

The Importance Of Inserting The Physiotherapist In The Family Health Strategy In The Care Process Of Dialytic Patients

Tainara Paulino Damasceno¹, Fabricio Ricardo Valerio²,
Antonia Janielly Negreiros De Moraes³, Regina Márcia Ramos Félix⁴,
Danilo Freire Pessoa⁵, Brena Kessia Pereira De Sousa⁶,
Maria Sueli Da Silva Brito⁷, Francisca Kamyla De Sousa Ribeiro⁸,
Silvana Maria Magalhães Andrade⁹, Roseni Medeiro Lima¹⁰.

¹ Graduated In Physiotherapy From Centro Universitário Inta – Uninta, Sobral – Ce.

² Postgraduate In Oncological Physiotherapy And Palliative Care At The University Of Uberaba, Ribeirão Preto-Sp.

³ Graduated In Nursing From The Vale Do Acaraú State University-Sobral-Ce .

⁴ Graduated In Physiotherapy From Centro Universitário Inta – Uninta, Sobral – Ce .

⁵ Specialist In People Management From The Executive Training Institute, Sobral – Ce.

⁶ Graduate Student In Physiotherapy At Centro Universitário Inta – Uninta, Sobral – Ce.

⁷ Graduated In Physiotherapy From Centro Universitário Inta – Uninta, Sobral – Ce.

⁸ Graduated In Physiotherapy From Centro Universitário Inta – Uninta, Sobral – Ce.

⁹ Graduated In Nursing From Universidade Estadual Vale Do Acaraú-Sobral-Ce .

¹⁰ Graduated In Nursing From Centro Universitário Inta – Uninta, Sobral – Ce

Abstract:

Chronic renal failure (CRF) is a progressive, debilitating and irreversible disease and is considered one of the world's public health concerns. Presenting it presents signs and symptoms that constitute the uremic syndrome (fatigue, insomnia, nausea, anemia, hypertension, nocturia, polyuria, oliguria, and others). The Family Health Strategy involves strategies for health promotion and protection and disease prevention, working with a population through a care practice that considers the social, economic, political and epidemiological aspects, identifying and intervening in risk factors for illness or illness. aggravation of a pathological condition already installed. In this regard, physical therapy should be involved in this process, presenting significant results, developing educational programs that promote benefits for the individual's life. Having as main objective to describe the importance of the insertion of the physiotherapist in the Family Health Strategy in the care process of dialysis patients. Being an integrative review, exploratory research with a qualitative approach. Having as inclusion criteria complete articles, from 2009 to 2019, which are in Portuguese and English, listed in national and international databases that bring the context related to the descriptors: Physiotherapy; Renal dialysis; Family Health Strategy. Excluding monographs, dissertations, theses, congress proceedings and abstracts. After searching, 17 articles were found, of which only 9 were selected. Given the textual analysis, the Family Health Strategy, along with the physical therapy insertion brings improvements in their quality of life in all aspects, such as social, personal and functional. . Thus, the activities performed by physiotherapy in primary care emphasize a preventive context, presenting results of satisfactory actions. Physiotherapy in the multidisciplinary team helps to solve this problem by developing an instrument that facilitates the management and care of chronic renal patients treated in primary care, in order to standardize and improve care with these patients. In conclusion, it was observed that the primary health care units with the participation of all health professionals, especially the physiotherapist, in the care of these patients score, also presenting better clinical results in CKD care, characterized by earlier referrals. secondary health care and lower decline in glomerular filtration rate.

Key Word : Physiotherapy; Renal dialysis; Family Health Strategy.

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I. Introduction

Chronic renal failure (CRF) is a progressive, debilitating and irreversible disease, considered one of the world's public health concerns (NATIONAL KIDNEY FOUNDATION, 2012). According to the Brazilian

Society of Nephrology (SBN), in Brazil, there are 684 dialysis treatment centers and, of these, 150 (21.9%) are located in the South region (LEHMKUHL, MAIA, MACHADO, 2009).

