

The Quality of Life of Patients with Chronic Kidney Insufficiency in the Territory of Municipality Tutin



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Abstract

Objective of this study was to examine the quality of life of patients with chronic kidney insufficiency who are on the conservative therapy and patients who are on chronic dialysis program. It was used the SF-36 questionnaire in the form of interviews. Very good quality of life was assessed at 10.71% users of hemodialysis, pretty good at 32.13%. Patients on conservative therapy evaluated their life as very good at 16.67%, pretty good at 37.50%. The quality of life depends on several factors. How on personal perception of patients life, causes of kidney disease, method of treatment, and from social activities, working capacity, support of family and group of society.

Keywords: Quality of life; Hemodialysis; Chronic kidney insufficiency

Abbreviations: HD: Chronic Hemodialysis; CT: Conservative Therapy; CKD: Chronic Kidney Disease; KDOQI: Kidney Disease Outcomes Quality Initiati

Introduction

Chronic kidney insufficiency is characterized by slow progress of improving renal function in the months, years and reduction of kidney mass [1]. Today, three methods for kidney replacement are used in the world: Hemodialysis, peritoneal dialysis and kidney transplantation, which allow the life extension to patients who are in the terminal stage of renal insufficiency, better rehabilitation, and better quality of life. The main objective of hemodialysis treatment isn't just to enable life to patients without kidneys. The main goal is to make that extended life enriched with higher level of rehabilitation and quality.

In the professional literature, the term "quality of life" is the most frequently associated with the notion of health, it being considered that these concepts mutually influence each other, and that they are very close to. According to definition of the World Health Organization health is defined as "a state of complete physical, social and, mental well-being"[2]. Because when it is spoken about the quality of life, inevitably as a starting point of the definition of health certain aspects are used [3]. In uremia, the quality of life depends on many factors: healing, health care, environmental conditions, social support, personal perception of life.

The most frequent disorder of a good feeling is increased fatigue, bad dream, reduced working capacity. Patients who are at the program of chronic dialysis have concrete problems related to the procedure of itself treatment. They can't work full working time, they aren't able to participate in all social and family events. The specific instrument for the assessment quality

of life of patients with the chronic kidney insufficiency and users of hemodialysis is the KDQOL-SF 36. This test Kidney Disease Quality of Life Short form is introduced in clinical studies 1994 [4].

Chronic kidney insufficiency means progressively and the irreparable damage all kidney functions (excretory, endocrine and metabolic), which are manifested when more of 80% nephrons are destroyed [5]. According to the data of EDTA (European Association for dialysis and transplantation) about 100 persons on one million residents demands some form of treatment for chronic kidney insufficiency per a year (Dialysis or transplantation) [5]. The disease passes through five stages and gradually leads to loss of all kidney functions. (metabolic, excretory, endocrine). Incidence and prevalence of a kidney disease are in a steady increase all around the world which is a big health and economic problem of a society. Classification of kidney disease is disclosed into five stages by National Kidney Foundation SAD in famous KDOQI [6]. After diagnosing in first three stadiums of a disease follows a conservative therapy which coverages medical nutrition life regime and use of medical therapy. In the fourth and fifth stage it is necessary to include active therapy of dialysis or kidney transplantation. A goal of work was to examine the quality of life of patients with the diagnosis of chronic kidney insufficiency who use conservative therapy procedure or hemodialysis.

Method of Work

Research was carried out on a 52 respondents-both sexes (29 men and 23 women) from territory of municipality Tutin who used services of Medical Center Tutin and center for Hemodialysis

- 28 on program of chronic dialysis, 24 patients on conservative therapy. At the patients on CT at least the second stadium of kidney insufficiency was diagnosed. All of respondents are adequately completed the questionnaire. In the research of quality of life the KDQOL-SF 36 questionnaire was applied. KDQOL (*Kidney Disease Quality of Life Short Form*) is the specific instrument for assessment of quality of life at patients with chronic kidney insufficiency, which is introduced in clinical studies 1994. The fundamental nucleus of KDQOL's is the basic SF 36 questionnaire, which is supplemented with scales with multiple items that specifically processed problems of kidney patients on hemodialysis.

The questionnaire which is given contains a total of 80 items, of which 43 items are related to various aspects of kidney insufficiency and makes 8 subscales: symptoms of the disease, effects of renal therapy, quality of social interactions, sexual function and dream, with additional three scales related to quality of life-social support, the impact of staff with dialysis treatment and the patients satisfaction with the same. In addition to these 43 items, questionnaire also contains additional 36 items that examine the overall health status and make 8 additional subscales: physical functioning, limitations caused by physical health problems, social functioning, emotional well-being, pain, energy). The reserch is conducted in four phases. In the first phase a pattern in which the experiments are conducted is formed. In the second phase the research is conducted. In the third phase the

results obtained from the survey were analyzed and statistically analyzed, with the program IBM SPSS statistics 20.

