Cronic Kidney Disease, Life Quality Assessment Of Patients

Marsida Duli
Health Adviser-Ministry of Health-Albania
Qamil Dika
Health expert, Albania
Matilda Bushati
University of Padua, Italy

doi: 10.19044/esj.2016.v12n6p103 URL:http://dx.doi.org/10.19044/esj.2016.v12n6p103

Abstract

Assessing quality of life in patients with varying degrees of chronic kidney disease is an important issue because of its impact on clinical decision-making as increasing the efficiency of resources in the health system. Through this survey provided an attempt to assess the quality of life of patients with chronic kidney disease undergoing dialysis. Commitment to maximize their functioning and well-being constitutes the essence of the purpose of health care. In recent decades elaborate SF 36 is cut by a gauge derive so simple and basic that helps to evaluate the function of the target of researchers, a certain age group, a disease or a treatment group. Short questionnaire forms SF36 instrument gauge is used to determine the level of quality of life in patients with chronic renal failure under the different stages of treatment with dialysis. The study involved 206 people, 112 from patients to Tirana and Shkodra and 94 healthy persons, who collaborated consensually for completing the questionnaires. Based on the results, the quality of life of dialysis patients is significantly worse than that of the healthy population and patients with other injuries less severe of renal function. Survey indicates that a more holistic approach to be used in the treatment of patients with chronic kidney disease including clinical decision making and patient perception. Precisely for this it is recommended to enter the practice of clinical interest that a set of questionnaires that provide information on patients' perception of health as an important indicator that facilitates the physician-patient collaboration in order to better treatment of the disease and increase the quality the life of the patient.

Keywords: Dialysis**,** SRK**,** quality of life**,** SF-36 questionnaire

Introduction

Quality of Life Assessment referred to Health **(QLArH)** is a multidimensional concept that includes aspects such as physical functioning, mental, emotional and social. It goes beyond the direct measurement of the health of the population, life expectancy and causes of death and focuses on the impact of health status on quality of life. A related concept is the welfare **QLArH** which evaluates the positive aspects of a person's life, such as positive emotions and pleasure seeking lifetime.

Clinicians and public health experts have used and use actually QLArH and well-being to measure the effects of chronic treatment, as well as short and long term disability. While there is some kind of measuring instruments for QLArH and welfare, methodological development in this field is still a process that follows.

In the framework of the project "Health for all and all for health", public health experts, but doctors generally required to increase efforts to monitor QLArH and prosperity through such instruments.

Patients included in this survey are diagnosed with chronic kidney failure (CKF) and besides the physical limitations must face the problem of the nature of socio - family and psychological. Long - term administration in nephropathy treatment also requires a careful monitoring of subjective perception of health status.

Measuring quality of life enables us to identify specific problems that hinder the patient's general functionality and hinder its capacity to adapt to the disease and the treatments required. The study proposes to assess determinants of quality of life measured by SF-36 in patients with kidney disease with various degrees of renal function.

Methods and materials

Subjects

The study included patients with different stages CKF be treated with dialysis, the transplanted or not, and they agreed to meet questionnaire "Quality of life" shortened form of the SF36. The study excluded patients with psychiatric illness illiterate.

206 is the total number of subjects included in this survey, 112 are with IRK nephropathy patients undergoing dialysis treatment at dialysis centers in hospitals in Tirana and Shkodra. These patients were studied by socio-demographic and clinical parameters.

For comparison purposes and to identify clear differences in the dimensions of the test in the study also included a control group, 94 healthy individuals from both cities, who were evaluated in three main dimensions to the role physical, role emotional and mental health.

Sf-36 measuring instrument

SF 36 was the main instrument to assess quality of life in patients under dialysis. Patients were subjected to SF-36 test referring to his 8 dimensions: physical functioning, role-physical, body pain, health in general, emotional role, social functioning, vitality and mental health.

Statistical analysis

Demographics, clinical and quality of life dimensions according to the SF-36 were analyzed through tests for normal distribution of variables. The data obtained from SF 36 were taken on the basis of assessing the degree of perception of each dimension of quality of life related to health experienced by participants in the study. Escalation includes: the perception of 'bad' to 'very good' considering some degree.

To realize a comparative evaluation between the two groups included in the study for the dimensions of physical and emotional state is using Mann-Whitney U Test. For comparisons of the mental health dimension Chi square test was used.