The risk factors that can cause CRF include Arterial Hypertension (AH) and Diabetes, and the annual mortality rate for these patients is 15.2% (SOCIEDADE BRASILEIRA DE NEFROLOGIA, 2013). In addition, she presents signs and symptoms that constitute uremic syndrome (fatigue, insomnia, nausea, anemia, hypertension, nocturia, polyuria, oliguria, and others). There are some manifestations that are nonspecific of CRF (fatigue, anorexia, weight loss, itching, nausea or insomnia) and specific (anemia without evidence of iron deficiency or hemolysis, hypertension, polyuria, nocturia, hematuria and edema) (SILVA et. al., 2013).

In Brazil, primary health care aims to carry out promotion actions, health surveillance, prevention, assistance and longitudinal monitoring of patients with chronic non-communicable diseases, and when necessary, carries out early referral of patients with chronic kidney disease to the specialized care of medium complexity, with the main aim of reducing secondary risks and delaying the progression of chronic kidney disease (MENDELSSOHN et. al., 2011).

The Family Health Strategy promotes actions to promote and protect health and prevent disease, working with a population through a care practice that considers social, economic, political and epidemiological aspects, identifying and intervening in risk factors for illness or disease. worsening of an already established pathological condition, allowing the use and monitoring of health indicators to evaluate performance in activities (ASSIS et. al., 2009).

Therefore, there is a major change in life, both social, emotional and physical, which requires special attention, not only for the dialysis patient but also for the family. Therefore, it is necessary that health workers, including the physiotherapist, are present so that there is better trust for the people involved and in the preparation of care plans (MEO, et. al., 2009). In this sense, physiotherapy provides an improvement in quality of life, involving both guidance and muscle and respiratory training (COELHO et. al., 2009).

Currently, monitoring of patients with Chronic Kidney Disease (CKD) occurs through clinical consultations, however, greater attention needs to be paid to these people and it is in this case that Primary Care needs to be present together with the Family Health Strategy, so that the patient obtains more relevant information about the health issue, providing security in the care process and treatment interventions for both the family and the dialysis patient (FERNANDES, BASTOS, BASTOS, 2010).

Studies have shown that patients with CKD undergoing hemodialysis or even those undergoing kidney transplantation present physical changes (COELHO, 2009). In relation to these factors, these changes end up resulting in a reduction in the functional capacity and muscular strength of these patients, resulting in physical limitations that compromise the execution of daily activities and have a negative impact on quality of life (QoL) (SILVA et. al., 2013).

In this case, there are solutions that involve early diagnosis; immediate referral for specialized monitoring; and the identification and correction of the main complications and comorbidities of CKD, as well as preparing the patient (and their family members) for renal replacement therapy (RRT) (BASTOS, KIRSZTAJN, 2011).

To this end, it is believed that it is necessary to act more closely with these patients; know their perceptions regarding the limitations faced and the dialysis treatment; discover the possible compromises resulting from these situations, as well as the necessary adaptations in their lives to complete the treatment (SILVA et. al., 2013). However, to achieve this, it is necessary to detect risk groups and individuals with the disease, for which it is essential to assess kidney function.

The multidisciplinary and interdisciplinary team provides a set of measures that will help the individual, together with the support of the family, direct organize and convey reassurance about some necessary changes in their daily lives to avoid secondary problems and reduce the symptoms that arise due to the treatment (FRANCO, 2012).

Therefore, the physiotherapeutic function involves measures that provide physical health, daily dispositions, social life and emotional state and leisure, through tests and the practice of physiotherapeutic activities, such as: Respiratory Muscle Strength (RMS); Maximum Functional Capacity (CFM); Cardiopulmonary Exercise Test; Localized muscular resistance of the lower limbs (COELHO et. al., 2009). In this regard, physiotherapy must be involved in this process, presenting significant results, developing educational programs that promote benefits for the individual's life.

Furthermore, integrated prevention and care actions occur primarily in primary care, and the physiotherapeutic insertion in the ESF develops specific and extremely important care protocols, always analyzing the aspects of care offered in the period preceding dialysis, relating it to the how dialysis therapy began for those who started dialysis treatment (SILVA et. al., 2011).

