PatientVoice

Dementia in Dialysis
An Eye on Best Practices

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The authors present a study with findings that, in the world of hemodialysis, there is greater risk of diagnosed dementia and Alzheimer's disease, which carries a two-fold higher rate of mortality (1). The number of patients initiating treatment over the age of 85 has increased steadily over the years. In addition, after patients begin dialysis treatment, there is evidence that further cognitive impairment occurs. With the aging of the general population, this data comes as no surprise.

Is the rapid decline, however, solely a result of loss of kidney function and attendant hemodialysis or possibly furthered along by other factors that cannot be measured and quantified?

My connection to the field is a personal one: I began dialysis treatment in the mid-1970s. Twenty years later, the now infamous studies were published indicating the alarming rates of mortality and morbidity in the United States dialysis population (2). How could this be given the advances in technology? Perhaps it was due to the increase in the number of older people being dialyzed. However, it was also clear that large numbers of people had given up hope and a sense of purpose in their lives. Might we consider that, while bodies were being maintained, spiritual health had been neglected?

Years ago, I was dialyzing in center. I sat in the chair holding my site at the end of a treatment. Suddenly, I felt the recliner jerk backward. I was shocked. "What did you just do?," I incredulously asked the technician. "Oh, I have to get the spot ready for the next patient." I felt rage bubbling up inside, not just for my sake but for others who experience this type of indignity all of the time and do not or cannot advocate on their own behalf. It simply wears people down. The technician did not comprehend the level of disrespect that she communicated *via* her actions.

How often are similar scenes played out? Is it any wonder that people's functioning declines as they become worn down by the system? The tone needs to be set from the level of the medical director and the facility administrator that, regardless of your condition, we will treat you with dignity here.

There is great potential for learning and improvement that can be provided in the hemodialysis setting: not simply for the dialysis population but for all of the individuals who spend time there.

Remember that there is inherent dignity to each individual's spirit. The aspects of life that are most valuable are things that are invisible to the eye. This carries implications for care to improve quality of life for patients and boost morale for staff. Emphasize a culture of respect and dignity for all, regardless of physical and cognitive abilities. Each person can benefit from a sense of connection to others and creation of meaning in the moment. Consider applying principles of spiritual care. There is no environment more in need of it than the chronic dialysis facility.

(*1*) Encourage a sense of community. Introduce patients to each other, even if they may not remember their names by the next treatment.
(*2*) Introduce music. Many people with moderate and advanced levels of dementia continue to recall and derive great pleasure from music of their era. Music can elevate mood and significantly improve the dialysis experience.
(*3*) Communicate. Remember the importance of direct eye contact. Listen to people. If staffing is an issue, seek out a spiritual care professional to be available or enlist volunteers to sit with patients who could benefit from this care.

This is a call for facility administrators and medical directors to institute policies from the top down to foster a shift in the way that care is delivered. Let us institute in our policies and procedures not just what care is delivered but how that care is delivered. Direct the staff to sit with patients so that they are at eye level when communicating whenever possible. The use of touch, whether holding someone's hand or a gentle hand on a shoulder, can go far in providing a sense of connection and reassurance. We may not be able to alter the changing landscape of today's in-center hemodialysis population. However, we can respond by taking steps to imbue the clinic setting with a deeper level of humane and respectful care.

Acknowledgments

J.W. is a patient on dialysis and a chaplaincy candidate. She has undergone dialysis for over 43 years using all modalities. She has done nocturnal home hemodialysis every other night for 16 years.

Disclosures

None.

References

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See related article, "Dementia, Alzheimer's Disease, and Mortality after Hemodialysis Initiation," on pages 1339–1347.