A generous set of socio-demographic characteristics visualize diagrams and dimensions that affect the quality of life of participants in the survey.

Results and discussion

Analyzed the main features include parameters as age, sex, marital status, education, occupation, housing and social support. The following diagrams visually represent the variability of these parameters for those involved in the survey.

1. Socio-demographic data

Diagram 1. Age categorized

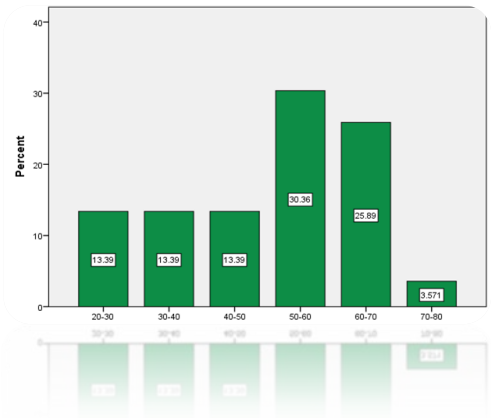
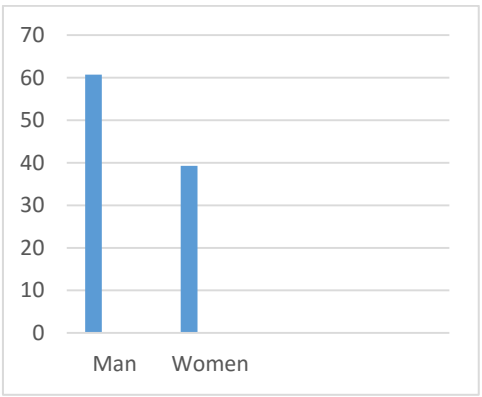


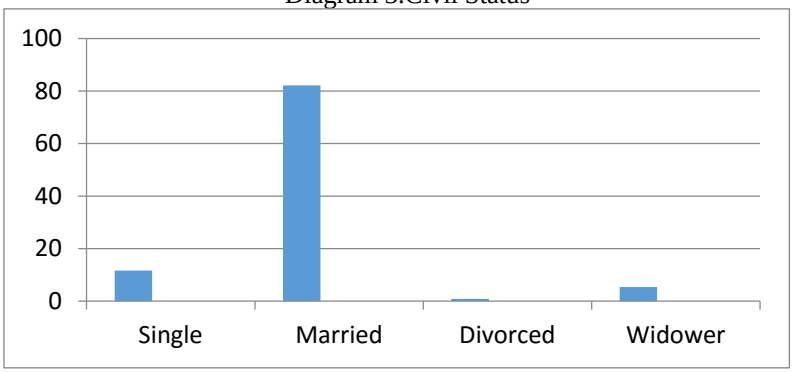
Diagram 2.Gender



Data shows a predomination of the CKF in age group 50-60 years, to about 30.36% of all patients included in the study.

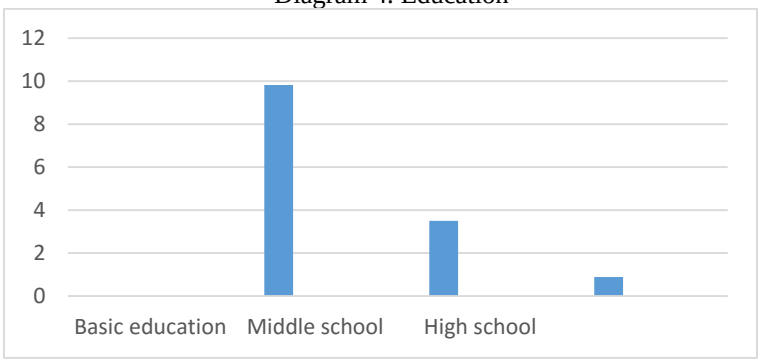
The data clearly prevails among men IRK in 60.71% of all cases included in the study, compared with women making up 39.2

Diagram 3.Civil Status



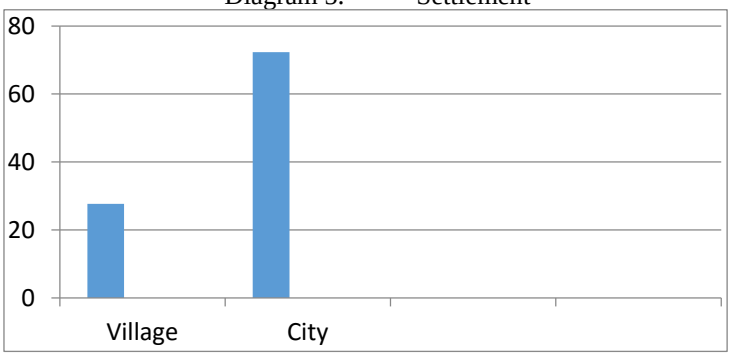
About 82.14% are married, 11.61%, are single and 5357% are 0.893% divorced.

