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Addressing PD Patient and Caregiver Burnout: Assisted PD

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Introduction Peritoneal dialysis offers patients flexibility, independence, and the ability to manage treatment at home. Yet, this autonomy can come at a cost: both patients and caregivers often face significant physical, emotional, and logistical burdens. Burnout in this context refers to the cumulative exhaustion, stress, and disengagement that arise from the daily demands of dialysis management. Recognizing and addressing burnout is essential to sustaining treatment adherence, preserving quality of life, and ensuring long-term success of PD programs. Patient Burnout: Patients on PD must perform repetitive, technically demanding tasks such as exchanges, aseptic procedures, and monitoring fluid balance. Over time, these responsibilities can lead to fatigue, anxiety about infection risks, and frustration with the loss of spontaneity in daily life. Social isolation may compound the problem, as patients often feel tethered to their treatment schedule. Burnout manifests as declining motivation, reduced adherence, and in some cases, requests to transfer to hemodialysis despite initial preference for PD. Caregiver Burnout Caregivers—often family members—play a pivotal role in supporting PD patients, especially those with limited dexterity, vision, or cognitive capacity. Their responsibilities may include preparing equipment, supervising exchanges, and troubleshooting complications. This constant vigilance can erode caregivers' own health, leading to stress, sleep disruption, and emotional strain. Caregiver burnout not only affects their well-being but also compromises patient safety and continuity of care. The dual burden of managing household responsibilities alongside PD tasks intensifies the risk. Assisted Peritoneal Dialysis: A Supportive Model Assisted PD has emerged as a practical solution to mitigate burnout. In this model, trained healthcare workers or community nurses provide in-home support for exchanges, monitoring, and education. Assisted PD allows patients to remain on a

home-based therapy while reducing the technical and emotional load on both patients and caregivers. It is particularly valuable for elderly patients, those with disabilities, or individuals experiencing caregiver fatigue. Assisted PD programs vary globally. In some regions, they are integrated into community health services, while in others, they rely on private or volunteer networks. Evidence suggests that assisted PD improves treatment adherence, reduces infection rates, and enhances patient satisfaction. Importantly, it preserves the benefits of PD—such as autonomy and lifestyle flexibility—without overwhelming patients or families. Conclusion Burnout among PD patients and caregivers is a critical challenge that threatens adherence and quality of life. Assisted PD represents a compassionate, practical intervention that balances independence with support. By integrating assisted PD into broader nephrology practice—alongside education, psychosocial care, and technological innovation—health systems can sustain PD as a viable, patient-centered therapy. Ultimately, addressing burnout is not only about preserving treatment success but also about honoring the dignity and resilience of patients and caregivers navigating the daily realities of dialysis.

Keywords: Caregiver Burnout, Patient Burnout, PD, Assisted PD