

The Biopsychosocial Model as applied to Chronic Kidney disease

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Abstract

To identify the main behavioral intervention that can generate a change in chronic kidney disease among dialysis patients and to outline the sociological contexts of chronic kidney disease.

Methods

Data were collected from PubMed, Medline, BMJ, PsycInfo and Cochrane Library. To narrow the search, specific words were used such as 'psychological interventions', 'social determinant' and 'high salt intake'. Furthermore, the following filters: Full text and Abstract and 15-year publication date were applied to enhance the results and exclude numerous papers. Patients with chronic kidney disease (CKD) form organized beliefs regarding their illness and treatment. These perceptions influence the coping strategies employed by an individual to manage his/her illness and

may act as a predictor for his/her willingness to engage in self-management behaviours. While illness perceptions have been identified as predictors of non-adherence, depression and mortality in dialysis patients, there is a paucity of research in CKD patients not requiring renal replacement therapy. This narrative review synthesizes the existing literature regarding the role of illness perceptions and associated clinical and psychosocial outcomes in non-dialysis CKD patients. Studies were identified following database searches of AMED, BNI, CINAHL, EMBASE, Health Business Elite, HMC, Medline, PsycINFO and Google Scholar in January 2016. Despite the small evidence base, existing studies indicate that negative illness perceptions are associated with disease progression and a number of psychosocial outcomes in non-dialysis CKD patients. Evidence from other clinical populations suggests that illness perceptions are modifiable through psychological intervention, which may be most effective if delivered early before beliefs have the chance to become more established. Therefore, targeting illness perceptions in the earlier stages of CKD may be optimal. Further studies are now required to ascertain the mechanisms through which illness perceptions predict psychosocial and clinical outcomes in CKD patients and to ultimately test the efficacy of illness perception-based interventions.

Result

Diet, specifically salt intake, is the main behavioral change among dialysis patients. Indeed, a high salt diet leads to hypertension, which progresses rapidly to chronic kidney disease (CKD) and other morbidities. Several studies showed that a low salt intake reduces the systolic and diastolic blood pressure, by -4.9 mmHg and -2.3 mmHg, respectively. In addition, socioeconomic status and ethnicity are crucial factors in preventing the progression of CKD. African Americans are most susceptible to develop CKD in comparison to Caucasians. Poverty plays an important role in accelerating the progression of CKD, since patients with low financial status have a 59% risk of developing CKD.

Conclusion

The main controllable factor that decreases and/or prevents the progression of CKD is the amount of salt in a diet. Some sociological contexts of CKD patients aggravate the progression of this disease and may lead to dramatic complications.