

The impact of psychological conditions and established adaptation strategies on QoL in ESRD patients

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Valencia, 2016

QoL and CKD



World Health
Organization

- According to the WHO, Quality of life is defined as the individual's perception of their own position in the specific cultural, social and environmental context.
- ESRD has a significant impact on functional status of patients.
- In many cases, patients are treated with multiple methods of RRT during their lifetime and it all affects their mental health.⁸

Depression and Anxiety disorder

- Depression is the most common disease related to a number of chronic diseases and is associated with lower recovery treatment and increased mortality and chronic disorders.⁹
- Depression is the most common psychiatric disorder in ESRD patients.¹⁰
- Contemporary research commonly used BDI and according to their results 30-50 % of patients treated with HD have results that indicate the presence of at least a moderate degree of depression (BDI score 10)¹¹
- Anxiety disorder it is a state of excessive excitation , which is marked by uncertainty , anxiety and fear .
- Anxiety is a condition in which the object is unknown , danger and threat comes from inner self , description of anxiety is unclear and the duration is long and usually chronic.

⁹Craven MA, Bland R.; Depression in primary care: current and future challenges; Can J Psychiatry. 2013 Aug; 58(8): 442-8.

¹⁰Mimica N.,Folnegović-Šmalc V.,Uzun S.,Makarić G.; *Suvremena klasifikacija depresije i mjerni instrumenti*; MEDICUS 2004. Vol. 13, No. 1, 19 – 29

¹¹Germin Petrović D.; *Kvaliteta života uvjetovana zdravljem u bolesnika liječenih nadomještanjem bubrežne funkcije*; Sveučilište u Rijeci; Medicinski fakultet; Doktorski rad, Rijeka, 2012,

Coping strategies

- The term coping strategies applies to all what a person thinks or does , trying to overcome the difficulties in which it fell (**problem-focused coping**) and regulate the emotional response that caused the problem (**emotion-focused coping**).
- Folkman has identified eight strategies to cope in stressful situations : Confrontational , The arm's-length , Self-controlling , Seeking social support , Accepting responsibility, Avoidance, Planning problem solving and Positive reassessment.
- Previous research has shown that in chronic diseases , such as Chronic Kidney Disease, patients are using multiple coping strategies ¹²

¹²Knowles S., Swan L., Salzberg M., Castle D., Langham R.; Exploring the relationships between health status, illness perceptions, coping strategies and psychological morbidity in a chronic kidney disease cohort.; Am J Med Sci. 2014 Oct;348(4):271-6. doi: 1

Research goal

- This study was aimed to examine how anxiety and depression affect the mental state and established strategies of adaptation (coping) and consequently the quality of life of patients with CKD in pre-dialysis stage and those in need of RRT.

Hypothesis

- It was expected for patients on HD and Peritoneal dialysis to be more depressed compared to transplanted patients and those at pre-dialysis CKD stages .
- Furthermore , it was expected that in the pre-dialysis patient anxiety to be most pronounced and the least expected in transplant patients followed by highest quality of life.

Methods

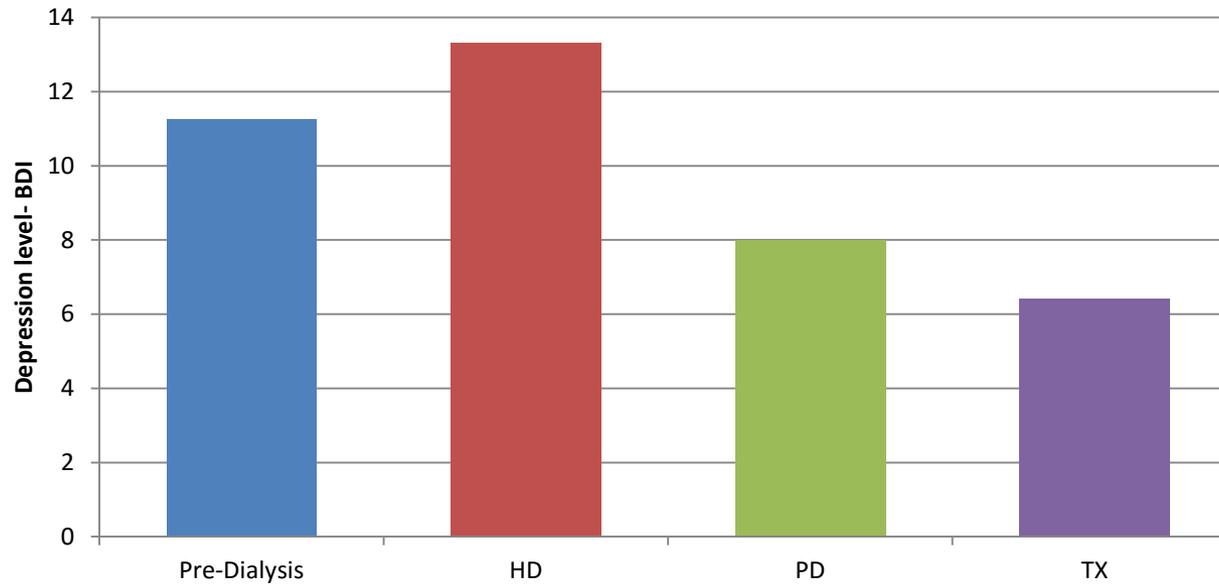
- 119 patients total
- 28 pre-dialysis patents
- 36 patients on HD^{*}
- 28 patients on CAPD^{*}
- 29 transplanted patients.^{*}

