (Range)				
Physical health	62.50 (21-89)	58 (21-86)	64 (21-89)	.608§
Psychological	67 (29-96)	63 (33-83)	67 (29-96)	.162§
Social relationships	71 (17-100)	75 (17-100)	67 (17-100)	.801§
Environment	56 (22-94)	50 (22-75)	56 (22-94)	.007§
ZBI-22				
Burden of care				
	33 (0-60)	39 (5-60)	23 (0-60)	<.001§
Little to no burden	71 (76.34%)	28 (30.11%)	43 (46.24%)	0.04†
Mild to moderate	83 (89.25%)	43 (46.24%)	40 (43.01%)	
Moderate to severe	26 (27.96%)	17 (18.28%)	9 (9.68%)	
Severe	6 (6.45%)	5 (5.38%)	1 (1.08%)	

Statistical tests used: §-Mann-Whitney U test; †-Chi-square test
ZBI-22 Score interpretation: little to no burden (<52), mild to moderate (22-46), moderate to severe (47-55), and severe (>56 points) burden of care

Conclusions: Family caregivers of Filipino patients on hemodialysis and peritoneal dialysis generally had generally high and comparable quality of life scores except in the environment domain where family caregivers of patients on peritoneal dialysis had better scores. However, caregivers of hemodialysis patients had greater burden of care. Weak correlation was found between environment and burden of care from relatives of PD patients.

I have no potential conflict of interest to disclose.

WCN24-739

IMPACT OF DIALYSIS MODALITY ON PATIENTS' LIFE PLANS: INCLUS-DIAL, A SURVEY FOR INDEPENDENT PATIENTS



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Introduction:

Methods:

Results:

	Non-assisted HD in self-care units	Non-assisted APD	Non-facility-based nocturnal extended hour	Daily home HD
N	50	49	38	45
Median age	56.5 (I,Q,44-65)	60 (I,Q,49-70)	49.5 (I,Q,46-58)	56 (I,Q,45-66)
% female	38%	40%	26%	22%
% been in regular paid employment for the last four weeks	20%	28%	55%*	33%
% with any regular voluntary work in the last four weeks	18%	17%	21%	31%
No physical activity	50%	61%	47%	58%
Substantial level of physical activity	38%	33%	53%	38%
Tiredness	90%	83%	91%	84%
Lack of energy	78%	77%	80%	66%
Limited in daily activities	70%	62%	58%	53%
Health status scale (Euroqol-5D-5L)	57.5 (I,Q,45-75)	65 (I,Q,50-80)	70 (I,Q,50-80)	60 (I,Q,50-80)

Conclusions: There is still a great deal of progress to be made in improving patients' quality of life and getting them involved in social and physical activities.

(1) Home Dialysis Does Not Have the Monopoly on Low Cost. *Kidney Int Rep.* 2022 Oct 27;8(1):188-196 *Partial results were presented as a poster at the congress of the SFNDT in 2023, Liege, Belgium.*

I have no potential conflict of interest to disclose.

WCN24-758

RECOGNITION OF LOCAL INVESTIGATORS IN AUTHORSHIP OF COLLABORATIVE KIDNEY RESEARCH CONDUCTED IN LOW- AND LOWERMIDDLE INCOME COUNTRIES



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Introduction: There has been a considerable interest in conducting research in nephrology in low - and lowermiddle income countries (LLMICs) in recent years. Researchers from high-income countries (HICs) contribute enormously to research in LLMICs and may end up leading such research work and this is not without issues. In most cases, the conceptualization and design of these studies are done by the investigators of HICs, which may not represent the true research needs of these LLMICs. The authorship order does not favour data collection as a key input, yet this is mostly performed by local researchers from these LLMICs. This leads to low representation of researchers from LLMICs as authors and even less frequently as lead authors.

We there set out to identify all collaborative studies conducted in LLMICs published in the last 10 years in the leading international nephrology journals to assess the proportion of local investigators listed as authors. We also studied the position assigned to authors from LLMICs in the author list, their author contributions and the funding source for the individual studies.

Methods: The original research articles emerging from collaborative research conducted in low- or lowmiddle income countries, published in English language from 1st of January 2012 to 31st of December 2021 in the 10 top-ranked nephrology journals (based on the impact factor) were included. In the articles that were selected, the country affiliations of the authors including first, second, third and the last author were extracted. The countries were categorized according to World Bank country classification by income status. Author contributions to the manuscript were categorized as follows; Conception or design of the work, acquisition of data, analysis of data, interpretation of data, drafting the work and revising the work critically for intellectual content. Two researchers independently evaluated the articles in full as published in each of the included journals.

Results:

Conclusions: There is scope for enhancing the representation and recognition of investigators from LIC and LMIC in collaborative research conducted in these regions. This may help developing context specific and more rewarding research ecosystem in LLMICs.

I have no potential conflict of interest to disclose.