Diagram 4. Education



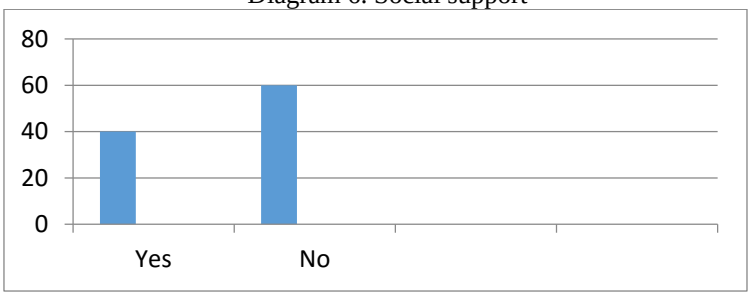
The data show that 89.29% are secondary education, 0.893% mandatory education and rest with the higher education

Diagram 5. Settlement



The highest percentage of patients under study live in the city (72.32%).

Diagram 6. Social support



Only 40% of patients receiving social support.

Clinical Characteristics

Clinical characteristics include parameters as basic pathology (diagnosis), time (year) of the diagnosis, concomitant diseases and the proportion of dialysis patients transplanted. Following charts show the distribution of these variables in the groups involved in the survey.

Diagram 7. Base Pathology (Diagnosis)

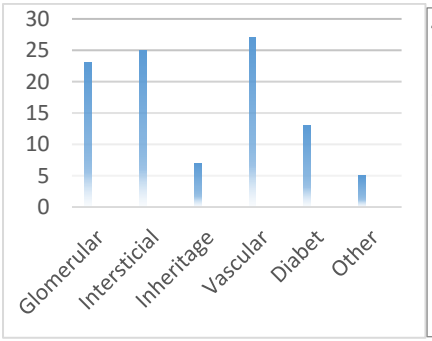
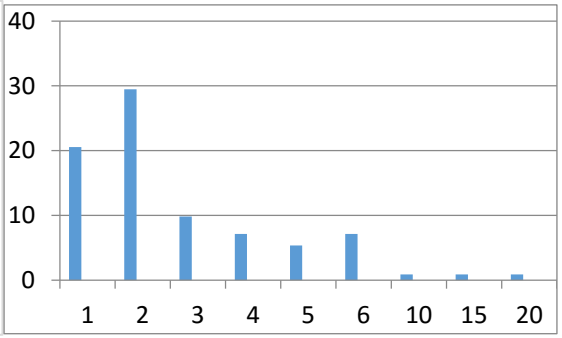


Diagram 8. Diagnosis Year



The most basic common Pathology is Vascular nephropathy, followed the post by Interesticialet, glomerular, and also Diabetes was significant

Most patients are diagnosed in a 2-year deadline (29.46%) and 20:54% of them after a year

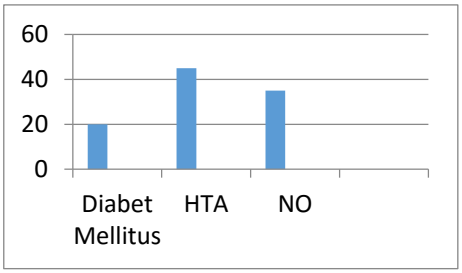
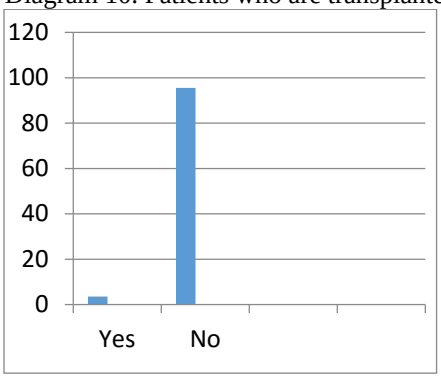


Diagram 9. Assosiated Patology

About 45% of patients have concurrent HTA, 20% diabetes mellitus and 35% have no associated pathology.

