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QUALITY OF LIFE OF PATIENTS UNDER TREATMENT BY HEMODIALYSIS

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Rezumat

CALITATEA VIEȚII PACIENȚILOR HEMODIALIZAȚI

În studiul prezent au fost evaluați parametrii calității vieții, nivelul depresiei, statusul mental, sfera cognitivă și particularitățile psihosociale a pacienților cu BCR st.V K/DOQI, aflați la tratament prin hemodializă și examinați pentru un transplant renal ulterior. S-a determinat că rata medie a valorilor calității vieții evidențiază indici scăzuți de îndeplinire a rolurilor cu statut fizic și emoțional, impactul BCR asupra tuturor sistemelor organismului, simptomele stres-factorilor prezente permanent; somnolența crescută; cauzele creșterii în greutate, între două dialize, sunt atribuite nerespectării regimului de lichide; metode alternative de luptă cu setea sunt cunoscute și utilizate de puțini respondenți.

Topicality of problem

The attitude of somatically patient towards the illness is differential one. It is related to the type of reaction, level of intelligence and culture, and to his general education. Some individuals pass through sufferings very easily, others try to hide the affections they suffer [2]. The somatic diseases are accompanied by changes of emotional-affective behavior or even by neurosis reactions according to duration of disease evolution and to gravity of its "image". The disease image has more components. Firstly, it is the product of the patient's imagination. Secondly, it is related to attitude of the patient's surroundings, especially of family, of the closest people. Thirdly, it is the product of medicine. In such a sense, the following factors have an important role: repeated medical consultations at different specialists and different opinions, their contradictories; numerous examinations, change of diagnosis, therapeutic tests etc. [5].

The disease image is accompanied by a sense of anxiety, insecurity, related to danger which threatens the health, integrity and, finally the life of respective patient. All these create, besides the real disease, the second illness, physical, of reactive type caused by subjective anxiety by the patient of his own disease.

The most frequent psychiatric manifestations which may appear in dynamics of some somatic diseases with slow evolution or chronic diseases, severe, are the anxiety, pathologic panics, depression, insomnia, ideas of suicide implemented for many times in suicide acts etc. An especial important sphere in this point represents the study of the patient's psychology [2]. A significant contribution in analysis of this problem is of E. Kübler-Ross who studied the psychology of the patient and its changes, beginning from the moment of shock of finding the diagnosis till the terminal phase of disease [3]. The life quality is presented by individuals' perceptions on their social situations,

in the context of cultural values systems in which they live, and depending of own needs, standards and aspirations [6, 7, 8]. More specifically, by life quality in medicine is understood the physical, psychical and social welfare, as well as the patients' capacity to fulfill the common tasks in their daily existence. A utilitarian definition is proposed by Revicki & Kaplan [4]: life quality reflects the preferences for some conditions of health which permit the improvements of morbidity and mortality that are expressed in a single specific feature – standard life years as the life quality.

In the context of activity from medical sphere it is required the search of some operational criteria for measuring of the life quality of the patients

The life quality determines: level in which own hopes and ambitions are realized in daily life; perception of life position of a person, in cultural and axiological context in which he/she lives and in relation to own aims, aspirations, standards and preoccupations; appraisal of own health condition by means of relating to an ideal model [1].

Tasks

Appraisal of parameters of life quality, depression, mental condition, particularities of cognitive and psychological sphere of the patients with Chronic Kidney Disease in Hemodialysis and Renal Transplantation Department of Public Medical-Sanitary Institution Republican Clinical Hospital.

Materials and methods

In this study participated the patients treated by means of hemodialysis more than 3 months. For research we used the questionnaires: Examination of cognitive functions; Kidney Disease Quality of Life Short Form (KDQOL-SFTM), version 1.3; Mini Mental State Examination; Beck depression inventory;

Psychological evaluation of hemodialysed patients not observed the liquid regime. We applied the research methods at 25 persons: 76% men, 24% women – mean age $42 \pm 2,7$ years old. IRC etiology: 52% chronic glomerulonephritis, 24% chronic pyelonephritis, 12% pancreatic disease, 4% inherited nephropathy, 4% renoprival condition, 4% chronic tubulointerstitial nephritis. The duration of treatment by dialysis: 12% till 1 year; 32% - 1-2 years; 4% - 2-3 years; 8% - 4 years; 4% - 4-5 years; 36% - more than 5 years. There was used the method of calculation of mean of values and correlation Pearson with the help of statistical program SPSS – 17.

