

Original Article

Undertreatment of Symptoms in Patients on Maintenance Hemodialysis

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Abstract

Context. Hemodialysis patients suffer a large symptom burden, and little is known about how effectively symptoms are treated.

Objectives. To assess the management of treatable symptoms in hemodialysis patients, we administered a 30-item questionnaire on physical and emotional symptoms to patients receiving outpatient hemodialysis at the University of Virginia.

Methods. We asked patients whether they were prescribed therapy for potentially treatable symptoms and assessed who prescribed the therapy. By means of chart review, we also documented whether medications were prescribed for these symptoms.

Results. We approached 87 patients and enrolled 62 (71%). The most commonly reported, potentially treatable symptoms included bone/joint pain, insomnia, mood disturbance, sexual dysfunction, paresthesia, and nausea. Only 45% of patients with bone/joint pain reported receiving an analgesic medication. Twenty-three percent of patients with trouble falling asleep and 53% of patients with nausea reported receiving a medication to alleviate this symptom. Chart review revealed that 58% of patients who reported the presence of bone/joint pain were prescribed an analgesic, 23% of patients with trouble falling asleep were prescribed a sleep aid, and 42% of patients with nausea received an antiemetic. Primary care providers were more likely than nephrologists to provide for all symptoms except nausea and numbness or tingling in the feet, and this difference was significant for the treatment of worrying (3/3 vs. 0/3, $P = 0.05$) and nervousness (4/5 vs. 0/5, $P = 0.02$).

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The authors declare no competing financial interests.

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Conclusion. Potentially treatable symptoms in hemodialysis are undertreated. Pharmacologic therapy, particularly for emotional symptoms, was more commonly prescribed by primary care providers than nephrologists. Additional study of the barriers to symptom treatment and interventions that increase nephrologist and primary care provider symptom management are needed. *J Pain Symptom Manage* 2010;39:211–218. © 2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Dialysis patients, quality of life, symptom burden, symptom management, symptom assessment

Introduction

The number of patients undergoing hemodialysis in the United States is growing.¹ Despite widespread effort, few interventions other than successful kidney transplantation have improved survival in this patient population. As a result, increased attention has been focused on improving the quality of life of patients dependent on chronic renal replacement therapy.^{2–4} Recent studies demonstrate a high burden of physical and emotional symptoms in this patient population and reveal that symptoms are associated with impaired quality of life.^{5–9} Despite this, recent data suggest that nephrologists may not be aware of many of the symptoms that bother hemodialysis patients.¹⁰ Little is known about whether patients on hemodialysis receive appropriate treatment for their symptoms.

A few studies have shown that the treatment of depression and pain is suboptimal in this patient population^{7,11–13} and that patients with chronic pain have higher rates of insomnia and depression than those without pain.¹⁴ Other symptoms that occur commonly in the hemodialysis population, such as insomnia, sexual dysfunction, and nausea, are potentially amenable to pharmacologic therapy, but the extent to which these symptoms are treated is not known. It is also unclear whether nephrologists or primary care providers are more likely to treat such symptoms in this population. To address these questions, we conducted a prospective observational study to assess whether pharmacologic therapy is prescribed for potentially treatable symptoms in hemodialysis patients and whether such therapy is more likely to be prescribed by nephrologists or primary care clinicians.

Subjects and Methods

Patient Selection

This was a cross-sectional study of patients receiving thrice-weekly outpatient hemodialysis at the University of Virginia. We approached and enrolled patients over a 14-day period in May 2007. Inclusion criteria were age greater than 18 years, English language fluency as demonstrated by participant ability to discuss risks and benefits of study participation, and ability to successfully complete the CLOX test (a drawing of the face of a clock) as screening for cognitive function.¹⁵ Institutional review board (IRB) approval was obtained through the University of Virginia IRB, and each participant completed informed consent.

Assessment of Symptoms

To assess the presence of symptoms, patients completed the Dialysis Symptom Index (DSI) either independently or with the aid of a researcher reading survey questions aloud.¹⁶ This 30-item survey asks patients to report the presence of physical and emotional symptoms over the prior week and to rate the symptom severity on a 4-point Likert scale from zero, which reflects that a symptom is not bothersome, to four, which reflects that a symptom is very bothersome. We added an item to the DSI by asking participants to report the presence or absence of “other pain” in addition to bone/joint pain, chest pain, and headache, which allowed us to identify any form of pain that may not have been captured on the original DSI.

Assessment of Treatment of Potentially Treatable Symptoms

A priori, study investigators identified symptoms on the DSI for which pharmacologic

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