JURNAL MEDIKA CENDIKIA
Volume 10 Number 02 Year 2023
ISSN Print: 2355-827X / Online ISSN: 2442-4412
STIKes Karsa Husada Garut

Description Of Diet Compliance In Hemodialysis Patients In Guntur Hospital Garut

Bambang Aditya Nugraha[1], Sulastini[2]
[1]Universitas Padjadjaran Bandung, West Java, Indonesia
[2] Nursing Study Program STIKes Karsa Husada Garut, West Java, Indonesia
Email: bambang14005@unpad.ac.id

Abstract

Chronic kidney disease is a condition when kidney function decreases to the point where the kidneys are unable to filter the body's metabolic waste and maintain the balance of electrolyte fluids such as sodium and potassium. One of the problems that is often found in chronic kidney failure sufferers is non-compliance with diet. The aim of this research is to determine the description of diet compliance in kidney failure patients at Guntur Garut Hospital. The research method used was descriptive, with a purposive sampling technique, the sample size was 25 respondents with the criteria being that the patient had undergone hemodialysis for more than 3 months and had no complications. The data collection technique was carried out using a questionnaire. The results of the study concluded that the majority of respondents (56%) did not comply with the diet. Suggestions from the results of research that have been carried out for health workers in the hemodialysis room at Guntur Hospital, especially nurses, to further improve education about the importance of diet for kidney failure patients.

Keywords: Chronic kidney disease, diet compliance

INTRODUCTION

Kidney failure is a condition when kidney function decreases to the point where the kidneys do not have the capacity or ability to filter the body's metabolic waste and maintain the balance of electrolyte fluids such as sodium and potassium (Sylvia and Laurinne 2015). Chronic renal failure (CKD) is a disorder of kidney function caused by damage to the filtration rate and occurs over a long period of time so that the kidneys experience severe and permanent damage. This damage causes the body to be unable to maintain metabolism to maintain the balance between fluids and electrolytes in the kidneys (Sumantrie, 2018).

According to the World Health Organization (WHO), chronic kidney failure causes death in 850,000 people every year. This shows that chronic kidney failure is the cause of death in the world, ranking 12th (Sitanggang, 2021). Meanwhile, based on data from the Indonesian Renal Registry (IRR) in 2018, the number of new patients with chronic kidney disease in Indonesia was 77,892 people and there were 30,831 active people with the most common causes being

hypertension and diabetes. Every year the prevalence of chronic kidney disease requiring dialysis increases rapidly, reaching 499 per 1 million people (PENEFRI, 2018).

Patients with CKD have symptoms such as changes in skin color, decreased body fat and accumulation of substances that are no longer needed by the body (Sandra et al., 2013). Management of CKD sufferers can be done by adjusting diet, limiting fluid intake, medication, kidney replacement therapy such as kidney transplantation and hemodialysis (Relawati et al., 2018).

If the patient is undergoing hemodialysis therapy, if they do not comply with the diet, it will cause problems, this is in accordance with Almatsier's (2008) opinion which states that if a person is undergoing or has undergone hemodialysis therapy and then does not carry out the diet program properly, there will be nutritional deficiencies, balance fluids and electrolytes will be disturbed which can cause excessive accumulation of metabolic waste products (uremia) which can speed up the prescribed therapy schedule and increase the cost of therapy.

Patient compliance can be interpreted as conformity between the provisions given by health professionals and the behavior carried out by the patient. There are factors that can influence the level of compliance with intake restrictions in chronic kidney failure (CKD) patients, namely age, education, length of time undergoing hemodialysis, knowledge of hemodialysis patients, motivation, access to health services, patient perceptions of nursing services and social support such as information support, support. award (Widiany, 2017).

Based on research by Tarigan., et al (2015), research results showed that the majority of respondents with chronic kidney failure who underwent hemodialysis therapy did not comply with the diet due to the respondents' lack of understanding of the instructions from health workers. Meanwhile, based on research by Salahuddin & Maulana (2018), more than 90% of kidney failure patients undergoing hemodialysis do not comply with fluid restrictions.