Results

As a result of processing of questionnaires results we elaborated a profile of comparison of mean of parameters researched at patients treated by means of hemodialysis.

According to obtained results, we may estimate that the cognitive function at examined patients is kept at the average 75% (18.68 of max 25); it is presented a moderated depression with indices 18 (16-23 moderate); general condition (GH) is appreciated as being satisfactory at mean level (49%); physical role (PF) is evident (70.2%); physical condition (RP) and emotional condition (RE) are estimated as being lower of mean level (36% and respectively 39%); social activity (SF) at the average is 63%; pain (BP) 50%; vitality (VT) or wish to life, to live is estimated at 73.5%; psychical health (MHP) 65%; physical component (PH) is self-appraised as being more decreased 42.7%; mental component (MH) evidenced that among those present at research is in mean levels 59.24%; MMSE – 17.4 of max 25.

The symptoms specific to Chronic Kidney Disease in st. V and stress-factors are presented oftener than is desired by the patients 62.53%; dialytic CRD effect at mean level 47.74%; dialytic CRD impact was major and is perceived as in-adaptation to disease 25%; labor state maximum reduced 12%.

The patients with CRD treated by means of hemodialysis, try to keep the relations with society 78%; sexual function is kept at level lower of average 39%; sleep and sleepiness are presented in symptomatology of those patients 70%; have necessity of social assistance 78%; encouragement from medical staff receive 71%; satisfaction of patients towards the medical assistance in dialysis section is appraised at level lower of average 56%.

The results obtained as a result of calculation of average values and indices of validity at symptoms and stress-factors, presented in treatment by means of hemodialysis, we may estimate that at patients with CRD phase V treated by means of hemodialysis, the pains in muscles (2,92), colic (2,4), skin itch (1,92), dry skin (3,16), shortness of breath (2,56), absence of appetite (2,4), chronic fatigue (2,44), numbness (2,12), stomach problems are presented approximately permanent and needs the knowledge of alternative treatment methods for decrease of these disturbing and obsessive symptoms.

The obtained results according to evaluation of in-compliance to liquids of dialyzed patients put in evidence some parameters, both social position and frequency of use of harmful substances which include smoking, drinking of alcohol beverages. We may observe that the indices for smokers are practically equaled to zero (average answer 0.04), but for drinking of alcohol beverages is 11%, as explication some of patients answered that they do not want to be “white crow” at meetings with familiars and friends. Financial difficulties at majority of them are moderate, being

helped by relatives and children, without whom they would not manage with elementary necessities. From experiment only some persons live by oneself, the rest persons live with the family. The occupied place of health in priority order – only 11% from subjects did not offer them the first place. During the study the patients, being encouraged by the moment that they are in the waiting list for transplantation, have evaluated the impact of dialysis on daily life at moderate level, with the thought that as healthier they be as faster the waited event approaches.

At appraisal of knowledge about the liquid regime, the patients answered at questions related to weight, danger of overweight, own opinions about alternative methods of resistance at consumption of liquids. At question about the interdialytic weight gain the last 3 meetings, the mean answer was $m=1-2$ litres, but at question about the weight allowed between two dialysis $m=3-3.5$ litres. The effects of non-observance of liquid regime were presented in 16% of cases; effect of liquid consumption as harmful for health was evidenced 16% of cases. The causes of weight gain between two dialyses above the allowed level are considered the nutrition in 9% of cases, the rest being attributed to non-observance of liquid regime. At request to enumerate 3 methods in which may be “deceived” the thirst perception, 18% of respondents enumerated the mouth wash with cold water, iced water, hot tea without sugar, lemon. When they were asked, why a maize seed keeping in mouth may keep off the thirst perception, only 3% answered that when masticating it is swallowed own saliva and is reduced the thirst perception. Popular methods to keep off the thirst perception are used successfully by 3% between the researched patients.

The self-appraisal at the subject of susceptibility and severity of disease has estimated the following results: 3% of respondents consider that they are in danger because of weight they come between two dialyses, symptoms because of overweight feel 4% of them (closeness, gravity at movement, hypertension, cardiodynia). When they were answered, how much is important for them at the moment to reduce the interdialytic weight – 44% of respondents chose this parameter as begin valuable for them. The appraisal of personal success perceived regarding the limitation of liquid consumption, was appraised with 26% of patients; measure in which they consider that the success is due to personal efforts is 30%; chances to resist the liquid consumption even when they feel thirst very much – 20%; measure in which they are preoccupied by liquid restriction is 19%; measure when they appealed to the help of other persons in order to manage to limit the liquid consumption – 5%.

