

Do Dietitians follow their own advice ?

How do dietitians assess growth in children with chronic kidney disease in the UK and Ireland versus clinical practice recommendations.

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Background

- Aims – To compare current practice of the UK and Ireland paediatric renal dietitians (PRD) with regard to assessing growth vs newly published clinical practice recommendations (CPR). To try and understand variations in their assessment of growth and any potential barriers to the implementation of the CPR in practice.
- Childhood Chronic Kidney Disease (CKD) presents clinical features that are specific to Paediatrics such as the impact of the disease on growth. Measured height in children and young children with CKD is lower than healthy peers. [1-5]. Poor growth is associated with increased mortality with a 2 fold risk of death if the height standard deviation scores <-2.5 [6]. Additionally patients with short stature have altered psychosocial development affecting adulthood[7]. Optimizing nutrition and adequate monitoring of growth in children with CKD is essential in order to address any issues quickly (as height centiles in these children may rapidly decline) in order to improve clinical outcomes[8,9,10]
- Prompted by the challenges and inconsistencies in the nutritional management of children with kidney disease the Paediatric Renal Nutrition Taskforce (PRNT) a group of paediatric nephrologist and dietitians published the : Assessment of nutritional status in children with kidney diseases-clinical practice recommendations [11]. Wherever possible they do advise the nutritional assessment to be completed by a trained PRD.

Method

- A fixed mixed method, sequential project design drawing on a pragmatic approach was chosen using a quantitative survey followed by focus groups (FG). Eligible participants were Nephrology dietitians who provided care to children with kidney diseases in the UK and Ireland. These dietitians were identified through the Paediatric Renal Nutrition Interest Group (PRING)membership.
- The results from the survey data guided the questions to be asked within the focus groups.
- The project was registered as a service evaluation with agreement from the Newcastle joint research office.

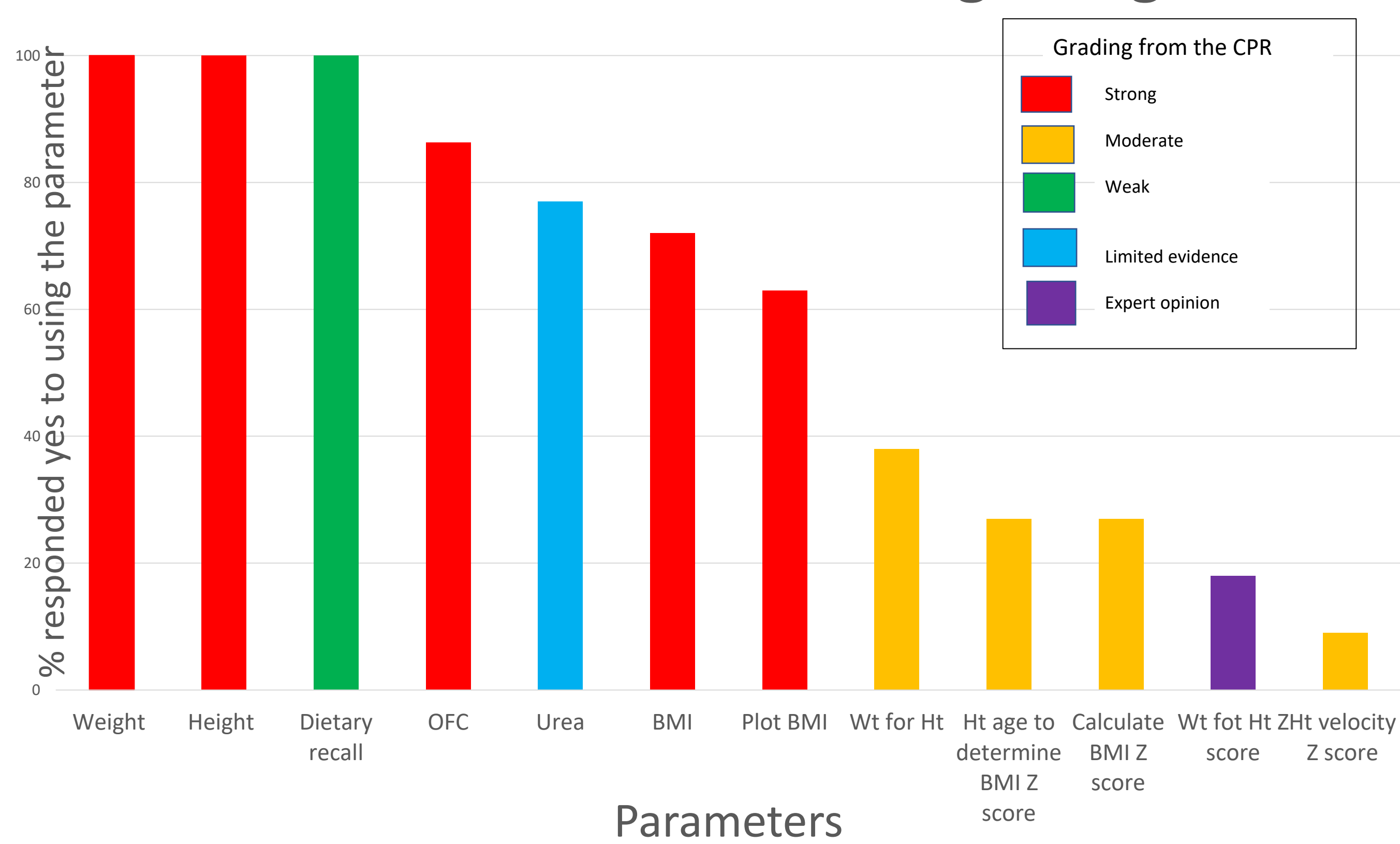
Results

- By the end of the survey period of the 36 dietitians emailed 22 responded (61%). 90% of PRD were aware of the CPR with 54% indicating that the CPR had informed/changed their practice. 59% had been working as a PRD for 0-5 years. The highest educational level attained by the majority was a bachelor degree (68%) the same number work as a Band 7 with the majority funded 1.0 wte (31%).
- The chart below summarizes those parameters that scored the highest for being used in the assessment of growth and the % of PRD that used the parameters with a moderate grade.
- The reasons for the variation in practice in relation to the grade assigned in the CPR (across a wide range of parameters that were also included in the survey questions) were then discussed within the 3-focus group and 1 interview n=15. Themes that emerged from the data together with the sub themes are shown below.

