Psychocial and Clinical Variables Affecting Quality of Life in Patients with End-Stage Renal Disease (ESRD)

By

M. H. Al-Atrony, M.F. Abolhoda; R. M. Aljamal and H.A. Al-Boraey

ABSTRACT

Background: The presence of chronic diseases like End-Stage Renal Disease (ESRD) may induce anxiety and/or depression. Both factors may strongly affect the perception of Quality of Life (QOL)in these patients, not only in the psychological, but also in the physical domain. There is close relationship between QOL, morbidity, and mortality. The Quality of Life of patients with ESRD seems to depend on several factors. The extent of the effects of these factors on the Quality of Life of patients needs to be investigated. Patients and Methods: 120 Adult patients with End-stage renal disease (ESRD) patients undergoing hemodialysis and successful renal transplantation at Mansoura Urology and Nephrology center, Mansoura University, Mansoura, Egypt who attended the clinic at the period from June, 1997 to December, 1999. A. Patients under hemodialysis (HD group): were classified into two groups to study the effect of increasing hemodialysis period (chronic HD) on their psychiatric/psychosocial aspects. Group 1: Thirty patients with ESRD undergoing Hemodialysis for 6 months or less (brief hemodialysis). Group II: Thirty patients with ESRD undergoing hemodialysis for more than 6 months (chronic hemodialysis). B. Patients with renal Transplant : Group III: Thirty patients with successful renal Transplant. Results: There was a significant effect of hemodialysis period on Quality of life scores. Females had lower quality scores than males, but it was not statistically significant. Depressive disorders, cognitive impairment, and somatization disorder had a significant effect on QOL (i.e. had bad QOL). The effect of sleep disorders, anxiety disorders, and sexual disorders on Quality of Life was not statistically significant. High educational level was associated with low score of quality of life. Patients in the Transplantation group had better Quality of Life compared to those of the Hemodialysis group. Conclusions: On the light of this study it could be concluded that there are several psychosocial and clinical factors including the type of therapy (hemodialysis or transplant) which have variable effects on the Quality of Life of patients with ESRD.Their contribution to mortality, and their proper identification should be investigated more thoroughly. The roie of the psychiatrist in ESRD management team is important in different phases of disease management, and he should be actively participating in the team activities and decision, to improve the quality of care provided to those patients.

Introduction

The most severe form of renal disease is renal failure, a life threatening condition known as end-stage renal disease (ESRD). ESRD is a chronic, debilitating disease for which kidney transplantation or hemodialysis as well as intensive management of every day living are required (Furr, 1998; Dew et al., 2000).

The relationship between physical health and psychosocial functioning is not one-way. As patients become more psychologically and socially impaired by the disease, treatment compliance becomes irregular and the possibility of developing medical complications rises. In fact, life expectancy of patients with ESRD is largely predicted on their psychosocial well being (Burton et al., 1986).

Health–related Quality of Life (QOL) has been s –usually- used to refer to health-related defined in different ways over the years. This concept is a complex one and to date has not been well defined. However, health has a very important influence on QOL, and both concepts are closely related. Therefore, QOL in patients with chronic disease QOL.The presence of chronic disease may induce anxiety and/or depression. Both factors may strongly contribute to the perception of QOL, not only in the psychological, but also in the physical domain. There is close relationship between QOL, morbidity, and mortality. Numerous generic instruments for evaluation of QOL