Diagram 10. Patients who are transplanted

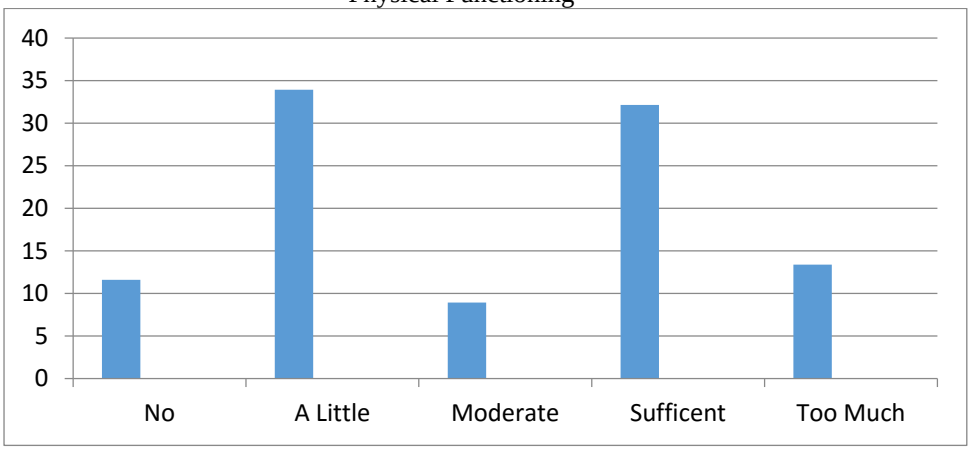


Only 4 patients (3.571%) are transplanted

The dimensions of the "Quality of Life" referring to health status

Determinants of the "Quality of Life" in dialytic patients referred SF-36 were analyzed in several dimensions such as physical functioning, role-physical, body pain, health in general, role-emotional, social functioning, vitality and mental health.

Physical Functioning



Physical Role

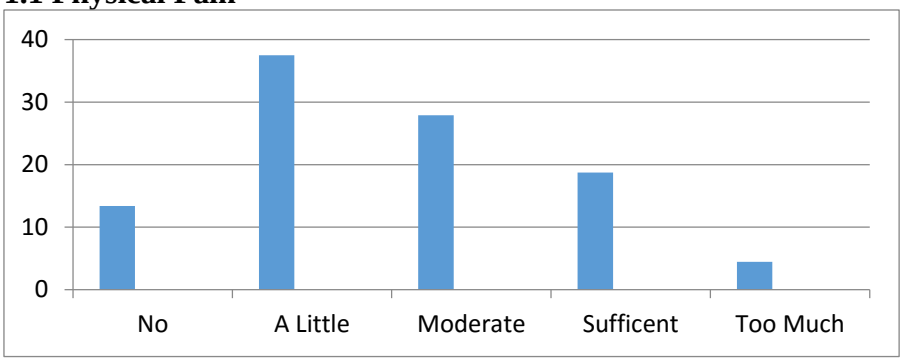
Physical condition of the patients

Do you cut the time yo need to spend for wor or other activities as a result of your physica condition	Do you have achieved less tha will want as a result of your physical conditio	Do you have bee restricted in the type of work or other activities as result of your physical conditio	Did you have difficulties performing work o other activities as result of your physical condition
74	81	83	83
38	31	29	29

