

Efecto de una intervención educativa sanitaria sobre el estado clínico y nutricional de adultos con enfermedad renal crónica atendidos en una clínica de IV en Barranquilla.

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RESUMEN

La enfermedad renal crónica (ERC) representa un problema prioritario de salud pública a nivel mundial y nacional. En Colombia, según datos recientes de la Cuenta de Alto Costo de 2022, más de 114.000 nuevos casos fueron diagnosticados en un solo año, afectando principalmente a adultos mayores y mujeres. Esta patología, caracterizada por el deterioro progresivo e irreversible de la función renal, requiere un manejo integral que incluya estrategias terapéuticas, clínicas y educativas, con especial atención al componente nutricional. La adherencia a un plan alimentario individualizado y adecuado puede contribuir significativamente al control de los parámetros bioquímicos y al estado general de salud de los pacientes con ERC en estadio avanzado.

Objetivo: establecer los efectos de una intervención educativa sanitaria sobre el estado clínico y nutricional de adultos con enfermedad renal crónica atendidos en una clínica de cuarto nivel en la ciudad de Barranquilla.

Metodología: Se diseñó un estudio cuasiexperimental de tipo pre-post, sin grupo control, con enfoque cuantitativo, ejecutado entre septiembre y noviembre de 2024. Se seleccionaron 32 pacientes en estadio V de ERC mediante muestreo por conveniencia. La intervención consistió en tres sesiones educativas individualizadas, con una periodicidad mensual, en las cuales se abordaron temas relacionados con el control dietético de potasio, fósforo, sodio, líquidos y proteínas. Estas sesiones fueron acompañadas por la entrega de material impreso adaptado culturalmente.

Las variables evaluadas antes y después de la intervención fueron: conocimientos alimentarios mediante el cuestionario CAP, parámetros antropométricos (peso, talla, índice de masa corporal) y parámetros bioquímicos (creatinina, fósforo, sodio, potasio, albúmina). El análisis estadístico incluyó pruebas no paramétricas: Wilcoxon para comparar medidas pre y post en el cuestionario, y Friedman para variables bioquímicas con medición repetida.

Resultados: Los resultados demostraron una mejora significativa en el nivel de conocimientos sobre hábitos alimentarios tras la intervención. Inicialmente, el 71.9

% de los pacientes presentaban un nivel bajo de conocimiento, cifra que se redujo a 15.6 % al finalizar el proceso, observándose un incremento del nivel bueno hasta alcanzar el 40.6 %. Las diferencias fueron estadísticamente significativas en 11 de las 22 preguntas del cuestionario ($p < 0.05$).

En cuanto a los parámetros bioquímicos, se evidenciaron cambios significativos en los niveles de creatinina ($p = 0.0206$), sodio ($p = 0.0294$) y albúmina ($p = 0.0011$), lo cual sugiere un efecto positivo de la intervención en el control clínico del paciente renal. No se encontraron diferencias significativas en los niveles de fósforo y potasio, posiblemente debido al corto periodo de intervención o a factores adicionales como la adherencia farmacológica, el acceso a los alimentos recomendados o el estado clínico avanzado de la enfermedad.

La evaluación antropométrica no mostró cambios estadísticamente relevantes en el peso ni en el IMC, lo cual es esperable dado el corto periodo de intervención y el enfoque centrado principalmente en el conocimiento y la adherencia dietética más que en la pérdida o ganancia de peso.

Conclusión: en conclusión, la intervención educativa nutricional individualizada basada en guías clínicas internacionales, adaptada al contexto colombiano, mostró efectos positivos en el nivel de conocimiento alimentario y en algunos parámetros clínicos de pacientes con ERC en estadio terminal. Este modelo puede ser replicado en otros escenarios clínicos como parte de una estrategia integral de educación en salud pública, y se recomienda su implementación como medida complementaria en programas de atención nutricional para pacientes renales.

Palabras clave (DeCS): enfermedad renal crónica, intervención educativa, nutrición clínica, salud pública, hemodiálisis, Colombia.

Abstract

Chronic kidney disease (CKD) represents a major public health concern both globally and nationally. In Colombia, according to recent data from the High-Cost Account of 2022, over 114,000 new cases were diagnosed in a single year, primarily affecting older adults and women. This condition, characterized by the progressive and irreversible deterioration of renal function, requires a comprehensive management approach that includes therapeutic, clinical, and educational strategies, with special emphasis on the nutritional component. Adherence to an individualized and appropriate dietary plan can significantly contribute to the control of biochemical parameters and the overall health status of patients with advanced-stage CKD.

Objective: To determine the effects of a health education intervention on the clinical and nutritional status of adults with chronic kidney disease treated at a fourth-level clinic in the city of Barranquilla.

Methodology: A quasi-experimental pre-post study without a control group and with a quantitative approach was conducted between September and November 2024. Thirty-two patients with stage V CKD were selected through convenience sampling. The intervention consisted of three monthly individualized educational sessions, which addressed topics related to dietary control of potassium, phosphorus, sodium, fluids, and proteins. The sessions were supported with culturally adapted printed educational materials.

Variables evaluated before and after the intervention included: dietary knowledge (assessed using the CAP questionnaire), anthropometric parameters (weight, height, body mass index), and biochemical markers (creatinine, phosphorus, sodium, potassium, albumin). Statistical analysis included non-parametric tests: Wilcoxon for pre-post comparisons in knowledge, and Friedman for repeated biochemical measures.

Results: The results showed a significant improvement in dietary knowledge following the intervention. Initially, 71.9% of patients had a low level of knowledge, which decreased to 15.6% by the end of the process. The proportion of patients with

a good level of knowledge increased to 40.6%. Statistically significant differences were found in 11 of the 22 questionnaire items ($p < 0.05$).

Regarding biochemical parameters, significant changes were observed in creatinine ($p = 0.0206$), sodium ($p = 0.0294$), and albumin levels ($p = 0.0011$), suggesting a positive effect of the intervention on the clinical management of renal patients. No significant changes were found in phosphorus or potassium levels, possibly due to the short intervention period or other factors such as pharmacological adherence, access to recommended foods, or the advanced clinical condition of the disease.

Anthropometric evaluation showed no statistically significant changes in weight or BMI, which was expected given the short intervention duration and the focus on knowledge and dietary adherence rather than on weight modification.

Conclusion: In conclusion, the individualized nutritional education intervention, based on international clinical guidelines and adapted to the Colombian context, showed positive effects on dietary knowledge and certain clinical parameters in patients with end-stage CKD. This model could be replicated in other clinical settings as part of an integrated public health education strategy and is recommended as a complementary measure in nutritional care programs for renal patients.

Keywords (MeSH): chronic kidney disease, educational intervention, clinical nutrition, public health, hemodialysis, Colombia.

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