Respecting the ethical requirements, all respondents were met with the basic objectives of research and information that the obtained data will be exclusively for scientific purposes, as well as to guarantee the anonymity of all received and the identity of respondents. All subjects gave their written consent for participation in a given survey. For subjects who reported about physical dissabilities (for exmple: bad eyesight, attached dialysis machine at hand he writes with etc.), which hindered to adequately fill in the questionnaire, was provided experts help (by examiners) in order to successfully completing the questionnaire.

Result

Age of the tested patients was 30-72 years. Patients who were on the program of chronic dialysis rated the quality of their life as very good at 10,71% pretty good 32,13%. Patients who are in CT rated the quality of their life as very good at 16.67% , pretty good a 37.50%. In regard to physical health, ability of work is endangered at 46.43% users of hemodialysis and 12.50% at patients who are on CT. Within the working capacity of other people's care and assistance depends 85.71% users of dialysis and 8.33% patients on CT. That in the last 4 weeks worked some paid job, positively answered 7,14% users of dialysis and i 33,33% patients of CT (Figure 1).

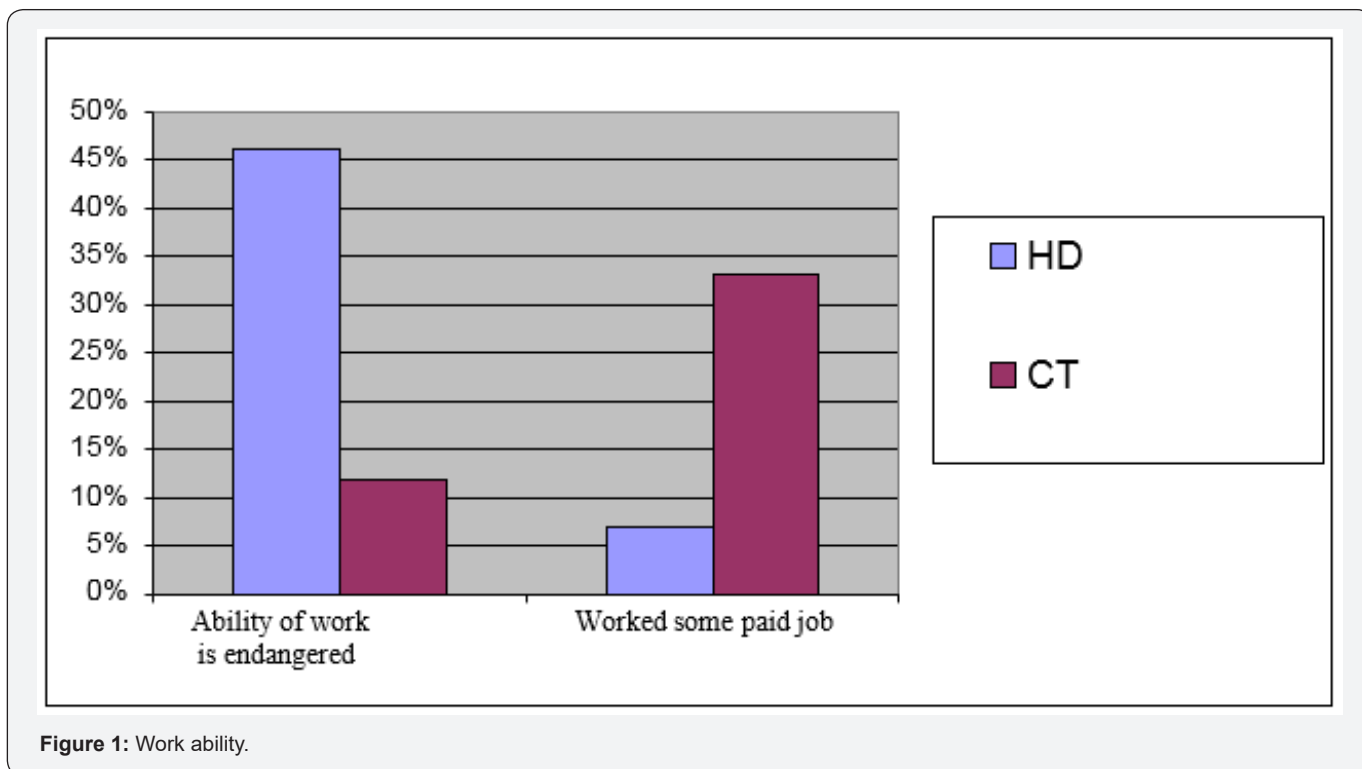


Figure 1: Work ability.

Overall quality of sleep on a scale from 1 to 10 users of HD rated on average 7,0 patients on CT rated average 8,5. Support which they receive from family and friends as very satisfied rated 37% users of dialysis and 54% and users on CT very dissatisfied 25% users of dialysis and 18,6% patients on CT (Figure 2). Depressed mood is present in a larger percentage at the users

of dialysis (Figure 3). Their health on scale from 1 do 10 users of dialysis average rated 7,5 patients on CT 7,9. At the 46.43 % users of dialysis received answer was that require treatment with more than 5 drugs, 29.17 % patients on CT answered that take more than five drugs.

