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Original research article

Quality of life of patients on peritoneal dialysis treatment – Cross sectional study in the Czech Republic



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ABSTRACT

With the development of dialysing and treating process the life expectancy is extended and the patient's need of an improved quality of life (QoL) arises as well, but still not enough close to the level of a healthy population.

We performed an area assessment of quality of life (QoL) in patients on peritoneal dialysis (PD) in the Czech Republic ($n = 95$; male/female = 49/46, average age 56.9 ± 12.8 ; total time on PD from 0.25 to 224 months; average time of PD 29.1 ± 32.4 months). Rating in QoL of patients with end stage renal disease (ESRD) treated with peritoneal dialysis (PD) is significantly decreased as compared with average values of Czech standards, especially in the domain "physical health" ($p < 0.001$). Significantly higher average rating was found in the domain of "environment" ($p < 0.001$) and "DIS module" ($p = 0.035$).

In addition to quality of the health care nonmedical interventions that support the improvement of QoL, especially in the domain of physical health, should be also included in the treatment plan, and thus support the ageing population of dialysis patients maintaining self-sufficiency and self-care. One of the possibilities is exercise intervention, which should be seen as the way to improve the treatment. It should be seen as cost effective, efficient and acceptable for patients.

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Introduction

The term “Quality of Life” has been used in the field of medicine since 80s of the 20th century, mainly in clinical studies. Nowadays, “Quality of Life” means searching and identification of factors, which have positive influence on good and meaningful life and feeling of happiness. If we speak about quality of life, we are interested in impact of illness on psychical condition of human being, on his/her way of life and of life satisfaction [1,2]. The term HRQOL (Health Related Quality of Life) measures the influence of illness on the patient itself.

End stage renal disease (ESRD) requires replacement of kidneys. There are several ways of renal replacement therapy (RRT): haemodialysis – HD, peritoneal dialysis – PD, kidney transplantation – TxL [3]. The period of pre-dialysis precedes haemodialysis, when kidney failure is getting to higher degree (there are 1–3 stages of chronic renal insufficiency – CHRI) but the patient is treated conservatively, i.e. by means of pharmacologic and diet remedy. By the time the degree of the kidney failure is under a certain level of glomerular filtration, it is at stage CHRI 4–5 and it is necessary to replace the kidney function by so-called artificial kidney – dialysis, which is a big improvement in the renal treatment of CHRI. Nevertheless the replacement of the defunct kidney with an artificial kidney or a kidney transplant is not always, and in all respects, equivalent to the original state. The lives of patients extend and their demands for quality life experience increase with the improvements in dialysis technology and treatments [4].

Chronic peritoneal dialysis is generally indicated as one of the possible treatments in renal failure and indication of PD is relative [3]. First and foremost, a nephrologist proposes a method of the PD treatment in consideration of indications and contraindications of the patient's health and social status. Choosing a treatment method considers several aspects; medical, non-medical and socio-cultural habits and awareness about this method of medical and non-medical public. Authors claim in their monograph [3] that “the most important criteria that can also affect non-medical factors and allow more qualified choice of methods include comparison of mortality, morbidity and quality of life of patients on PD and HD”. They [3] also reported that, in an integrated system of care for patients with chronic renal insufficiency, PD is preferred as the first method of choice of initiating the dialysis treatment. The reasons are as follows: surviving the first two years in the treatment of RRT is better on PD; longer preservation of residual diuresis; longer general survival among dialysis patients with PD as a method of first choice; does not create vascular access; less risk of transmission of hepatitis B and C; better to treat anaemia; lower risk of coronary heart disease; earlier graft function after transplantation; better quality of life (work, travel); lower number of hospitalizations; the possibility of gradually increasing the dose of dialysis, etc. The freedom of choice of treatment methods and active involvement of the patient in medical decision-making has significant importance for the quality of life of PD patients (especially the mental component) and the healing process [3].

Quality of life of dialysis patients is usually reduced in comparison with people who do not require dialysis. But the quality of life of PD patients is better compared to patients on HD [3]. In addition to the disease itself, associated morbidity (co-morbidity), nutritional status, anaemia, inflammation and many other factors, including age and socioeconomic status contribute to a reduced QoL [5]. At the same time, it reciprocally applies that QoL (measured by a validated methodology) is a predictor of subsequent mortality and morbidity (hospitalizations) of patients treated for kidney failure. Determinants of QoL are analogous for haemodialysis (HD) and peritoneal dialysis (PD) patients [6]. Dialysis patients, as well as other chronically ill are exposed to stress that is caused by serious, incurable and thus lifelong disease. Additionally the patient must respect a strict dialysis regimen, which means very stressful restrictions for him/her. These patients often suffer from anxiety, depression and inferiority.

Quality of life is also affected by the physical state of the person, a so-called “functional state”, which describes mainly his/her ability of self-care and autonomy. The mental state indicates the prevailing mood, attitude to life and illness, ways of coping with the disease and treatment, personality characteristics, like experiencing pain [7]. Functional status of the locomotor system (reduced physical fitness and appearance of functional disorders of the musculoskeletal system associated with dialysis) is a significant factor influencing mobility and autarchy of patients [8–12].

Functional physical condition of the individual is naturally influenced by regular motion. To achieve a certain physiological changes in the body it is necessary to follow expert advice in the office of physical activity [13]. Motion is defined as one of the basic attributes of the health concept that affects other functions of the organism, including psychological functions [14]. Movement is a tool for social interaction [15].

In 2014 there were a total amount of 104 dialysis centres in the Czech Republic, where 6405 patients were treated till 31.12.2014, i.e. 610 patients PMP (per 1 million inhabitants). 925,725 haemoliminative performances were carried out there. 464 patients with peritoneal dialysis, i.e. 7.25% of the total patients, i.e. 41 PMP were treated. We have successfully transplanted 507 patients [16]. Number of patients in the PDL annually grows due to the high quality care, there is increasing number of ageing people (in 1995 – 51%; in 2004 – 63%; in 2009 – 68%; and in 2014 – 70%) and those with health complications, e.g. diabetes mellitus [16–19]. The term called “nephrology geriatrics” begins to be used in the field of nephrology.

It is necessary to address the question of their independence and self-care due to the continuous growth in the representation of senior age patients in dialysis treatment. In this age group, the level of autonomy and the possibility to live in their home environment is the indicator of conditional health related quality of life – HRQOL [15,20].

The topic of monitoring and influencing the determinants of physical and mental functioning of patients with ESRD is regarded as one of the few non-pharmacological activities, aimed at the population of these people. The goal is to modify or improve the functional physical fitness and to retain general independence of the patient.

Currently we rarely see the evaluation of the quality of life of peritoneal dialysis patients in our national practise.

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