Based on the results of a preliminary study conducted in the hemodialysis room at Guntur Hospital, there will be 80 CKD sufferers undergoing hemodialysis (HD) in 2023. Based on the results of interviews conducted by researchers with 10 respondents. 9 people stated that they were still unable to control fluids that entered their mouth and still consumed foods such as bananas, papaya, avocado, milk, nuts, fizzy drinks, snacks and packaged drinks. while 1 person stated that he was able to control the fluids that entered his mouth every day and was also able to control the food that came in. Then it was found that 8

people had complaints of swelling around the body and 2 people had no complaints related to edema. According to HD nurses, many patients are still unable to control fluids and are also unable to control the food they take in, so this can speed up hemodialysis therapy from the schedule.

RESEARCH METHOD

This study used a descriptive research design, in this study identifying the description of dietary compliance in chronic kidney failure patients at Guntur Garut Hospital. The population in this study was all 80 kidney failure patients undergoing hemodialysis at Guntur Garut Hospital. The sample in this study was 25 people with the inclusion criteria of patients who had undergone hemodialysis for at least 3 months, patients without complications who were able to read and write Indonesian, and were willing to be respondents. The instrument used in this research was a questionnaire about dietary compliance which contained 20 questions about dietary compliance with a validity test value of 0.836.

RESEARCH RESULT AND DISCUSSION

RESULT

Tabel 1. Frequency distribution of characteristics of kidney failure patients at Guntur Garut Hospital (n = 25)

Characteristics	Category	N (25)	%
Age	17-25 Years	1	4
	26-35 Years	2	8
	36-45 Years	7	28
	46-55 Years	10	40
	56-65 Years	5	20
Gender	Male	20	80
	Female	5	20
Work	Work	13	52
	Doesn't work	12	48
Education	Elementary School	1	4
	Junior High School	4	16
	Senior High School	20	80
Long Hemodyalisis	<1 Year	5	20
	1-2 Year	8	32
	>2 Year	12	48

Based on table 1, it is known that of the 25 respondents based on age characteristics, most were in the age range (46-55 years), namely 10 respondents (40%). Based on gender characteristics, the majority of respondents were male, namely 20 respondents (80%). Based on job characteristics, some respondents were working, namely 13 respondents (52%). Based on the educational characteristics of the respondents, the majority of respondents had a senior high school educational background, namely 20 respondents (80%). Based on the length of time they underwent hemodialysis, some respondents were 12 respondents (48%).

Tabel 2. Frequency Distribution Description of dietary compliance in patients with chronic kidney failure at Guntur Garut Hospital (n = 25)

Category	Frequency	Precentage (%)
Obedient	11	44%
Not Obey	14	56%
Total	25	100%

Based on the research data in table 2, it can be seen that as many as 11 respondents or almost half (44%) of the respondents were in the category of complying with the diet, and most of the respondents (56%) or 14 respondents were in the category of not complying with the diet.

DISCUSSION

Compliance is the extent to which a person's behavior in carrying out and following a diet program and lifestyle changes is in accordance with agreed recommendations and health service providers (Salam, 2017). One of the factors that influences diet compliance is knowledge, this is in accordance with research conducted by Pramono (2021) that the absence of the influence of knowledge support results in diet non-compliance in patients undergoing hemodialysis, resulting in various kinds of complications.

Adherence is generally defined as the level of behavior of a person who receives treatment, follows a diet, and/or implements a lifestyle in accordance with the recommendations of health service providers (WHO, 2020). Patient compliance with health care providers' recommendations and treatment is critical to the success of an intervention. Unfortunately, non-compliance is a big problem, especially in patients undergoing hemodialysis and can impact various aspects of patient care, including consistency of visits, treatment regimens and food and fluid restrictions. Overall, it has been estimated that approximately 50% of HD patients do not adhere to at least part of their hemodialysis regimen (Kutner et al, 2017).

Patients undergoing chronic hemodialysis are at risk of many problems, including salt and water retention, phosphate retention, secondary hyperparathyroidism, hypertension, chronic anemia, hyperlipidemia and heart disease. Nearly half of dialysis patients have diabetes, further leading to additional complications. To treat all of these problems, patients may require fluid restriction, phosphate binders, vitamin D, calcimimetic agents, antihypertensive drugs, hypoglycemic agents, erythropoietin, iron supplements, and various other medications. Not to mention diet arrangements and routine visits to the hemodialysis unit

Patient knowledge can increase by providing education about diet. The education process for patients undergoing hemodialysis can be carried out at least six times with the ideal time for education being 30-60 minutes. The educational process provided has functions, among others, as a prevention function, an adaptation function, a repair function, and a development function for the health problems experienced. Providing education

can enable patients to know, determine, implement and adhere to the hemodialysis diet (Widiany, 2015).