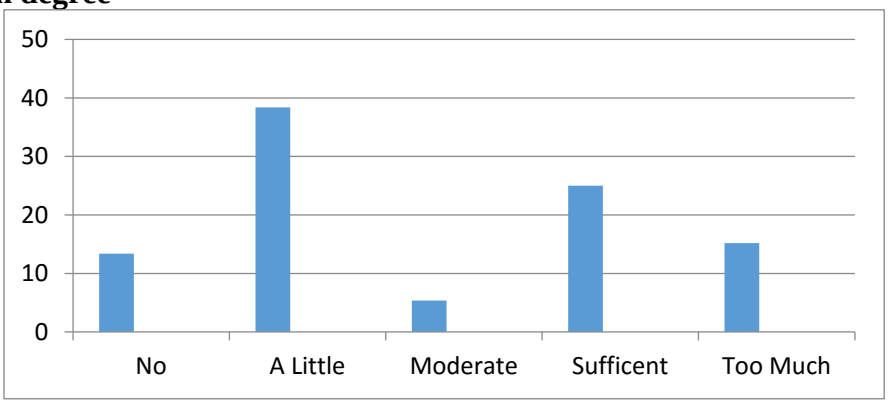
Physical condition of control group

		Do you cut the tim you need to spend for work or other activities as a resul of your physical condition	Do you have achieved less than will want as result of your physica condition	Do you have been restricted in the type of work or other activities as a result your physical condition	Did you have difficulties performin work or other activities as a result your physical condition
N	Yes	3	4	2	3
	NO	91	90	92	91

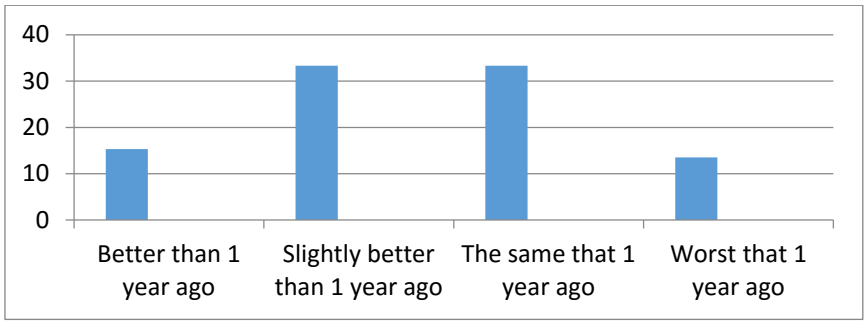
1.1 Physical Pain



Pain degree



Inhibition of pain
General medical status



Health refered one year ago
Emocional Role

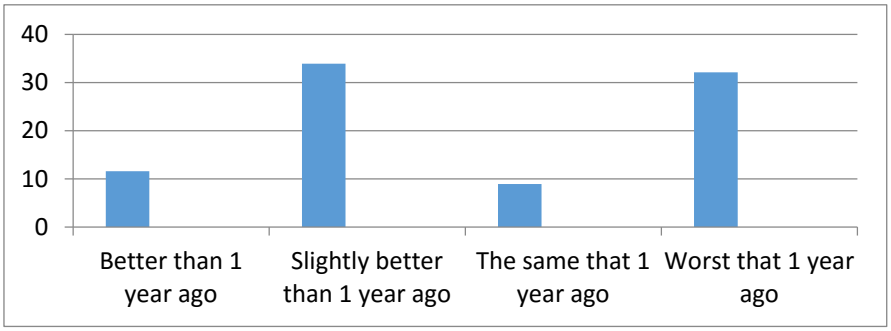
The mood of the patients group

		Do you cut the time you need to spend for work or other activitie due to your emotional state	Do you have achieved less tha will want as a result of your emotional state	You do not work or othe activities of ordinary car
N	Yes	76	80	71
	NO	36	32	41

The mood of the control group

		Do you cut the time you nee to spend for work or other activities due to your emotional state	Do you have achieved les than will want as a resul of your emotional state	You do not work or other activities of ordinary care
N	Yes	16	20	11
	NO	78	74	81

