

Emotional disorders related to pain and clinical aspects in patients undergoing chronic haemodialysis.





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INTRODUCTION

- Haemodialysis patients  stressful and threatening situations since diagnosis. The impact of **emotional disorders** can play a role in adaptive behaviour and can be a determinant to the progress of the chronic illness (DeJean *et al.*, 2013).
- Chronic kidney disease  **stress** and **reduces the quality of life** (Perales-Montilla *et al.*, 2013).

INTRODUCTION

➤ Progress in medical technology **vs** Progress in psychosocial well-being.

➤ KDIGO recommends to control the levels of health related quality of life as well as other clinical parameters.

➤ **Negative emotions** can increase: morbidity and mortality of patients



INTRODUCTION

Publication of the EDTNA/ERCA and Arbor Research Collaborative for Health, and DOPPS in 2017: Ten years of Collaboration;

- HRQOL ↔ death
- HRQOL is a better indicator to identify mortality and hospitalisation than serum albumin (Mapes *et al* 2003) (Tentori *et al* 2010)



INTRODUCTION

- Emotional Intelligence (EI) as an indicator of:

- Health
- Well-being
- Vital satisfatcion
- Coping strategies
- General psychological adjustments



- EI is composed of three areas:
attention, clarity and repair of the emotions.

(Martins, 2010) (Schutte, 2007) (Salovey *et al.*, 1995)



INTRODUCTION



Pain produces:

- increase depression symptoms
- decreases quality of life
- it has an impact to the survival
- it has an impact to the comorbidity of patients who are on chronic HD treatment.

(Davison *et al.*, 2014) (Martin *et al.*, 2014).

OBJECTIVES

- 1.-Describe the correlation between **anxiety**, **depression**, **emotional intelligence** and **quality of life** in patients undergoing chronic haemodialysis treatment.
- 2.-Explore the correlation between **anxiety** and **depression** with **clinical aspects** such as urea, haemoglobin, PCR, phosphate and potassium in blood.
- 3.-Analyse the impact of **pain** to **anxiety** and **depressive** levels.

METHODOLOGY

- **Design:** An observational, single group cross-sectional study with correlational analyses.

- **Participants:** 138 patients / 4 haemodialysis units of Spain

- **Instruments:**
 - Hospital Anxiety and Depression Scale (HADS)
 - Kidney Disease Quality of Life-Short Form (KDQOL-SF)
 - Trait Meta Mood Scale (TMMS-24)
 - Visual Analogue Scale (VAS)

RESULTS (1)

Means and typical deviations of anxiety according to the levels of emotional **attention** ($p < 0.05$)

Means and typical deviations of depression according to the level of emotional **repair** ($p < 0.05$).

	Levels of emotional attention	M DT	F p	Shceffé Post-hoc p
Anxiety	low emotional attention	5.41 3.787	4.146 0.018	(p<0.005)
	adequate emotional attention	7.21 4.63		
	excessive emotional attention	8.31 5.44		

	Levels of emotional repair	M DT	F p	Scheffé Post-hoc p
Depression	Low emotional repair	8.32 4.28	6.17 0.003	1-2: 0.02 1-3: 0.006
	Adequate emotional repair	6.23 4.01		
	Excellent emotional repair	4.80 3.12		

RESULTS (1)

Means and standard deviations of the different scales of renal quality of life according to the levels of emotional **attention** ($p < 0.05$):

Renal quality of life scales	Levels of emotional attention	M DT	F p	Post-hoc Scheffé p
Renal disease effects	low attention	57.03 20.18	3.45 0.034	1-3: 0.038
	adequate attention	52.42 21.04		
	excessive attention	41.99 22.06		
Cognitvie Function	low attention	18.12 21.30	3.668 0.028	1-2: 0.036
	adequate attention	27.87 19.81		
	excessive	26.66 22.22		

RESULTS (1)

Means and standard deviations of the different scales of renal quality of life according to the levels of emotional clarity ($p < 0.05$):

Renal quality of life scales	Levels of emotional clarity	M DT	F p	Post-hoc Scheffé p
Sexual function	Low emotional clarity	66.38 35.63	3.348 0.038	1-2: 0.045
	adequate emotional clarity	48.31 35.28		
	excellent emotional clarity	51.56 40.00		
Patient satisfaction	low emotional clarity	77.40 19.83	3.055 0.050	1-3: 0.054
	Adequate emotional clarity	83.05 17.87		
	Excellent emotional clarity	88.01 19.04		

RESULTS (1)

Means and standard deviations of the different scales of renal quality of life according to the levels of emotional **repair** ($p < 0.05$):

Renal quality of life scales	Levels of emotional repair	M DT	F p	Post-hoc Scheffé p
Deterioration of cognitive function	low emotional repair	23.65 22.20	5.453 0.005	1-3: 0.045 2-3: 0.005
	adequate emotional repair	26.49 20.66		
	excellent emotional repair	9.66 13.76		





RESULTS (3)

Mean, standard deviation and results of ANOVA of pain scores according to **anxiety** diagnosis

Pain	Means	SD	F	p
Absence of anxiety	2.94	2.91	8.06	<0.001
Doubtful anxiety	4.56	3.16		
Clinical Anxiety	5.35	2.84		

Mean, standard deviation and results of ANOVA of pain scores according to **depressive** diagnosis

Pain	Means	SD	F	p
Absence of depression	2.62	2.53	15.09	<0.001
Doubtful depression	4.93	3.23		
Clinical depression	5.75	3.18		

DISCUSSIONS & CONCLUSIONS

- ✓ It is globally known that a high number of patients who are on chronic HD treatment suffer from pain, anxiety, depression and a low quality of life (García-Llanta 2014)



DISCUSSIONS & CONCLUSIONS

- Nursing care plan:

Holystic evaluation and treatment of patients:
Physical, psychological and social: pre-HD,
during HD and monitoring.

- Emotional Intelligence training
program for the patients



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Thank you

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