

Original article

Socio-sanitary profile and information for living kidney donors and recipients in three Andalusian hospitals[☆]

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ABSTRACT

Background: Information provided by health professionals to potential donors and recipients is essential for an autonomous and objective decision to make a living kidney donation.

Objectives: To determine the characteristics of the information received by living kidney donors and recipients, to find out their socio-sanitary profile, their socio-demographics, financial and labor characteristics, health and the caregiving activity of these donors and recipients.

Methods: Observational, descriptive and cross-sectional study of the population of living kidney donors and recipients from the University Hospitals Puerta del Mar (Cádiz), Virgen del Rocío (Seville), and the University Hospital Complex of Granada, between 08/04/2014 and 08/06/2015.

Results and conclusions: According to the 40 living kidney donors and their 40 recipients surveyed, it is mainly nephrologists who make people aware and provide information about living kidney donation. Almost half of recipients require more information so the evaluation processes and pre-donation information should be updated. In general, the living kidney donor is female, aged 50, with primary/secondary education, lives with a partner and is related to the kidney recipient. Also, the living kidney donor is in paid employment, is overweight, perceives her health as very good or good, and does not smoke or drink alcohol. However, the typical living kidney recipient is male, aged 44 and has completed secondary school studies and vocational training. Furthermore, he does not work, perceives his health as good or regular, and he is an independent person for activities of daily living.

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Perfil sociosanitario e información a donantes y receptores renales de vivo en tres hospitales andaluces

R E S U M E N

Palabras clave:

Perfil de salud
Obtención de tejidos y órganos
Donantes de tejidos
Selección de donante
Trasplante de riñón
Donantes vivos
Información
Información de salud al consumidor

Antecedentes: La información suministrada por profesionales sanitarios a posibles donantes y receptores es fundamental para una decisión autónoma y objetiva de donar un riñón en vida.

Objetivos: Conocer las características de la información que reciben los donantes y receptores renales de vivo, averiguando su perfil sociosanitario, sus características sociodemográficas, económico-laborales, de salud y la actividad cuidadora de dichos donantes y receptores.

Métodos: Estudio observacional, descriptivo, transversal, de la población de donantes y receptores renales de vivo, de los Hospitales Universitarios Puerta del Mar (Cádiz), Virgen del Rocío (Sevilla) y Complejo Hospitalario Universitario de Granada, entre el 8 de abril de 2014 y el 8 de junio de 2015.

Resultados y conclusiones: Según los 40 donantes y 40 receptores renales de vivo encuestados, los facultativos de nefrología son principalmente quienes dan a conocer e informan sobre la donación renal en vida. Casi la mitad de receptores demandan más información, por lo que se deberían actualizar los procesos de evaluación y de información antes de la donación. En general, el donante renal vivo es mujer, de 50 años, con estudios de Primaria/ESO, vive en pareja, está emparentado con el receptor del riñón, realiza un trabajo remunerado, tiene sobrepeso, percibe su salud como muy buena o buena, y no fuma ni consume alcohol. Sin embargo, el receptor renal tipo es hombre, con 44 años, tiene estudios de bachillerato/FP, no trabaja, percibe su salud como buena o regular, y son personas independientes para las actividades de la vida diaria.

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Introduction

The shortage of cadaveric organs for transplantation¹ and the better results obtained with live donor kidney transplantation (LDKT) make this transplant modality the best and first option that should be offered to those who need short-term renal replacement therapy.^{2,3} The LDKT aims to significantly improve the survival prognosis and rehabilitation of the living kidney receptor, with minimal damage to the living kidney donor. In an adequately selected live kidney donor the risk of requiring dialysis or transplantation in the future is so small that there is consensus on the ethical justification of donation, under the assumption that the donor is well informed and is free to make such decision.⁴⁻⁹

Health professionals are key in the final decision of the potential living kidney donor.¹ The information provided to patients about the donation process in life is fundamental. It is one of the factors that allow an autonomous and objective decision so, if the kidney transplant is not contraindicated, the donor will consider that the option of the LDKT is of minimum risk and maximum benefit for the receptor.³

In addition to accurate and real knowledge about the process of organ donation and transplantation, the manner in which a person is informed often generates feelings about the donation, and has been positively associated with the attitude toward donation and the decision making process to donate in life.¹⁰ The number of living donors and transplants increases when the information is given in an appropriate environment

with an optimal presentation and quality of information to patients and family members.¹¹ This is important given the relationship between information provided by health professionals, knowledge, attitude and willingness to donate organs in life.¹⁰

Regarding the information of the LDKT process, there are studies taking place in areas and populations different from ours that do not analyze certain characteristics such as the informants, the format of communication used and how donors and recipients perceive the information received. In United States it has been identified aspects of the information and education that may increase the number of living donors for black people, in other minorities, older adults and in patients with low incomes. It was assumed that LDKT was more likely to occur in whites, younger adults and in high family income.¹²⁻¹⁴

Consequently, we conducted an investigation aiming to learn about the characteristics of the information received by donors and living kidney receptors, before and during the process of evaluation of potential donors and receptors, as well as evaluating their socio-health profile, the sociodemographic characteristics, economic-employment status, health and caregiving activities of donors and receptors.

Achieving these objectives may help to improve renal donation in life. To increase donations, "it is necessary to inform more and better" to both, health professionals and patients.³ It is also important to know the social and health status of living kidney donors and receptors, since some features may predict the levels of well-being and the manifestation of psychological

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