The interest for the development of this study involves the scarcity of previously published research that could provide information on the importance of physiotherapy in the FHS during the monitoring of dialysis patients, categorizing the profile and quality of life of chronic kidney disease patients and the types of exercises

performed . Therefore, this study aims to describe the importance of inserting a physiotherapist into the Family Health Strategy during the monitoring of dialysis patients.

II. Material And Methods

Study design

This study is an integrative review type research, exploratory in nature, with a qualitative approach.

Botelho, Cunha and Macedo (2011, p.133) emphasize that the integrative review method can be “incorporated into research carried out in other areas of knowledge, in addition to the areas of health and education”, due to the fact that it enables the ability to systematization of scientific knowledge and in such a way that the researcher approaches the problem they wish to assess, drawing an overview of their scientific production to understand the evolution of the topic over time and, with this, visualize possible research opportunities.

In general, to construct the integrative review it is necessary to go through six distinct stages, similar to the stages of conventional research development, they are: Identification of the topic and selection of the hypothesis or research question for the preparation of the integrative review; establishment of criteria for inclusion and exclusion of studies/sampling or literature search; definition of information to be extracted from selected studies/categorization of studies; evaluation of studies included in the integrative review; interpretation of results; presentation of the review/synthesis of knowledge.

Given its exploratory nature, this type of research aims to provide greater familiarity with the problem, with a view to making it more explicit or building hypotheses. The vast majority of this research involves: (a) bibliographical research; (b) interviews with people who had practical experience with the researched problem; and (c) analysis of examples that stimulate understanding (GIL, 2007).

In the qualitative approach, the researcher deepens the understanding of the phenomena he studies – actions of individuals, groups or organizations in their environment and social context – interpreting them according to the perspective of the participants in the situation in focus, without worrying about numerical representation, generalizations statistics and linear cause and effect relationships.

Therefore, the interpretation, the consideration of the researcher as the main instrument of investigation and the need for the researcher to be in direct and prolonged contact with the field, to capture the meanings of the observed behaviors, reveal themselves as characteristics of qualitative research (ALVES, 2005; GOLDENBERG, 2007; NEVES, 2005;

Inclusion and exclusion criteria

The inclusion criteria were studies that are available in full in *open access* , complete articles with a temporal scope between the years 2009 and 2019, which are in Portuguese and English, listed in national and international databases that provide the context related to that of the descriptors.

As exclusion criteria, repeated articles, monographs, dissertations, theses, conference proceedings and abstracts will not be analyzed.

Data Collection

Data collection will be carried out in June and July 2019. They were analyzed in the Scielo and Lilacs library databases. For the search, the following descriptors were used: Physiotherapy; Renal Dialysis; Family Health Strategy.

Data Analysis

The articles selected for analysis considered the following items: type of publication, year, authors, title, objective and results. Information was collected about the importance of the inclusion of physiotherapists in the Family Health Strategy during the monitoring of dialysis patients, and treated in qualitative terms, summarizing the data and forming categories.

Regarding the categories, the following were found: Cross-sectional Study, Analytical Study, Field Study, Integrative Review and Qualitative Research, all of which reported results and conclusions on the topic.

In order to comply with scientific precepts, the results found will be organized in order to report the findings and followed by a discussion of them, always supported by other relevant literature.

The information was presented in the form of tables created in the Microsoft Word 2010 text editor, to organize the analysis of articles and development of the table.

Ethical Aspects

All productions used in this work will be duly referenced in accordance with the standards of the Brazilian Association of Technical Standards (ABNT). The research sought to respect the authors of their copyright in accordance with law n° 9610 of February 19, 1998, which protects their intellectual priorities (BRASILIA, 1998).

III. Result

After the search, 17 articles were found, of which only 9 were selected, following the rules present in the inclusion and exclusion criteria, with a view to approaching the objectives and results, as follows from their identification in table 1.

