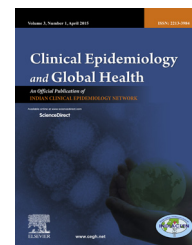


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## Original Article

# A cross sectional study on assessment of health related quality of life among end stage renal disease patients undergoing hemodialysis



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## ABSTRACT

**Background:** Numerous advancements are nowadays being developed in the field of medicine to improve the clinical outcomes among chronic kidney disease patients. Though these therapies help the patients to live longer life, still their quality of life remain uncertain.

**Objective:** The objective of the study was to assess the health related quality of life (HRQOL) among end stage renal disease patients undergoing hemodialysis.

**Methods:** A cross-sectional descriptive study was conducted among 50 patients undergoing maintenance hemodialysis in a tertiary level referral hospital in Kerala. Patients who had completed at least three months of maintenance hemodialysis, and aged 18 years and above of either sex were included in the study. The socio demographic details of the patients were collected through patient and bystander interviews and from their hospital case records. HRQOL was evaluated using a standardized scale of Kidney Disease Quality of Life-Short Form questionnaire.

**Results:** Among HRQOL, the mean score of kidney disease component summary was higher than Mental Component Summary and Physical Component Summary ( $60.48 \pm 11.81$ ,  $41.83 \pm 15.78$  and  $36.49 \pm 16.30$  respectively). Patients possessed better quality of life in Social support (73.54), Dialysis staff encouragement (67.56) and Quality of social interaction (67.56) and the worst scores in Role-physical (13.57) and Role-emotional (17.72) scales.

**Conclusion:** The study has shown that the quality of life of hemodialysis patients was highly impaired and it clearly defines how the disease state adversely affects the physical and mental status of the patient.

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## 1. Introduction

Chronic kidney disease (CKD) is a pathological condition that is diagnosed on the basis of the presence of proteinuria or decreased glomerular filtration rate (GFR) for a period of 3 months or more.<sup>1</sup> In CKD, nephrons, the functional unit of kidney becomes non functional and leads to reduction in kidney function. Though the compensatory mechanisms become activated initially, later as the disease progresses it becomes unable to cope up the increased need of kidney and results in decline of GFR. The major risk factors include diabetes, hypertension, autoimmune disease, polycystic kidney disease, drug toxicity, urinary tract abnormalities, etc.<sup>2</sup>

According to the 2010 Global Burden of Disease study, CKD was ranked 27th in the list of causes of total number of global deaths in 1990, but rose to 18th in 2010.<sup>3</sup> Numerous advancements are nowadays being developed in the field of medicine to improve the clinical outcomes among CKD patients. Renal replacement therapies such as hemodialysis and kidney transplantation are the most accepted and available treatment options for end stage renal disease (ESRD), but these all are focusing on symptom reduction only, without considering the patient as an individual. Though these therapies help the patients to live longer life than they would have lived without the treatment, still their quality of life remain uncertain. Thus it is important to assess the health related quality of life (HRQOL) of ESRD patients undergoing hemodialysis, not only to predict the risk of morbidity and mortality, but also for keeping a check on their physical, mental and kidney disease status.<sup>4</sup>

WHO has defined QOL as “an individual's perception of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features in their environment. Thus the assessment of health related quality of life stands as an inevitable option in the evaluation of quality and effectiveness of patient care, comparison of various treatment options, and the improvement of treatment outcomes.<sup>5</sup>

Many studies have been conducted for measuring the HRQOL using various generic as well as disease-specific instruments. Generic measures such as SF-36, WHO-QOL BREF questionnaire were commonly used to predict patients' outcome and to detect the changes in QOL. Later disease-specific instruments have been developed to assess aspects of HRQOL in relation to a disease of interest, which are not adequately assessed by generic measures. They focus on concerns that are more relevant to a specific illness and treatment. The Kidney Disease Quality of Life Questionnaire–Short Form (KDQOL-SF™) has become the most widely used QOL measures for CRF patients. It is a self-report tool that includes the Medical Outcomes Study Short Form-36 generic core and several multi-item scales targeted at QOL concerns of special relevance for patients with CRF.<sup>6</sup>

Despite a rising incidence of ESRD in India, there is still unavailability of an updated, authentic data on burden of CKD

and the impact of disease on quality of life. However, providing support and care to such patients has remained a low priority area with limited resources in terms of monetary support and availability of specialist and trained individuals. There is an urgent need to evaluate and address these issues through interdisciplinary and collaborative efforts to yield a substantial gain in quality of life of patients. Hence, the present study aims to describe various dimensions of health-related quality of life.<sup>7</sup>

## 2. Materials and methods

### 2.1. Study design

This cross-sectional descriptive study was carried out from 1st January–1st July 2015 that is over a period of 6 months in the dialysis unit of a tertiary level referral hospital in Kerala.

### 2.2. Subjects

Patients who had completed at least three months of maintenance hemodialysis, and aged 18 years and above of either sex were included in the study. The patients who had voluntarily withdrawn from dialysis and those who have any major surgical interventions in the previous three months, malignancies, tumors, cognitive impairment, dementia, active psychosis, and major hearing impairment were excluded from the study in order to prevent bias in the assessment of QOL as these may interfere with the result.

### 2.3. Procedure

Ethical clearance was obtained from Institutional ethical committee of Al Shifa Hospital, Kerala with no. IEC/ASH/2015/PD/16, prior to initiation of the study. During the starting period of study a total of 84 ESRD patients were undergoing hemodialysis on regular basis in the dialysis unit. The sample size was scientifically calculated and 50 patients those who satisfied the study criteria were included by convenient sampling method. The nature, type or intention of the study was explained to the participants and given at least twenty-four hours to decide whether or not to participate. A written consent was obtained from them prior to their enrollment in the study by providing them with the consent letters in the local language. The socio demographic details of the patients were collected using a semi-structured questionnaire and the details were collected through patient and bystander interviews and from their hospital case records. Bystanders were interviewed to cross check the data given by the patient mainly on details like their sleep patterns (insomnia), eating habits (whether patient is anorexic or not) and whether the patient is adherent to the dietary restrictions. Then the patients were given with the validated questionnaire, KDQOL-SF™ version 1.3, to measure the HRQOL after translating into the local language. It includes generic and disease related cores. The items that form the generic core of KDQOL-SF version 1.3 are those constructed for SF-36 version 1 (19). The results of generic core reported by two components (Mental Component Summary (MCS) and Physical Component

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