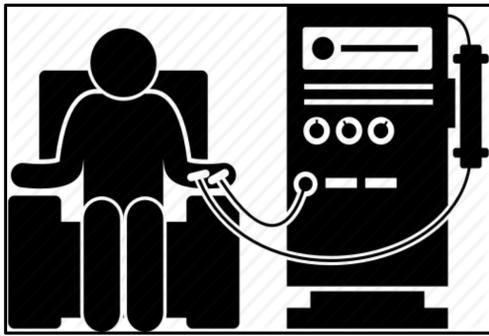


Can we improve the quality of life of people living with dialysis?

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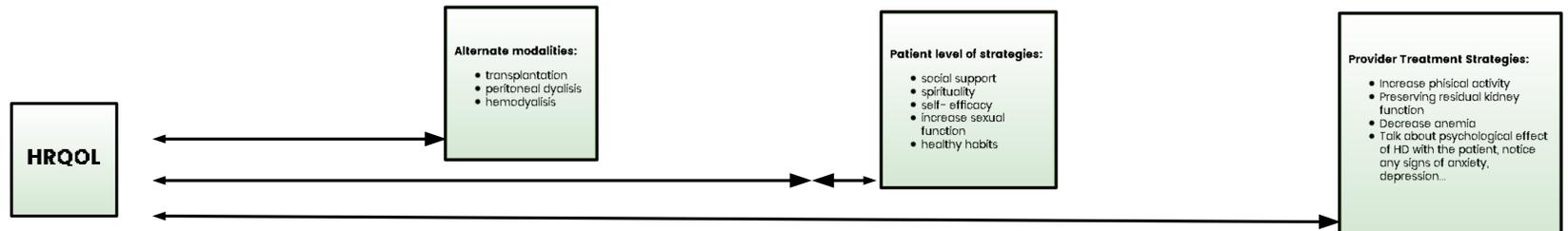
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Introduction:

Recently the medical community has been putting an emphasis on the link between health issues and quality of life. Studies show that the interest for understanding the quality of life when it comes to health has also been on the rise, and effort has been made to measure the quality of life in terms of health and health issues (Health Related Quality Of Life- HRQOL). Every day diagnosticians are faced with patients who suffer from chronic kidney disease. Nurses and other members of medical teams are noticing the changes in the quality of life of their patients. A large percentage of patients on dialysis are mentally healthy people who have been faced with huge stress caused by the lack of function in their kidneys. The fact that patients on dialysis are aware that there is no cure for their disease and the procedure is merely a means of keeping them alive is one of the factors which leads to every fourth chronic kidney disease patient developing depression. On top of that, almost all patients deal with maladaptation in the first three months after starting dialysis. Moreover, a lot of patients feel guilt and feel as if their bodies betrayed them. This leads to a lot of patients feeling that the illness is a way of paying for their sins, which in turn leads to anxiety.

Health-related quality of life (HRQOL)



Phases of mental status of patients during hemodialysis treatment:

1. Stress

Stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure)

- Impact on everyday life
- Every person has its own way with dealing with stress (some do it better, some don't)
- Stress can initiate the "fight or flight" response
- Complex reaction of neurologic and endocrinologic systems.

2. Anxiety

"...a feeling of worry, nervousness, or unease about something with an uncertain outcome"

- Patients have a subjective unpleasant feeling of nervousness
- The feeling of imminent death
- Various types of anxiety
- Physical and psychological manifestation that can lead into anxiety disorder

Case report:

S.L., 1967., female

Dg.: Insuffitientio renalis chr. - HD iterativa;

Lupus erythematosus systematicus.

St. Post TX renis cadaverica (9/2002.)

Hypertensio arterialis.

Haematoma inflamata regio iliacaalis post.op.

St.post evacuatio haematomae post.op.

Graphectomia propter rejectio grati acuta cellularis et humoralis

Anamnesis:

-healthy as a child

-1997 pregnancy with manifestations of EPH gestosis

-after childbirth starts with plasmapheresis and HD

-afterwards diagnosed systemic lupus erythematosus with nephritis

-2002. Tx 2 children kidneys, with development of 1 kidney hydronephrosis, followed by nephrectomy

-3./2017. she had a strong immune reaction (combination of ac. Cellular and humoral rejection)

-since then she is on hemodialysis with inadequate vascular dialysis approach (several times construction of AVF, with temporary CVC)

-7./ 2018. Tessio catheter v. subclaviae sin



About the patient

S. L. was born in Zagreb. She has a master degree in molecular biology, at the age of 24 she went to Graz, Austria, and got a Ph.D. at 28 as the first in her class. She was a specialist in fat metabolism and the formation of atherosclerosis. At the age of 30, she decided to put her scientific career on wait and to become a mother. After the birth of her daughter, she was diagnosed with systemic lupus erythematosus, which caused chronic renal insufficiency. She began with HD and plasmapheresis (which caused a serious allergic reaction).

After 2 years of HD, she was transplanted with 2 childrens kidney, but 1 of them developed hidronephrosis, and she was preceeded into nephrectomy.

She lived 14 and half years with the transplanted kidney, but then the body started to rejecting it. She needed HD all over again.

She is a very optimistic and positive woman, she understands that everyday is a battle, she always has a smile on her face, despite she is a scientist, she has a knowledge that a human is body and soul.

She sees the beauty in every day.

- "Between 2 dialysis I live a normal life, I don't give up on anything. I have a company that deals with the promotion and sale of products that protect human health and keep the environment that I have opened up until I was transplanted. I sell my products via webshop.
- Now, while I'm on dialysis I do less, on my own tempo, those days when I'm not on dialysis I'm doing more, and those when I go to dialysis, I work before and after dialysis. The time I didn't had a temporary CVC I went regularly to pilates - even 3x a week, now a walk my dog 4 times a day.
- On weekends I go to the sea or I go out with my friends. Thanks to good and regular dialysis, I do not miss out on my friends who are mostly my age."



Conclusion

Achieving a good quality of life in patients on dialysis should be the most important goal of providing medical care to these patients. According to studies, people living on dialysis are faced with a much lower quality of life than the average healthy population. If we take into account that the chronic kidney disease remains one of the major public health issues in the world, it is extremely important to work on ways in which physicians and medical institutions can improve the quality of life in patients on dialysis, especially now when treatment is largely affected by technological innovations. Medical care in patients on dialysis should be completely patient centered. By using the information provided by the patient, caregivers can in turn provide better care. The quality of care offered by nurses and physicians is largely dependent on the way they see patients' physical and mental health. It is of extreme importance to include the patient in the course of treatment, therefore making the patient an active participant of the caregiving team. In this case report is presented in order to showcase how the quality of life in patients on dialysis can be improved by following examples from everyday practice.