

COMPARING IMPACT FACTORS ON THE QUALITY OF LIFE IN PERITONEAL DIALYSIS WITH HAEMODIALYSIS

Beáta Biró, István Kiss †, Anita Lapatinszky, Olga Kerkovits

B. Braun Avitum Hungary, Dialysis Center No. 1., Budapest

INTRODUCTION

Our aim is to compare impact factors on the quality of life in case of peritoneal dialysis and haemodialysis. We already presented our results with 107 patients on chronic haemodialysis in September 2017, at the 46th EDTNA/ERCA Conference.

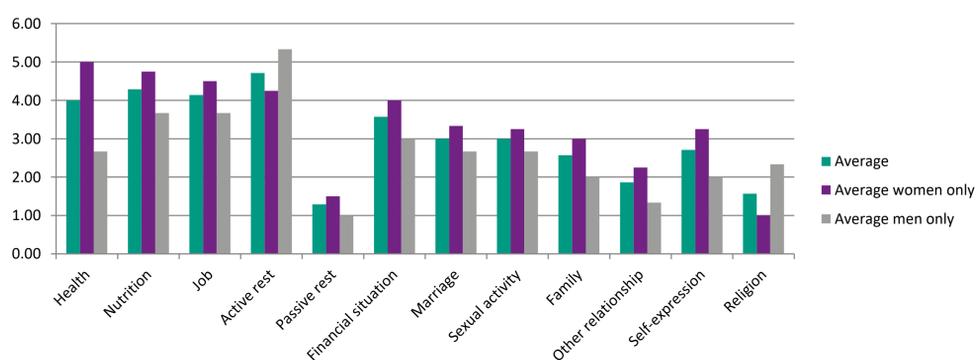
OBJECTIVE

Patients require help dedicated to their problems in the healthcare and social network. We would like to know better the quality of life of our patients on peritoneal dialysis in different age groups. With this knowledge we have the opportunity to help education in the predialysis care to find the best renal replacement therapy according to the patient's lifestyle and support the adherence to PD treatment.

METHOD

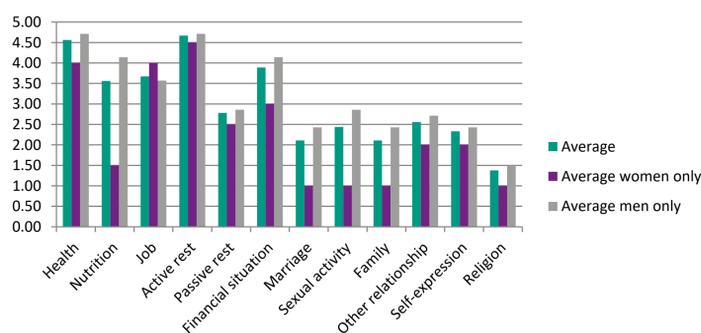
We asked our 39 patients on peritoneal dialysis about their health, quality of life and the satisfaction with healthcare in March 2017. We used the Illness Intrusiveness Rating Scale and the Kidney Disease and Quality of Life (KDQOL-SFTM) questionnaire. Altogether, only 30 questionnaires of the total 39 were analyzable. We compared the results with the data of patients on chronic hemodialysis and measured the effect of factors on the quality of life taking gender, age and comorbidities into consideration.

Budapest PD (7 patients): illness intrusiveness under 40 years old



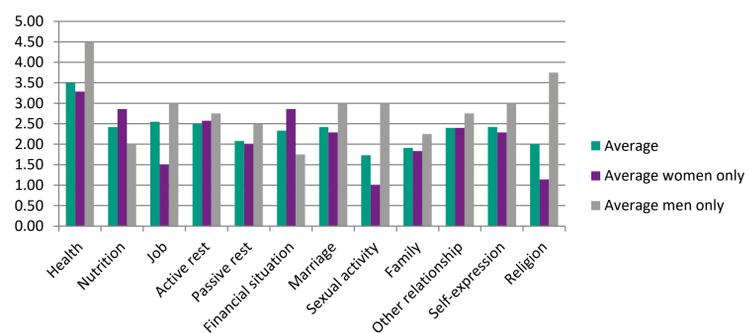
Although financial situation played a prominent role in all hemodialyzed age groups, it did not have such a great emphasis in the younger peritoneal dialyzed generation. Young women usually give higher scores for the other factors than men, but active rest and religion got greater attention from young men. In hemodialysis we saw nearly the same impact of the factors among young men and women.

Budapest PD (9 patients): illness intrusiveness 40 to 64 years old



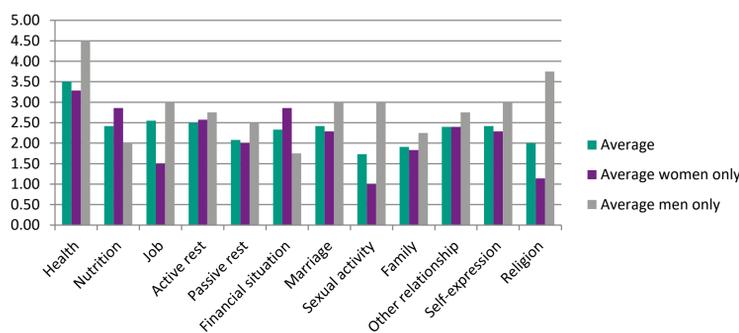
In the 40–64 year-old age group, illness intrusiveness rating is higher among men for every factor than women, except job and passive rest where women feel the same effect. In this age group of haemodialysis, the illness intrusiveness rating was higher for every factor among women than men. Hence we can conclude that women on peritoneal dialysis have better quality of life than women on haemodialysis. All the given scores were higher in haemodialysis.

Budapest PD (12 patients): illness intrusiveness 65 to 80 years old



Among peritoneally dialyzed men in the 65–80 age group health, job, sexual activity, marriage and religion are prominent factors. Comparing the 40–64 and 65–80 year-old age groups in hemodialysis, the gender difference was less marked in the older generation except for sexual activity, where the illness intrusiveness rating of men is higher based on the answers of the older age group.

Budapest PD (2 patients): illness intrusiveness above 80 years old



For both gender between the two elderly peritoneal dialyzed patients, family, other relationships, self expression and religion is more important than other factors.

In hemodialysis for women over 80 years old, job and financial situation were more pronounced, while for men in this age group active rest and self-expression were more marked. Although the importance of the financial situation decreased with advancing age in hemodialysis, it still had a prominent role alongside health, job and nutrition compared to the other factors.

RESULTS

One third of our peritoneally dialyzed patients are diabetic and half of them have heart disease. All of them have hypertension. The impact of illness is dominant regarding general health, nutrition and job in every age group in hemodialysis, but the given scores were lower. In the peritoneal dialysis group nutrition is important for men between 40–64 years. Active recreation affects the life of the younger generation. Male PD patients older than 40 think that end stage kidney disease has a negative impact on their marriage. Elderly patients' priorities include their family and social connections.

CONCLUSION

The peritoneal dialysis team can be a cornerstone of the patient's adherence to the treatment so we should be ready for their questions before making a decision related to them. Although our patients are very satisfied with the care received from our peritoneal dialysis team, we do not think that we can stop updating our knowledge, because we still think that the engagement of a well educated dialysis nurse is prominent. Patients require help dedicated to their problems in healthcare and social network. Probably modality selection can be driven by the cognition of our own PD and HD population.