

Abstract:

Intro: Treatment adherence is essential for successful outcomes post-kidney transplant. Little is known regarding how clean intermittent catheterization (CIC) impacts risk for non-adherence in pediatric solid organ transplant candidates.

Objective: Evaluate the relationship between medical diagnostic factors and treatment adherence as indicated by the Pediatric Transplant Rating Instrument (P-TRI).

Methods: Retrospective chart review of 180 pediatric kidney transplant candidates. Patient demographics, diagnosis, catheterization status, and age were assessed. An adherence subscale based on the P-TRI evaluation was used to evaluate patient adherence and differences in adherence were calculated using cumulative logistic regression.

Results: Patients who performed CIC prior to kidney transplant had lower adherence scores on the P-TRI compared to those who did not catheterize (OR 0.46, 95% CI: 0.23-0.89, $p=0.021$). Age was also correlated with lower adherence scores (Spearman correlation -0.25, $p < 0.001$) indicating that older patients were at higher risk of non-adherence.

Discussion: This study differs from existing literature as it explores the relationship between bladder catheterization requirement and patient adherence in kidney transplant candidates.

Kidney transplant recipients that perform CIC were found to be at higher risk of non-adherence and should be accommodated for in the clinical setting. These data also support existing literature that identifies the increased risk for non-adherence in adolescent transplant candidates.

By identifying adherence risk factors, early interventions can be applied to help optimize adherence.