



Assessment of palliative need in patients with chronic kidney disease by the new Three Levels of Need Questionnaire (3LNQ) is not exhaustive

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INTRODUCTION

The purpose of the study was to test and evaluate the Three Levels of Needs Questionnaire (3LNQ) as a method to clarify if help is needed and provided for 12 palliative problems in patients with chronic kidney disease stage 4 (CKD4).

MATERIAL AND METHODS

A total of 33 patients from a consecutive sample of patients with CKD4 were given two questionnaires. The 3LNQ measures problem intensity and unmet needs for 12 palliative problems. An open question was added allowing the patients to describe additional symptoms not included in the 3LNQ. The EuroQol 5-Dimensional 3-Level Questionnaire was distributed in order to determine the patients' health-related quality of life.

RESULTS

A total of 27 patients returned the two questionnaires (81.8%). Their average age was 69.3 years (range: 49-82 years). The prevalence of the 12 palliative problems ranged from 19-89%, whereas the prevalence of unmet needs ranged from 11% to 44%. The patients reported a median of seven problems and two unmet needs. Besides the 12 problems addressed by the 3LNQ, the following problems were mentioned by the patients: arthritis in the feet, morning cough, muscle cramps/pain, and nightly urination. The patients' mean health-related quality of life score was estimated to 0.791 (interval: 0.564-1).

CONCLUSION

The 3LNQ is usable to indicate problem intensity and unmet needs in patients with chronic kidney disease stage 4. However, the questionnaire does not cover all the problems from which patients with chronic kidney disease suffer. Further research into the complexity of need of specialised palliative care (SPC) for these patients is needed in order to help them optimally.

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General practitioners do not systematically adhere to regional recommendations on treatment of uncomplicated urinary tract infections

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INTRODUCTION

Uncomplicated urinary tract infection (uUTI) is a common reason for seeing a GP. In Denmark, it is debated if sulfamethizole or pivmecillinam should be recommended for empirical treatment of uUTIs. We evaluated sulfamethizole and pivmecillinam use in the five Danish regions from 2007 to 2011 and explored if the choice of antibiotic in primary care was in accordance with the regional recommendations for uUTI.

MATERIAL AND METHODS

Regional drug use data on pivmecillinam and sulfamethizole from 2007 to 2011 were retrieved from the Registry of Medicinal Product Statistics. Regional recommendations from the same period were identified. We calculated differences in consumption based on defined daily doses per 1,000 inhabitants per day (DID) of pivmecillinam and sulfamethizole between the five regions, and intraregional developments.

RESULTS

Four regions had recommendations on uUTI in 2011. From 2007 to 2009, sulfamethizole was the only antibiotic recommended. Pivmecillinam was recommended along with sulfamethizole in one of four regions from 2010, which increased to two regions in 2011. During the five-year period, sulfamethizole consumption decreased in all regions. The absolute decrease ranged from 0.4 to 0.6 DID. Pivmecillinam consumption increased steadily; the absolute increase ranged from 1.5 to 2.5 DID. During the whole period, the total pivmecillinam consumption was higher than the total sulfamethizole consumption.

CONCLUSION

Pivmecillinam dominated the treatment of uUTIs, whereas sulfamethizole prevailed in the regional recommendations, which suggests a lack of adherence to regional recommendations.

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