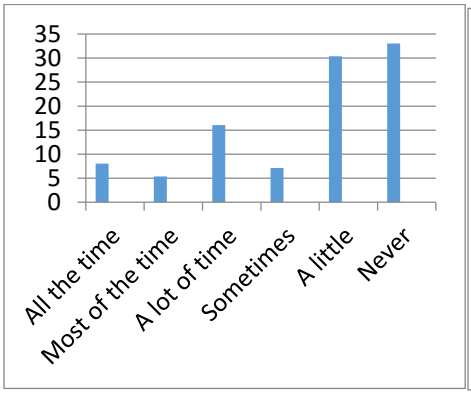
Social Functions



Health problems in your lifestyle activity

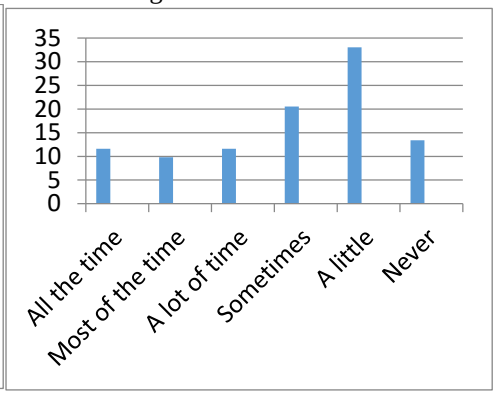
1.2 Vitality

Diagram 3.7.1



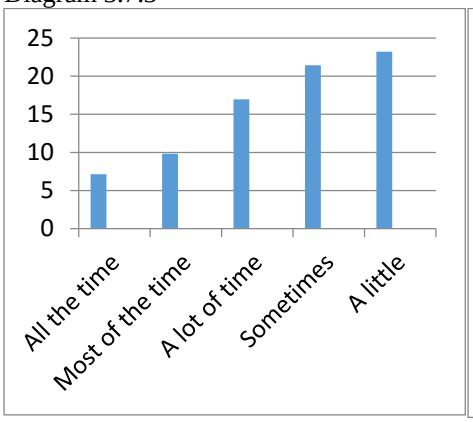
Have you felt without life

Diagram 3.7.2



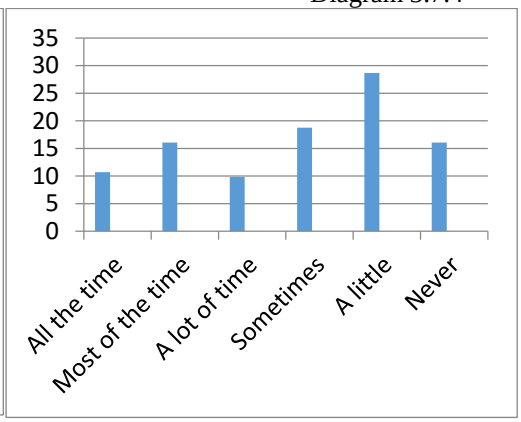
Have you been very nervous

Diagram 3.7.3



Have you felt lost

Diagram 3.7.4



Have you felt quit and peaceful

Diagram 3.7.5 Did you have a lot of energy

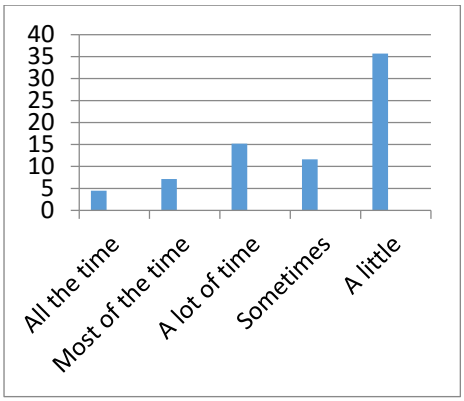


Diagram 3.7.6 I have an exellent health

