

Kidney Transplantation Does Not Increase the Level of Basic Hope or Life Satisfaction Compared With Hemodialysis in Patients With Chronic Kidney Disease

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ABSTRACT

Introduction. Although renal replacement therapy can lead to improved health, it also can cause emotional disturbances in patients. It is believed that the success of renal replacement therapy hinges not only on medical parameters, but also on psychosocial factors, which is why modern medicine provides an ever-increasing role in the improvement of patients' quality of life.

Purpose. The purpose of this study was to compare the level of life satisfaction, purpose in life, and basic hope in patients who had received renal replacement due to chronic kidney disease. We also tested whether the specific type of renal replacement therapy and kidney function parameters were influential factors on the above variables.

Patients and methods. Sixty-one adult patients treated via renal replacement for chronic kidney disease took part in the study. Patients were divided into two groups: 31 hemodialysis patients (15 women and 16 men, ages 23–77 years, mean 51.19 years, SD 14.53 years) and 30 patients who had undergone kidney transplantation (14 women and 16 men, ages 22–69 years, mean 48.40 years, SD 12.64 years). The following research tools were used for analysis: Satisfaction With Life Scale (SWLS), Purpose in Life Test (PIL), and Basic Hope Inventory (BHI-12).

Results. There were no statistical differences in the level of satisfaction with life between hemodialysis patients and postkidney transplant patients. The results for the SWLS obtained from both groups fell within the normal range. The average SWLS for hemodialysis patients remained 20.61, SD = 5.79; for postkidney transplant patients, it was 22.57, SD = 5.16. The PIL level in the group of hemodialysis patients (101.5, SD = 15.64) was significantly lower than in the group of postkidney transplant patients (109.7, SD = 15.54). The average BHI-12 level was similar in both groups. The average BHI-12 result for hemodialysis patients was 29.00 (SD = 5.06), and for postkidney transplant patients 29.93 (SD = 3.55). The correlations between the psychological variables and selected biochemical parameters are worthy of particular attention. Among hemodialysis patients, there was an additional correlation between SWLS and hematocrit; whereas for postkidney transplant patients, there was an additional correlation of PIL and eGFR.

Conclusions. Our data show that satisfaction with life and basic hope do not increase in patients after renal replacement therapy. The form of renal replacement therapy (hemodialysis or kidney transplantation) does not change the above variables. Patients treated via renal replacement require specialized psychological support to improve the efficacy of renal replacement therapy.

THERE is an ever-increasing role for contemporary medicine to improve the quality of life in chronically ill patients [1]. It is believed that the success of patients' therapy

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hinges not only on medical parameters but also on psychosocial factors [2].

Renal replacement therapy can cause somatic symptoms and emotional disturbances in patients. Chronically ill patients often exhibit an array of negative emotions due to the knowledge that they have an incurable disease, the change in their usual rhythm of life and social roles, a drop in sexual function, and decreased physical and mental states.

To test the mental condition of patients treated with renal replacement therapy, we used reliable and recognized analytical tools to measure the following psychological variables: satisfaction with life, purpose in life, and basic hope.

Satisfaction with life is a term connected to an emotional and cognitive assessment of life. The above variable stems from individual personality traits [7]. Cognitive patterns, life events, and mindset also have an effect on satisfaction with life [3].

Purpose in life is recognized by many psychologists as a basic need for people. This term comes from logotherapy, a therapeutic trend connected with creating a life purpose [5].

Basic hope, understood as a general belief that the world is orderly, meaningful, and favorable to people, has a significant influence on how a person reacts to difficult situations that demand adaptation and the construction of a new order. Basic hope is a comparatively enduring element of personality that comes into play in crisis situations [4].

PURPOSE

The study's purpose was to compare the level of satisfaction with life, purpose in life, and the basic hope in patients given renal replacement therapy for chronic kidney disease (CKD). Additionally, we tested the issue of whether the specific type of renal replacement therapy and the kidney function parameters were factors that influence the above variables.

