

## Prevalence of Psychological Problems in Chinese Peritoneal Dialysis Patients

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**Background:** Psychological problems are common among dialysis patients. We studied the prevalence of psychological problems in a cohort of Chinese peritoneal dialysis (PD) patients.

**Methods:** We studied 167 unselected adult PD patients from a single dialysis unit. Psychological status and social support were assessed by the Hospital Anxiety and Depression Scale (HADS) and the Medical Outcomes Study Social Support Survey, Chinese version (MOS-SSS-C) questionnaires, respectively.

**Results:** With the HADS questionnaire, 33 (19.8%) and 76 patients (45.5%) had at least mild anxiety and depression symptoms, respectively. With the MOS-SSS-C questionnaire, 13.8% of patients had borderline social support, and 4.2% had poor social support. There was a close internal correlation between HADS and MOS-SSS-C scores. A higher HADS depression score was noted in male patients ( $8.19 \pm 6.80$ ,  $p = 0.023$ ), elderly patients ( $r = 0.189$ ,  $p = 0.033$ ), and those with no full-time job ( $7.47 \pm 4.31$  vs  $4.45 \pm 2.16$ ,  $p = 0.011$ ). Patients who needed four daily exchanges had a significantly lower overall MOS-SSS-C score than those on three daily exchanges ( $248.4 \pm 96.5$  vs  $284.5 \pm 87.3$ ,  $p = 0.032$ ). Patients with poor compliance to drug had a higher HADS anxiety score ( $7.80 \pm 4.44$  vs  $4.25 \pm 4.17$ ,  $p < 0.001$ ) and lower MOS-SSS-C overall score ( $184.6 \pm 115.9$  vs  $287.5 \pm 91.2$ ,  $p < 0.001$ ), but the HADS depression score was similar.

**Conclusion:** Psychological symptoms are highly prevalent in Chinese PD patients. Depressive symptoms are common in elderly male patients without full-time jobs. On the other hand, anxiety symptoms and poor social support are associated with poor compliance to various aspects of treatment. [*Hong Kong J Nephrol* 2005;7(2): 82–9]

**Key words:** compliance, depression, psychology, social support

**背景：**在接受透析療法的病人之間，心理問題頗為敘見。本文對接受腹膜透析 (PD) 的華裔病人作出追蹤，調查了心理問題在這些病人間的普遍性。

**方法：**調查的對象為 167 位未經挑選的 PD 成年病人，均來自同一透析中心。調查人員對病人的心理及社會支持狀況，分別採用 HADS (Hospital Anxiety and Depression Scale) 焦慮與憂鬱量表、及 MOS-SSS-C (Medical Outcomes Study Social Support Survey, Chinese Version) 社會支持度調查問卷作出評估。

**結果：**根據 HADS 問卷的結果，分別有 33 (19.8%) 及 76 (45.5%) 位病人經歷到輕度或以上的焦慮及憂鬱症狀。MOS-SSS-C 問卷的結果顯示，13.8% 的病人獲得邊緣性的社會支持，社會支持度低劣的則有 4.2%。分析顯示，HADS 與 MOS-SSS-C 評分之間存在著密切的關聯。較高的 HADS 憂鬱評分出現於男性 ( $8.19 \pm 6.80$ ,  $p = 0.023$ )、年老 ( $r = 0.189$ ,  $p = 0.033$ )、及缺乏全職工作的病人 ( $7.47 \pm 4.31$  vs  $4.45 \pm 2.16$ ,  $p = 0.011$ )。PD 一天更換 4 次的病人在 MOS-SSS-C 整體評分上，明顯低於一天更換 3 次者 ( $248.4 \pm 96.5$  vs  $284.5 \pm 87.3$ ,  $p = 0.032$ )。此外，藥物順從性欠佳的病人具有明顯較高

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的 HADS 焦慮評分 ( $7.80 \pm 4.44$  vs  $4.25 \pm 4.17$ ,  $p < 0.001$ ) 及較低的 MOS-SSS-C 整體評分 ( $184.6 \pm 115.9$  vs  $287.5 \pm 91.2$ ,  $p < 0.001$ )，HADS 憂鬱評分則不受影響。