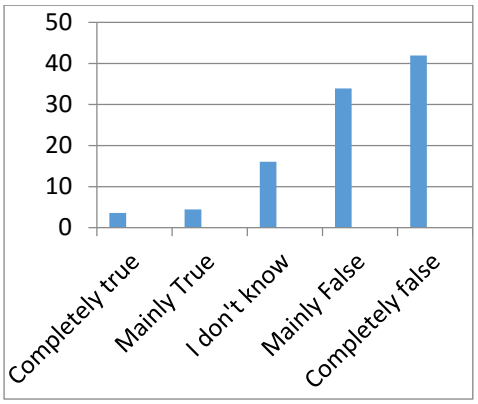


Diagram 3.7.7 Have you felt happy

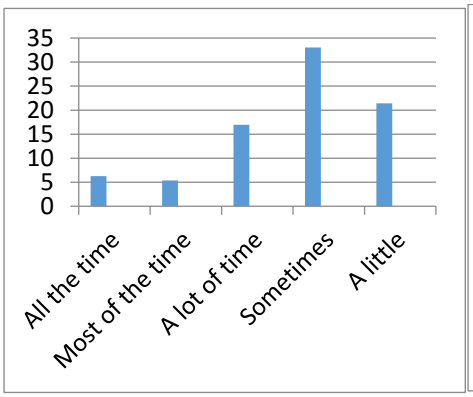


Diagram 3.7.8 Have you felt useless

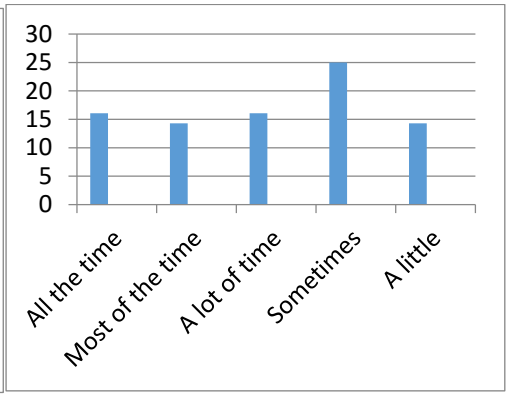


Diagram 3.7.9 Have you felt good-hearted

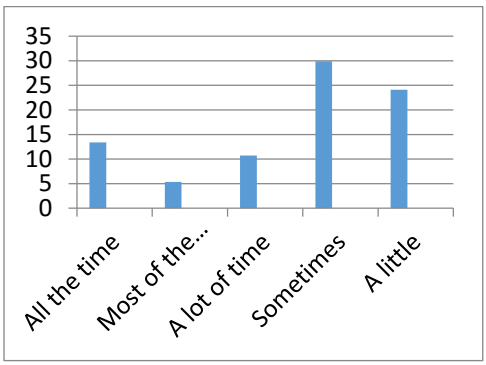


Diagrama 3.7.10 I expect my health deteriorate

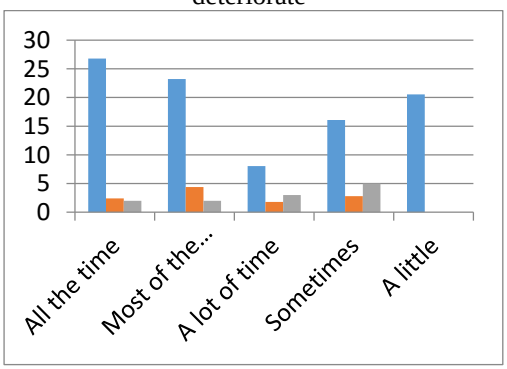


Diagram 3.7.11 I am healthy

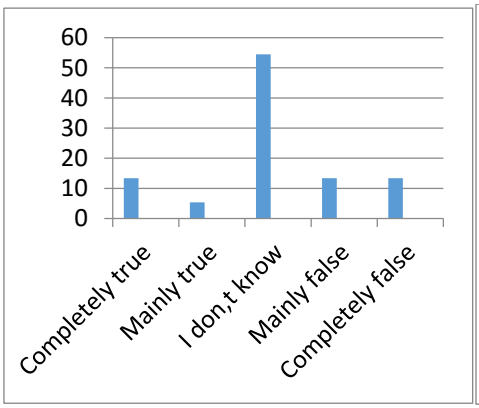


Diagram 3.7.12 I got ill most frequent that others

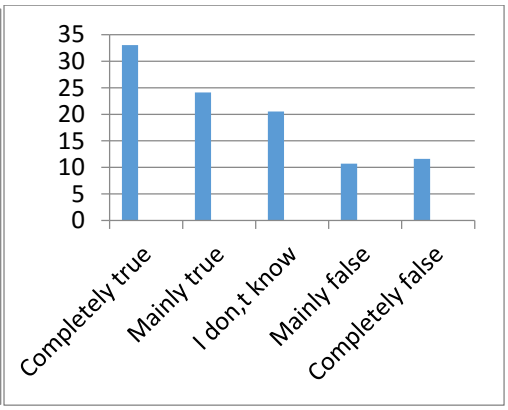
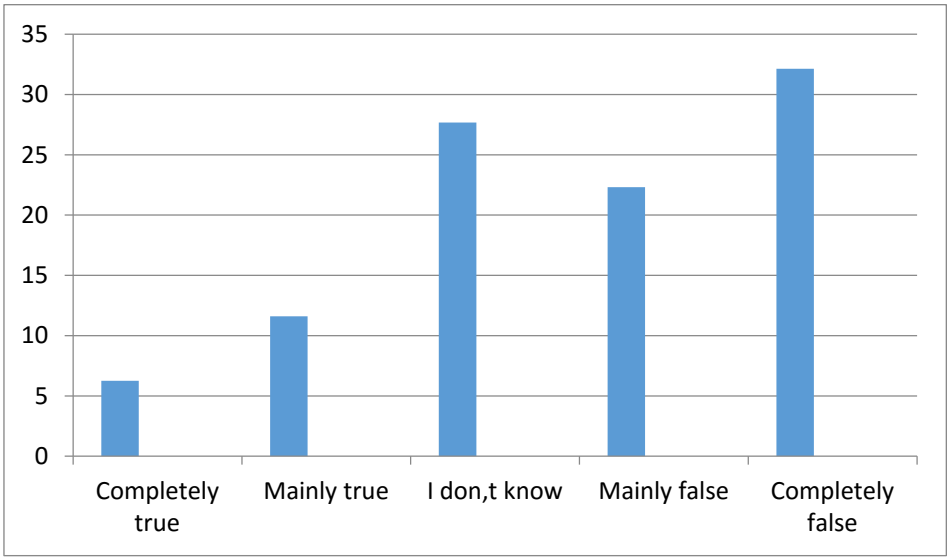