Table 1 – Total articles found

DATA BASE	QUANTITIES
SCIELO	6
LILACS	11

Source : Own Authorship

In view of the analysis of the articles, it was observed that patients with CKD present changes in functional capacity, cardiovascular and endocrine-metabolic and biopsychosocial complications, making it difficult to carry out daily activities, impairing their quality of life (RIBEIRO, et al., 2013) . Furthermore, patients on hemodialysis may present musculoskeletal and metabolic changes (LIMA et. al., 2013).

In this context, the Family Health Strategy, together with physiotherapeutic insertion, is essential for the patient to improve their quality of life in all aspects, such as social, personal and functional (SILVA et. al., 2011).

Table 2 – Identification of Selected Articles

Year of publication	Article Title	Main goal	Data base	Kind of study
2010	Daily life activity of patients undergoing intermittent peritoneal dialysis treatment with a cyclor	Characterize patients with CRF undergoing dialysis treatment with a cyclor and describe the living conditions of these patients.	LILACS	Field Research
2011	Perceptions and changes in the quality of life of patients undergoing hemodialysis	Know the perceptions of patients with CKD about of changes due to the hemodialysis treatment	SCIELO	Field Research
2011	Factors that hinder comprehensive hemodialysis care	Analyze, from the perspective of the health team and users, the factors that may hinder the practice of comprehensive care in a hemodialysis unit.	SCIELO	Qualitative research
2011	Transdialysis physiotherapy in chronic kidney patients	To identify whether a physiotherapy program applied during hemodialysis improves the quality of life and increases muscle strength in chronic kidney disease patients.	SCIELO	Longitudinal Research
2012	Care for patients with Chronic Kidney Disease at the primary level: thinking about comprehensiveness and matrix support	Outline the panorama of access to care, here understood as an integral action, within the line of CKD care, based on the conduct of PHC doctors.	SCIELO	Cross-sectional study
2014	Functional capacity and quality of life of patients with pre-dialysis and hemodialysis chronic kidney disease	Compare the functional capacity and quality of life of chronic kidney disease patients on hemodialysis (G1) and pre-dialysis (G2).	SCIELO	Cross-sectional study
2016	Assessment of pain intensity in chronic kidney disease patients undergoing hemodialysis	To analyze the pain of chronic kidney disease patients undergoing hemodialysis.	LILACS	Cross-sectional and Analytical Study
2016	Physiotherapeutic approach in chronic kidney patients Intradialytics	Describe musculoskeletal and metabolic changes and point out the effects of intradialytic physiotherapy programs in chronic kidney disease patients	LILACS	Literature review
2016	Renal involvement in diabetic and hypertensive patients in the context of basic health care	Analyze renal involvement in diabetic and hypertensive patients within the scope of primary health care	LILACS	Field Research

Source: Own Authorship

Given the various health problems that have been emerging and affecting the Brazilian and global population, non-communicable diseases stand out and, if not treated early and correctly, can become chronic, with CRF being the most worrying, second only to cardiovascular diseases (BEATRIZ et. al., 2010). Therefore, the occurrence of high blood pressure can lead to kidney problems, often occurring in patients aged 65 and over (CRUZ et. al., 2011).

Chronic Kidney Disease presents itself as a global health problem, with poor prognoses and high costs for public health (NATIONAL KIDNEY FOUNDATION, 2012). Therefore, these health problems can be monitored by professionals from the Family Health Team, guiding the population to obtain a better quality of life, reducing or eliminating risks that can harm people's health (NEDEL et. al., 2010).

The life changes that occur due to the disease cause functional limitations, with professionals monitoring this individual is of fundamental importance, especially when it involves the physiotherapist, as he will present factors that can help reduce the consequences of the treatment, in addition to guiding them with the best activity that can help you carry out your daily tasks (ALESSANDRA et. al., 2011). Changes in lifestyle caused by chronic renal failure and dialysis treatment cause physical, sexual, psychological, family and social limitations, which can affect quality of life (CAMPOS, TURATO, 2010).