At report costs-benefits the respondents supposed that the applied force for limitation of liquid consumption would be from moderate (3 points) till difficult (4 points), excluding totally the variant – very difficult (5 points); the necessary time to adapt to liquids limitation would be at moderate level (3 points), ones answer with less values – at all (1) or little (2). At answer, in what extent they consider that limitation of liquid consumption is benefic for their health and if merits the effort, the majority answered positively (max 1). The appraisal of difference, if they would come to weight recommended by the physician for long and short term – majority chose the variant of answer – moderate changes to good. The appraisal of cost-benefit on scale from 1 to 10, the results were correspondingly 5,4 and 7,4, which proves that the limitation of liquid consumption as cost is the reduced level, but the benefit is quite much.

The appraisal of influence of CRD symptoms has determined

that it is not depended how many months, as time value, the patient is treated by means of hemodialysis, the impact of Renal Disease is very much $p=0.902$. The appraisal of CRD effect has evidenced that exist the positive correlations with impact of Renal Disease, functioning of cognitive processes, social interaction of those patients; satisfaction towards the treatment correlates positively with frequency of encouragements received by the patients from medical staff from dialysis section; as the impact of Renal Disease is more influent, so its effect in self-appraisal of the patient is more difficult; there exists a statistically significant negative correlation which evidences that as the patients younger, so the frequency stress-symptoms is more. For symptoms specific to CRD there exist the statistically significant positive correlations between the parameters of pain in muscles, colic, skin itch, shortness of breath, numbness, chest pain, nausea, dry skin, faint, absence of appetite.

As a result of made calculations we may estimate that there exist the statistically significant negative correlations between the pains in muscles as symptoms specific to CRD with emotional state and social activism as factors of life quality according to SF-36. Between other physical symptoms characteristic to CRD and rest of parameters of self-appraisal of life quality were determined the statistical negative correlations, which evidences the fact that when physical symptoms are manifested with much intensity, then the life quality of those patients reduces evidently from $r = -0.401$ till $r = -0.617$ for $p < 0.05$.

Correlation Pearson for factors SF-36 and psychosocial evaluations determined the presence of statistical positive correlations between some parameters which estimate that self-appraisal of the level of general health correlates with general state of health, fulfillment of roles with emotional status, social activism, mental/psychic component of health; does not correlate absolutely the factor of fulfillment of roles with physical status and physical functioning.

Discussions

Presence of psychological problems at patients with CRD treated by means of dialysis, according to data from literature, is confirmed at 80% of patients. The type or initial reaction of

the patient to diagnosis of CRD includes: shock, grief (loss, helplessness, despair), negation and finally acceptance. As well the patients understand, often not from beginning, that dialysis is not curative. Incidence of depression varies between 5-60%. A true clinical depression is less frequent than "sentiment of sadness". The depression is related to loss: loss of renal functions, physical and cognitive capacities, sexual function, role in family, labor and community life, caused by severe medical disease. Anxiety is presented at 50-70% of the patients and is related to social status, labor, long term health, mortality, financial conditions, access to dialysis. Till 65% of patients have not ever sexual contact, though half of them would like to have. The other important factor is non-compliance identified at 50% of the patients. Finally, good physical and mental condition of medical staff may affect and may be affected by the patient's condition. On the contrary, the psychosocial adaptation is crucial for survival for long term.

Conclusions

On the basis of made study we determined that: average rate of values of life quality evidencing the indices of fulfillment of roles with physical and emotional status, physical functioning, is more decreased because of symptoms specific to CRD, impact of CRD in dialytic phase V on labor status, sexual functions, self-appraisal of general health condition; pains in muscles, colic, skin itch, dry skin, shortness of air, absence of appetite, chronic fatigue, numbness, stomach problems are presented approximately permanent; symptoms stress-factors are presented often than these patients wish; sexual function is kept at level lower than possible average; sleepiness presents at 70% of the patients; necessity of encouragement from the medical staff; causes of weight gain between two dialyses above the allowed level are attributed to non-observance of liquid regime; alternative methods of struggle with thirst are used by 3% of the respondents; majority of studied parameters are intercrossed at different levels and have a major influence on life quality of the patients with Chronic Renal Disease dialytic st. V, and when is reduced the manifestation of some, then appear the changes at other symptoms and specific particularities.

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