MATERIALS AND METHODS

The Bioethics Committee at the Medical University of Warsaw granted permission to conduct the study.

Sixty-one adult patients treated by renal replacement for CKD took part in the study. Patients were divided into 2 groups on the basis of the type of renal replacement therapy (Table 1). The first group had 30 patients who received hemodialysis (15 women and 16 men, ages 23–77 years, mean 51.19 years, SD 14.53 years). The second group had 31 patients who had undergone kidney transplantation (14 women and 16 men, ages 22–69 years, mean 48.40 years, SD 12.64 years). There were no statistically significant differences between the groups regarding gender or age.

In the first stage of the study, a diagnostic survey method was used: Satisfaction With Life Scale (SWLS), developed by E. Diener et al, adapted by Z. Juczyński; Purpose in Life Test (PIL), developed by J.C. Crumbaugh et al, adapted by Z. Płużek; and the Basic Hope Inventory (BHI-12) developed by J. Trzebiński and M. Zięba. The study's time period was unlimited. Patients filled out questionnaires independently, in the order established, which was identical for all study participants.

The second stage involved assessment of patients' clinical condition based on blood morphology, C-reactive protein (CRP), estimated glomerular filtration rate (eGFR), and the body mass index (BMI).

Table 1. Patient Characteristics

Characteristics	Hemodialysis Patients (n = 31)	Postkidney Transplant Patients (n = 30)
Age (years)		
Mean (SD)	51.19 (14.53)	48.40 (12.64)
Range	23–77	22–69
Sex		
Men	16	16
Women	15	14
Time (years)		
Mean	duration of hemodialysis 5.33	since kidney transplantation 7.17

The results were analyzed using the IBM SPSS Statistics 20 program (Cardinal Stefan Wyszyński University in Warsaw, Warsaw, Poland). For all tests, a significance level of $P < .05$ was established. Descriptive statistics such as average and standard deviation were used. To test the normalcy of distribution of the variables being studied, the Kolmogorov-Smirnov test was employed. To assess the degree of significance between groups, the Student t test for 2 independent samples was used. Pearson's correlations were used to test the strength of the connection between individual variables.

RESULTS

Average results for SWLS were similar in both groups. In the hemodialysis group, the average SWLS was lower than in the postkidney transplant group, but this difference was not statistically significant (Fig 1). The average SWLS for hemodialysis patients remained 20.61 (SD 5.79); for postkidney transplant patients, it was 22.57 (SD 5.16). Our results demonstrate that the PIL results from the group of hemodialysis patients (101.5, SD 15.64) was significantly lower than in the group of postkidney transplant patients (109.70, SD 15.54) (Fig 1).

The average results for BHI-12 were similar in both groups, with the value in the hemodialysis group lower than in the kidney transplant group, but this difference was not statistically significant. The average BHI-12 result for hemodialysis patients was 29.00 (SD 5.07), and it was 29.93 (SD 3.55) for postkidney transplant patients (Fig 1).

The average results of the clinical parameters were as follows: hemodialysis patients: BMI 23.85 ± 3.75 , HCT

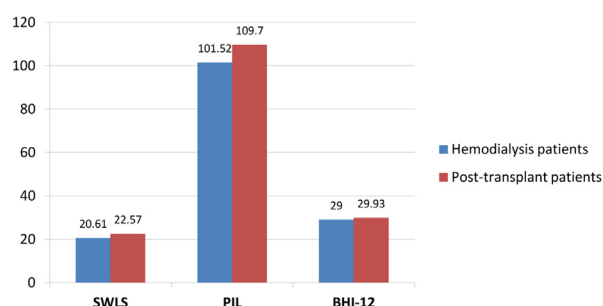


Fig 1. Comparison of average results obtained in the SWLS, PIL, and BHI-12 questionnaires by test groups.

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