

Özel Popülasyonlar ve Ev Hemodiyalizi 13

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Çeviri:

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ANA BAŞLIKLAR

EVDE YOĞUN HEMODİYALİZ İÇİN KARDİYOVASKÜLER ENDİKASYONLAR

Dirençli Hipertansiyon

Sol Ventrikül Hipertrofisi ve Bozulmuş Sol Ventrikül Ejeksiyon Fraksiyonu

Pulmoner Hipertansiyon

REFRAKTER HİPERFOSFATEMİ

UYKU BOZUKLUKLARI OLAN HASTALAR

GEBELİK VE YOĞUN HEMODİYALİZ

ÇOCUKLARDA EV HEMODİYALİZİ

REFRAKTER ASİT

PD TEKNİĞİNİN BAŞARISIZLIĞINDAN SONRA EVDE HEMODİYALİZ (EVDE TEDAVİ DEĞİŞİKLİĞİ)

YAŞLI HASTALARDA EV HEMODİYALİZİ

■ GİRİŞ

Ev hemodiyalizi (EHD) ve daha sık (ya da yoğun) EHD, haftada üç kez merkezde uygulanan hemodiyalize (konvansiyonel hemodiyaliz [KHD]) kıyasla bazı avantajlar sağlamaktadır.¹ Belirli hasta gruplarında, yoğun hemodiyaliz (HD) dozu (haftada >12 saat) için, spesifik tıbbi endikasyonlar vardır ve EHD, HD reçetesinin hasta gereksinimlerine uyarlanması için esneklik sağlamaktadır. Bu bölümün amacı, evde daha yoğun HD uygulamasının yarar sağladığı spesifik hasta gruplarını ele almaktır.

Yaşlı hastalardaki bu potansiyel yararlar karşın, çeşitli güçlükler de devam etmektedir. Kendi kendine tedavi sıklıkla uygulanabilir değildir ve evde daha sık EHD, hasta için bunaltıcı olabilmektedir. Tedavi partneri yardım etmeye istekli olduğunda dahi, önemli bir adanmışlık gereklidir. Entegre diyaliz içeren rehabilitasyon programları, hastaların EHD eğitimini başarılı bir biçimde tamamlamasına yardımcı olabilmektedir; ancak bu tür programlar yaygın şekilde oluşturulmamıştır.⁶⁰ Bakım evinde PD, rölatif olarak daha iyi yapılandırılmıştır; bakım evlerinde EHD uygulanabilmesine karşın, emek yoğunluğu daha yüksektir ve bakım evi çalışanlarının çabasını gerektirmektedir. Bu güçlükler karşın, EHD'nin yaşlı hastalarda kullanımının sadece mümkün olduğu değil, aynı zamanda hasta memnuniyetini de sağladığı gösterilmiştir.⁶¹ Yaşlı hastalarda EHD'nin başarılı bir biçimde başlatılması için, hekimler, hemşireler, sosyal hizmet uzmanları, diyetisyenlerle birlikte aileleri içeren multidisipliner bir yaklaşım çok önemlidir. Genel olarak, hastalara diyaliz modaliteleri arasında seçim yapma şansı tanınması yaşam kalitesini arttırabilmektedir.

Giderek artan geriatrik hasta popülasyonunda ev modaliteleri göz ardı edilmemelidir.⁵⁸

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