

THE RELATIONSHIP BETWEEN COMPLIANCE WITH FLUID RESTRICTIONS AND A LOW-SALT DIET AND INTRADIALYTIC HYPERTENSION IN CHRONIC KIDNEY FAILURE PATIENTS UNDERGOING HEMODIALYSIS

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ABSTRACT

Intradialytic hypertension is a complication that occurs in hemodialysis patients characterized by increased blood pressure during or near the end of a dialysis session. Intradialytic hypertension can be influenced by fluid and sodium retention, ultrafiltration regulation, and increased activity of the renin–angiotensin–aldosterone system (RAAS). This condition has serious consequences because it can reduce the effectiveness of therapy and increase the risk of complications and death. To prevent intradialytic hypertension, patients need to restrict fluids and reduce salt intake. This study aims to determine the relationship between adherence to fluid restrictions and a low-salt diet with the incidence of intradialytic hypertension in chronic kidney disease patients undergoing hemodialysis. The study used a quantitative method with a descriptive correlational design and a cross-sectional approach in 64 respondents selected through purposive sampling. Data were collected using the Fluid Control in Hemodialysis Patients Scale (FCHPS) and Dietary Salt Reduction Self-Care Behavior (DSR-SCB) instruments. Blood pressure was measured using a digital sphygmomanometer. Bivariate analysis was performed using the Chi-Square test. The analysis results showed a relationship between adherence to fluid restriction and intradialytic hypertension ($p = 0.000$) and adherence to a low-salt diet and intradialytic hypertension ($p = 0.000$). Adherence to fluid restriction and a low-salt diet plays a crucial role in reducing the risk of intradialytic hypertension. Non-adherence can lead to fluid overload, which can lead to increased blood pressure. Therefore, education and monitoring of dietary adherence in hemodialysis patients are crucial steps in preventing intradialytic hypertension.

Keywords: Intradialytic Hypertension, Fluid Restriction, Low Salt Diet.