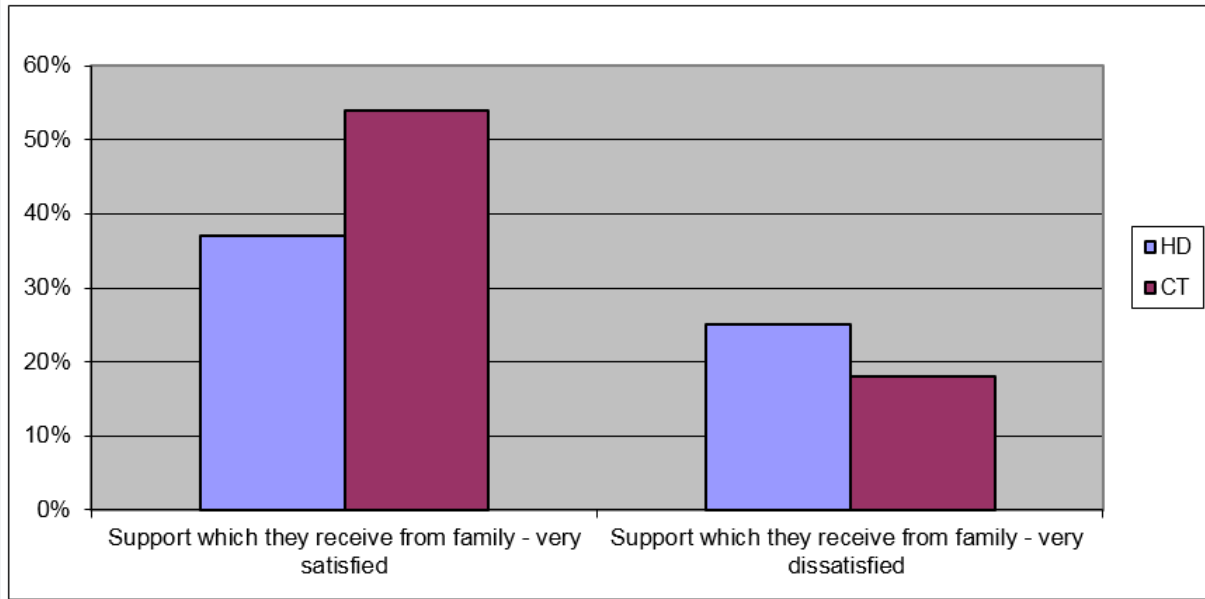


Figure 2: Satisfaction with the provided support.

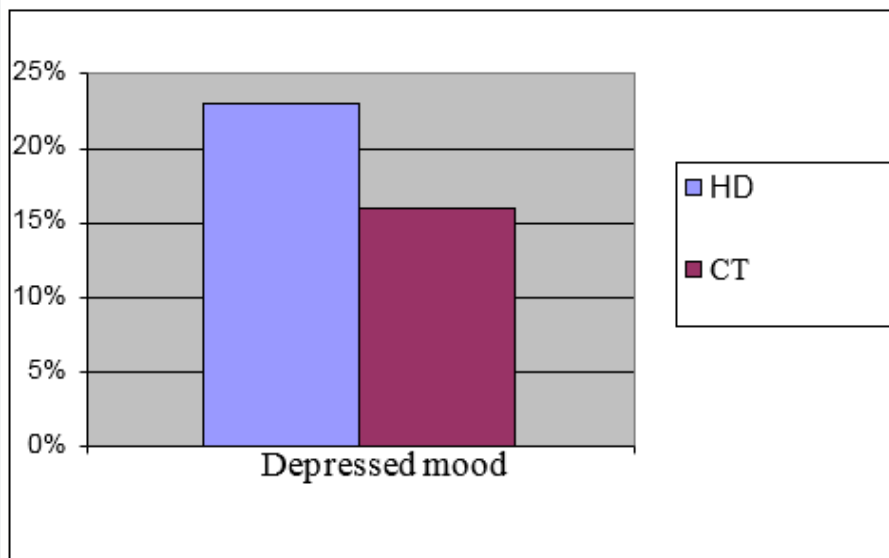


Figure 3: Depressed Mood.

Discussion

Results of the research suggest that bad results in certain domains of bad life quality of patients with chronic kidney disease depends on many factors. The importance of connections between quality of life and depression among people with chronic diseases has been repeatedly confirmed [6] (VI). In a few studies it has been determined that the individual domains of health, and thus the quality of life is greatly influenced with sex, age, marital status, employment, presence of other diseases [7,8]. Research of this study showed as many so far conducted studies that younger people are more satisfied with quality of their life, able to work, involved in a social activities. Although today there is a good therapy that is used at patients with chronic kidney insufficiency

as well as at patients on dialysis, researches shows that many life functions stay remain disrupted.

Conclusion

Analyzing part of the questionnaire from the field of physical aspect of health significantly higher degree of damage is noticed in a group of patients on chronic program of dialysis. Damage of mental health aspect is something more expressed at the users of hemodialysis in relation of the patients on CT. The quality of life with chronic kidney disease depends on individual perception of patient, stage of kidneys damage, the way of treatment, as well as the quality of the providing health service, cooperation with medical staff. A significant impact on quality of life depends on the support from the family and society as a whole.

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