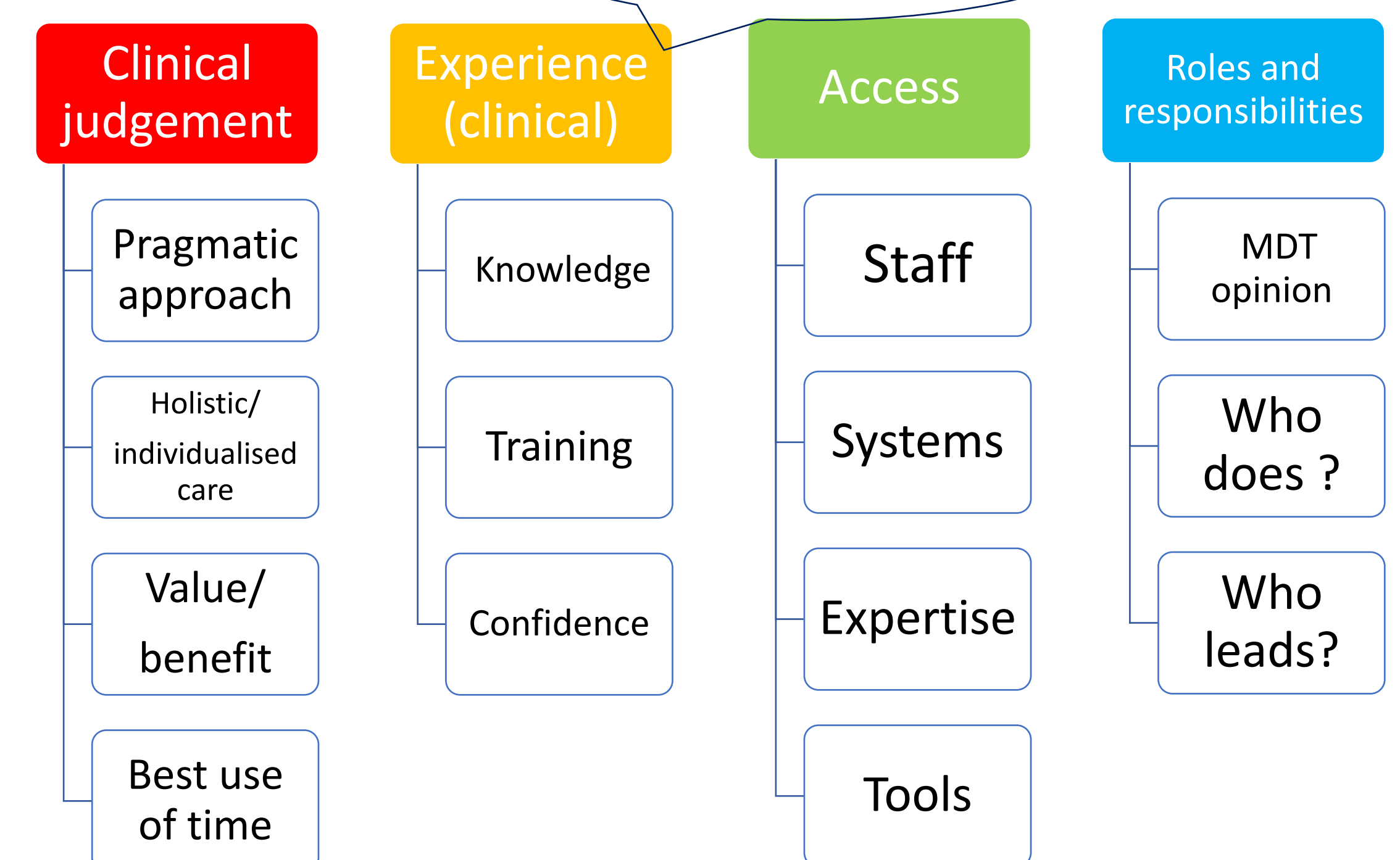


Survey data

Parameters used versus CPR grading



Focus group themes



Discussion.....

- When looking at the themes emerging from the FG they are not seen in isolation of each other. There is a lot of overlap for example Z scores
“ If I am honest it’s a lack of experience and confidence with using Z scores...we went electronic but our charts do not calculate Z scores.its not something I’m seeing others specialities in the hospital using.doing the survey has made me question whether I should be using in practice and interested to know what other sites are doing....its probably a little bit of ignorance around z scoresI don’t really see them as an important part of my assessment right now”

Conclusion.....

- Disparity between certain CPR parameters and current practice was seen. This was explained in the focus groups and confirmed the barriers and enables through the emerging themes seen above.
- A coordinated approach within the MDT with regard to the assessment of growth together with appropriate training, easy access to relevant data and tools for the dietitian would improve the assessment of growth without necessarily impacting on clinical time.
- Further research to explore which parameters may improve patient outcomes would also be valuable in order to focus future training, and develop staffing guidelines in order to improve confidence and consistency across centres.

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