

Recommendations to develop guidelines on chronic kidney disease management in primary health care and community settings in KwaZulu-Natal

Verosha Ramkelawan¹, Pretty Ntombithini Mbeje², Ntombifikile Gloria Mtshali²

¹Inkosi Albert Luthuli Central Institution, Durban, South Africa

²UKZN, Durban, South Africa

Abstract

Background: Chronic kidney disease (CKD) is a rising global health burden, this is determined by mortality, morbidity, fiscal or other indicators. There is visible and increasing recognition of CKD in KwaZulu-Natal, primarily in patients with risk factors such as Human Immunodeficiency Virus (HIV), diabetes mellitus, and hypertension. Despite existing guidelines, the study identifies a multivariate gap impeding the implementation of CKD management measures at the primary health care (PHC) level, resulting in late-stage diagnoses and increased strain on tertiary institutions.

Aim: The study aimed to describe the perceptions of healthcare professionals on the management of CKD, and to explore guidelines adopted in the management of patients with CKD in the PHC setting in KwaZulu-Natal (KZN), South Africa.

Setting: The study was conducted at four different settings: a tertiary hospital in Durban and three PHC across KZN (two urban centres, and one in a township).

Methods: A qualitative, exploratory design involving healthcare workers was adopted. Purposeful sampling was used. Open coding and conventional content analysis were adopted to analyse data obtained.

Results: Findings indicated three overarching themes: (i) Knowledge and awareness about existing guidelines, (ii) Fragmented system and lack of clear guidelines, and (iii) Implications of clear guidelines on patient care. Participants revealed varied awareness of guidelines, highlighting a need for continuous education. Some participants expressed a precariousness about specific responsibilities, highlighting lack of clarity on actions to be taken and when to refer patients. Explicitly stated by participants, clear guidelines would undoubtedly improve patient care.

Conclusion: The study highlights an urgent need to bridge the knowledge gap enhance guideline adherence and establish a cohesive healthcare system to address the growing CKD burden in KwaZulu-Natal effectively. The study emphasises the potential benefits of clear guidelines in improving patient outcomes, early detection, and appropriate interventions, thereby reducing the burden on tertiary facilities.