Another factor that can influence diet non-compliance in kidney failure patients is age because most respondents were in the 46-55 year age range. This is in line with research conducted by Celsi (2022) regarding diet knowledge in hemodialysis patients at DR Slamet Garut Regional Hospital, most of the respondents were in the poor knowledge category. One of the reasons for non-compliance is because at the age of 46-55 years the capacity and memory function may decrease to receive information about dietary compliance. The results of the study also showed that the majority of respondents had undergone hemodialysis for more than 2 years which caused the client to lose their enthusiasm for maintaining a lifestyle suitable for kidney failure sufferers.

CONCLUSION

Most respondents did not comply with the diet. Suggestions from the results of research that have been carried out for health workers in the hemodialysis room at Guntur Hospital, especially nurses, to further increase education about the importance of diet for kidney failure patients so that the patient's quality of life remains good and for further researchers it is recommended to conduct research on the factors that influence diet compliance. in kidney failure patients.

REFERENCE

A, Sylvia., M, Lorraine. (2015). Patofisiologi Edisi 6 Vo 2 Konsep Klinis ProsesProses Penyakit. Jakarta : EGC).

Almatsier. (2008). *Prinsip Dasar Ilmu Gizi*. Jakarta. PT Gramedia Pustaka Utama

Indonesian Renal Registry. 7th report of Indonesian renal registry. Perkumpulan Nefrologi Indonesia; 2018. p. 8-18.

Kutner, Nancy., Rebecca Zhang (2017) 'Ability to Work among Patients with ESKD: Relevance of Quality Care Metrics', Healthcare, 5(3), p. 42. doi: 10.3390/healthcare5030042.

PERNEFRI. 5th Report Of Indonesian Renal Registry Jakarta: Perhimpunan Nefrolog Indonesia; 2017.

Pramono, C., Agustina, N. W., Suwarni, E., Klaten, S. M., & Muhammadiyah, S. (2021). Edukasi Booklet Terhadap Kepatuhan Pengaturan Cairan Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa. Edukasi Booklet Terhadap Kepatuhan Pengaturan Cairan Pada Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa Daryani1, 4, 1812–1820.

Relawati, A., WidhiyaPangesti, A., Febriyanti, S., & Tiari, S. (2018). *Edukasi Komprehensif dalam Meningkatkan Kepatuhan Diet Pasien Hemodialisis*. *Indonesian Journal of Nursing Practice*, *2*(1), 28–35. https://doi.org/10.18196/ijnp.2176

Sandra, Dewi, W., & Dewi, Y. (2013). *Gambaran stres pada pasien gagal ginjal terminal yang menjalani terapi hemodialisa di Rumah Sakit Umum Daerah Arifin Achmad Pekanbaru. Jurnal Ners Indonesia*, *2*(2), 11–14. https://jni.ejournal.unri.ac.id/index.php/JNI/article/view/2019

Shalahuddin, I., & Maulana, I. (2018). Hubungan Dukungan Keluarga dengan Kepatuhan Pasien Gagal Ginjal Kronik dalam Menjalani Hemodialisa di Ruang Hemodialisa RSUD dr. Slamet Garut. Jurnal Medika Cendikia, 46–56

Sitanggang TW, Anggraini D, Utami WM. Hubungan Antara Kepatuhan Pasien Menjalani Gagal Ginjal Kronis Di Ruang Hemodialisa RS.Medika BSD Tahun 2020. Med (Media Inf Kesehatan). 2021;Vol 8:Hal 129-136. https://jurnal.poltekkesbanten.ac.id/Medikes/article/view/259/215

Sumantrie, P. (2018). Tingkat Kualitas Hidup Pasien Gagal Ginjal Kronik yang Menjalani Hemodialisa. Pipin Sumantrie, 1(2), 85–92.

Widani, N. L., & Wisnu, F. (2020). Analisis Pengaruh Pendidikan Kesehatan Terhadap Kepatuhan Diet Cairan Dan Interdialytic Weight Gainpada Pasien Dengan Hemodialisis. Carolus Journal of Nursing, 1(1), 59–76. https://doi.org/10.37480/cjon.v1i1.30

World Health Organization. USRDS Anual Data Report. US.2020

.