

Benchmarking and standardizing of dietetic practices in hemodialysis (HD) patients in Lebanon: clinical and quality of life outcomes

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Benchmarking and Standardizing of Dietetic Practices in Hemodialysis (HD) Patients
in Lebanon: Clinical and Quality of Life outcomes

van

Mirey Karavetian

1. Optimal dietary management of hemodialysis patients is a key factor in decreasing disease-associated complications and improving quality of life.
2. Lack of adherence to the complex renal diet is common among HD patients. Individualized dietary counseling and close monitoring by renal dietitians in the HD units has shown to improve dietary self-management and thus patient clinical outcomes. (this thesis)
3. The integration of behavioral change models in individualized dietary education, specifically the trans-theoretical model, has been proven to increase dietary adherence in various patient populations with chronic disease, but has not been studied before in renal disease. This project pioneers is exploring and validating the effectiveness of stage-based nutrition education (nutrition education based on the trans-theoretical model) in improving HD patients adherence to their disease specific medical nutrition therapy, namely dietary phosphorus restriction (this thesis)
4. The current study followed the steps of the Intervention Mapping protocol for the renal population in Lebanon and allowed the development of an intervention that met the demands of all the stakeholders concerned in the dietary management of HD patients: dietitians, nurses, patients and their families.
5. Providing dietitians responsible for managing HD patients with validated, culturally sensitive, patient educational material in the local language of the country, ready to be used, can play an important role in improving practice level, overcoming task overload. (this thesis)

6. The dietitian directed educational module developed in this study was able to enhance the knowledge and skills of hospital dietitians on management of renal disease. This can serve as a model that can be adopted into other specialties in dietetics and serve as a base for developing specialty certification in the Lebanon and neighboring developing countries and thus improving dietetic practice.
7. Identifying the optimal dietitian-to-patient ratio and the effective patient educational material may play a significant role in improving patient outcomes, decreasing direct and indirect cost of managing these patients, decreasing the percentage of the national GDP allocated for managing HD patients in Lebanon and serve as a model for other countries with similar health care practices.
8. Being a woman means constantly facing the challenges of one's inspirations, dreams, and endeavors yet still bend in for motherhood and marriage. But when love and passion are mixed, challenges change into pleasure and compromise to joy!
9. Economic and political crisis throughout history has caused families to break, people to emigrate, nations to dissolve and disintegrate. A Lebanese Armenian living in the United Arab Emirates is a perfect example of the above. But "Strength does not come from winning. Struggles develop strength. When one goes through hardship and decides not to surrender; that is strength" (Mahatma Gandhi).
10. "I should like to see any power of the world destroy this race, this small tribe of unimportant people, whose wars have all been fought and lost, whose structures have crumbled, literature is unread, music is unheard, and prayers are no more answered. Go ahead, destroy Armenia. See if you can do it. Send them into the desert without bread or water. Burn their homes and churches. Then see if they will not laugh, sing and pray again. For when two of them meet anywhere in the world, see if they will not create a New Armenia." (Saroyan, W., & Reichl, E. (1936). *Inhale & exhale*. New York: Random) House.