**結論：**心理問題在華裔 PD 病人之間相當常見，其中憂鬱症狀最常見於男性、年老、及缺乏全職工作的病人。另一方面，對療程各方面順從性欠佳的病人，則較易發生焦慮症狀及社會支持度欠佳的問題。

## INTRODUCTION

Psychological problems are common in the general population, and are particularly prevalent among patients with end-stage renal disease (ESRD) [1]. In Chinese adults over the age of 60 years without renal failure, 10–15% have symptoms of depression [2]. In comparison, around 20–40% of patients on dialysis have depressive symptoms [1,3]. In peritoneal dialysis (PD) patients, it has been reported that psychological problems are associated with a higher risk of peritonitis [4,5], and the severity of depressive symptoms is related to the perception of illness [6]. The presence of depressive symptoms and lack of social support are strongly associated with malnutrition [7]. Depressive symptoms are an independent predictor of death in PD patients [8]. In addition, greater levels of perceived social support are associated with reduced levels of depressive affect, lower perceived burden of illness, and better satisfaction with life [9,10].

There are many causes of psychological problems in ESRD patients, including the complicated medication and dialysis regimen, the stresses associated with the disease, hospitalization and other treatment-related complications [11]. However, the prevalence of psychological problems in Chinese PD patients has not been reported, and the clinical factors associated with psychological problems in PD patients have not been studied. This cross-sectional study was conducted to determine the prevalence of psychological problems and the degree of social support amongst Chinese PD patients in Hong Kong. We further explored the clinical factors associated with psychological problems and their potential implications.

## PATIENTS AND METHODS

### *Patient selection*

We studied all adult PD patients from the Renal Unit of the Prince of Wales Hospital, Hong Kong, who attended the regular dialysis clinic from 11 April to 13 May 2005. Verbal consent was obtained.

### *Data collection*

Baseline clinical data including age, sex, duration on dialysis, PD regimen, body weight and height,

underlying renal disease and presence of comorbid conditions were obtained by chart review. All patients were interviewed to obtain data on physical mobility, employment status, ability of self care, requirement of a helper for the dialysis procedure, and compliance to dietary restriction, medication, as well as dialysis regimen. Physical mobility was classified into the following categories: fully ambulatory, need assistive device, need wheelchair, and need stretcher. Self care was assessed in the following items: bathing, toileting, dressing, feeding, and going outdoors. The patient was considered to be fully independent in self care if assistance was not required in any of these activities, and partly dependent if they needed help in at least one activity. Requirement of a helper for the dialysis procedure was assessed separately and not considered as part of "self care". Compliance was assessed by direct questioning and self reporting. For compliance to medication, dietary restriction and dialysis regimen, adherence to over 90% of the prescription was considered to be good compliance, 70–90% adherence was regarded as fair compliance, and below 70% as poor compliance. Psychological status and social support were assessed by the Hospital Anxiety and Depression Scale (HADS) and the Medical Outcomes Study Social Support Survey, Chinese version (MOS-SSS-C) questionnaires, respectively. The questionnaires were administered in the waiting area of the dialysis clinic by four investigators (KYL, HSYC, VKHL, LYHM). Our previous study showed that Cohen's kappa concordant coefficient for agreement between observers was 0.84 [12], which is an excellent level of agreement.

### *Assessment of nutritional status*

Nutritional status was assessed by serum albumin levels and subjective global assessment (SGA). The latter was performed by four investigators (KYL, HSYC, VKHL, LYHM). The four-item seven-point system was used [12,13]. The four items for assessment were: change in body weight, the degree of anorexia, the amount of subcutaneous tissue, and muscle mass. The four individual item scores were then combined to generate a global score, which also took into account the clinical judgement of the observers and, thus, did not represent the simple arithmetic aggregate of the four individual item scores. All SGA items were rated subjectively on a scale from 1 to 7, where 1 or 2 is severe malnutrition,

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