Diagrama 3.7.13 Have you felt tired



Mental Health

Patients Mental Health

	You felt as lifeless	You were very nervous	You felt as lost	Are you feeling calm and hearty	You have more energy	Are you feeling sad and miserable	You felt like a happy person	You felt crushed and useless	Are you feeling tired
All the time	9	13	8	12	5	15	7	18	30
Most of the time	6	11	11	18	8	6	6	16	26
A lo of time	18	13	19	11	17	12	19	16	9
Sometimes	8	23	24	21	13	29	19	18	18
A little time	34	37	24	32	40	27	37	28	23
Never	37	15	26	18	29	23	24	16	6
Total	112	112	112	112	112	112	112	112	112

Mental Health of control group

	You felt as lifeless	You were very nervous	You felt as lost	Are you feeling calm and hearty	You have more energy	Are you feeling sad and miserable	You felt like a happy person	You felt crushed and useless	Are you feeling tired
All the time	5	6	6	52	41	5	29	7	6
Most of the time	5	7	5	20	18	6	26	6	7
A lot of time	5	6	5	5	17	8	12	6	6
Sometimes	8	15	16	6	7	17	12	7	8
A little time	31	29	20	7	6	25	9	36	31
Never	40	31	42	4	5	33	6	32	36
Total	94	94	94	94	94	94	94	94	94

Conclusion

Among the socio-demographic parameters draws attention to the fact that prominently CKD-to prevail in men aged 50-60 years and mainly in those living in rural areas. Lack of social support is the appeal by the results of this survey.

Analyzed clinical parameters present predominance of vascular nephropathy, the diagnosis is generally after two years and developed mainly in the field of HTA, followed by Diabetes Mellitus.

Only four from the cases studied have been subjected transplant, reiterating so moderate level of this challenge to us.

• The dimensions of quality of life as measured by SF36 show that dialytic patients perceive life with a low level, referred to: (1) the poor conditions of health, (2) the limitation of physical activity unusual, (3) presence of pain (4) weakened emotional state, and reduce vitality.

• The dimension of mental health patients at risk CKD clearly showed about 3 times more for the emergence of depression compared with healthy people.

References:

Engelhardt HT. The Foundations of Bioethics, Oxford University Press, New York - Oxford 1986.

The World Healt Organization Quality of Life assessment (WHQOL): position paper from the World Health

Organization. Soc Sci Med 1995; 41 (10): 1403-9. Souheaver GT, Ryan JJ, DeWolfe AS. Neuropsycological patterns in uremia. J Clin Psychol 1982; 38: 490-6.

Hart RP, Pederson JA, Czerwinski AW, Adams RL. Chronic renal failure, dialysis and neuropsycological function. J. Clin Neuropsychol 1983; 5: 301-12.

Barrett BJ, Vavasour HM, Major A, Parfrey PS. Clinical and psychological correlates of somatic symptoms in-patient dialysis. Nephron 1990; 55: 10-5.

Sensky T. Psychosomatic aspects of end-stage renal failure. Psychother Psychosom 1993; 59: 56-68.

Ai-Hua Zhang, Li-Tao Cheng, Ning Zhu, Ling-Hua Sun and Tao Wang. Comparison of quality of life and causes of hospitalization between hemodialysis and peritoneal dialysis patients in China. Health and Quality of Life Outcomes 2007, 5:49.