Regarding the insertion of health teams, together with physiotherapy in the care of dialysis patients, the need for greater actions, care and more effective and continuous participation for these individuals is noticeable, that is, to promote comprehensiveness in hemodialysis care, multidisciplinary teamwork is necessary so that therapeutic actions are planned, so that everyone can contribute with their knowledge (OLIVEIRA, FUJII, 2011).

In this way, the activities developed by physiotherapy in primary care emphasize a preventive context, presenting satisfactory results of actions. However, they present challenges, such as: the lack of resources and infrastructure, the difficulty of teamwork, the need for changes in professional training and the difficulty for patients to follow instructions (FONSECA et. al., 2016).

This population tends to present some limitations due to the treatment, and given this factor, physiotherapy can present some goals to obtain better quality of life, such as: stretching, walking, participating in conversation groups, flexion and extension exercises. arms, shoulders and legs, among others (TOMICH, et al., 2014). Physiotherapy can also provide significant assistance in prevention, in delaying the progression of the disease and in improving the complications presented by kidney patients (SILVA, et al., 2013).

In this context, it is known that chronic kidney disease patients report experiencing and presenting various problems that limit their physical, mental and social well-being, and these individuals often experience progressive loss of muscle mass, incidence of debilitating chronic diseases such as diabetes mellitus, neurological diseases and vascular obstructions and, given these factors, monitoring carried out by physiotherapy in Primary Care provides benefits to reduce these problems and improve their well-being (VERONIUS et. a., 2016). Regarding the involvement of physiotherapy in dialysis patients, it is necessary that they, together with the multidisciplinary team, understand the pathophysiology, clinical manifestations, types and characteristics of pain, as clinical evaluation parameters combined with appropriate conduct to alleviate and/or exclude stimulations that trigger pain and, consequently, its limitations (SILVA, MENDONÇA, CARVALHO, 2013).

Muscle cramps during hemodialysis may be related to hypotension, the fact that the patient is below dry weight, the use of a dialysis solution poor in sodium or even due to hypovolemia and hypertension and, during monitoring by the multidisciplinary team, the physiotherapist will promoting health actions together with activities, such as: active and active resistance exercises, respiratory and metabolic exercises, as well as stretching during dialysis, can have positive cardiovascular effects, and prevent or reverse the loss of muscle mass. As well as improving functional, cardiac, strength and muscular endurance capacity (SOUZA, GUEDES, 2014).

Furthermore, patients on hemodialysis may present musculoskeletal and metabolic changes, and such changes can compromise 40% to 50% of exercise capacity and muscle strength and it will be necessary to indicate physical exercise, improvements in functional capacity, quality of life are observed, muscle function, physical performance and dialysis efficiency (FREIRE, et al., 2013).

In addition to the factors that contribute to the emergence of CKD, there are others that are influenced by modifiable comorbidities, such as overweight and/or obesity and other inappropriate habits that cause harm to health, such as: smoking, drinking alcoholic beverages, as well as unhealthy diets. healthy rich in sodium, lipids and proteins, mainly from red meat (VASSALOTTI et. al., 2016). Physiotherapy within the multidisciplinary team helps to solve this problem, developing an instrument that facilitates the management and care of chronic kidney disease patients treated in primary care, with the aim of standardizing and improving care for these patients (MCBRIDE et al., 2015).

IV. Conclusion

In conclusion, it was observed that primary health care units with the participation of all health professionals, especially physiotherapists, in the care of these patients obtain scores, also presenting better clinical

results in CKD care, characterized by earlier referrals. to secondary health care and less decline in the glomerular filtration rate.

These findings suggest the best effectiveness of the care network for users with CKD when primary health care develops adequate clinical management processes, characterized by prevention, control and treatment actions for chronic kidney disease.

These characteristics bring to light the need to carry out reflections and interventions in order to promote actions on the topic, encouraging other researchers to carry out prospective or retrospective studies that identify the direction of the relationships evidenced here.

Finally, it is important to include the physiotherapist in the care of this population, as the result presents great benefits for their well-being and increased life expectancy, reducing treatment symptoms and limitations that arise throughout the day.

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