^{*} < 5 years

Methods

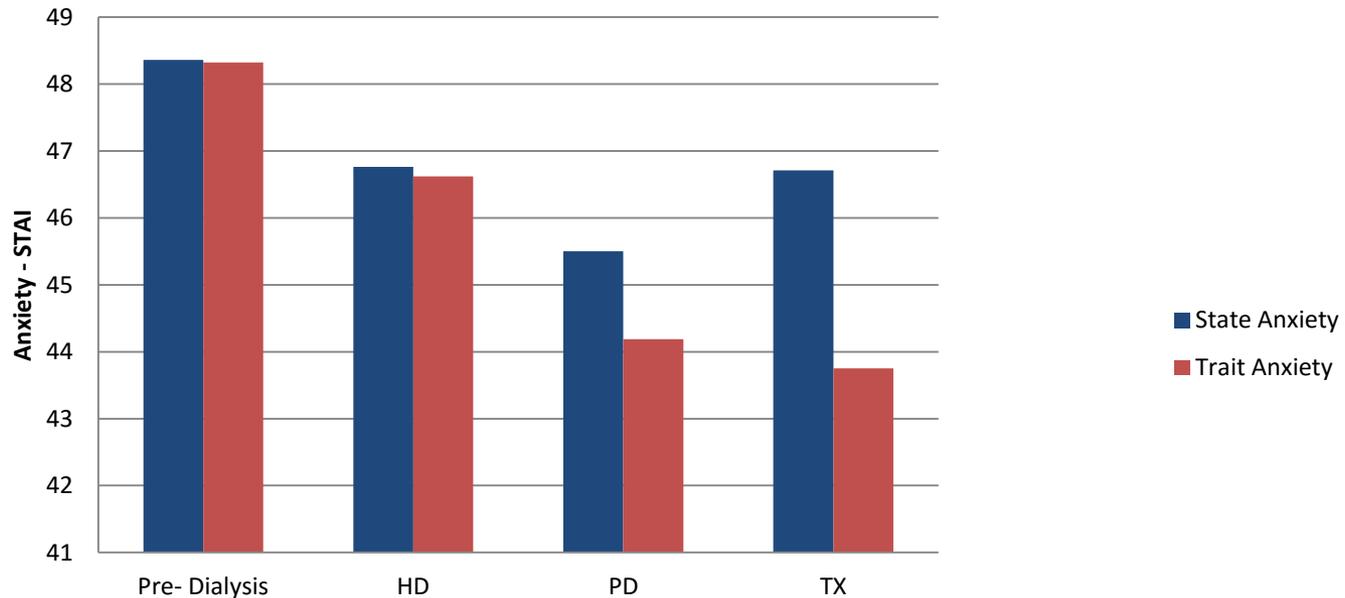
- General questionnaire
- *STAI*[®] scale for anxiety levels
- *Beck Depression Inventory*[®] (BDI)
- *COPE*[®] questionnaire
- *MANSA*[®] QoL questionnaire

Results



The level of depression significantly differed regarding to CKD stage and method of RRT ($F_{(3,115)} = 4.05$; $p = 0.009$).

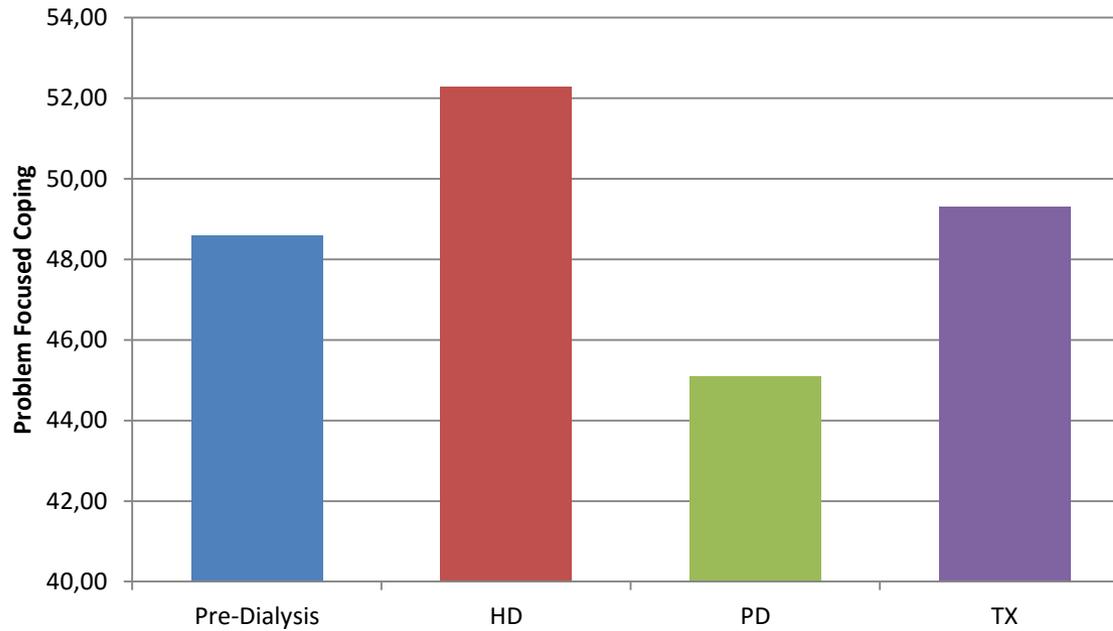
Results



State anxiety (STAI - X1) do not differ significantly with regard to the stage of CKD or RRT methods.

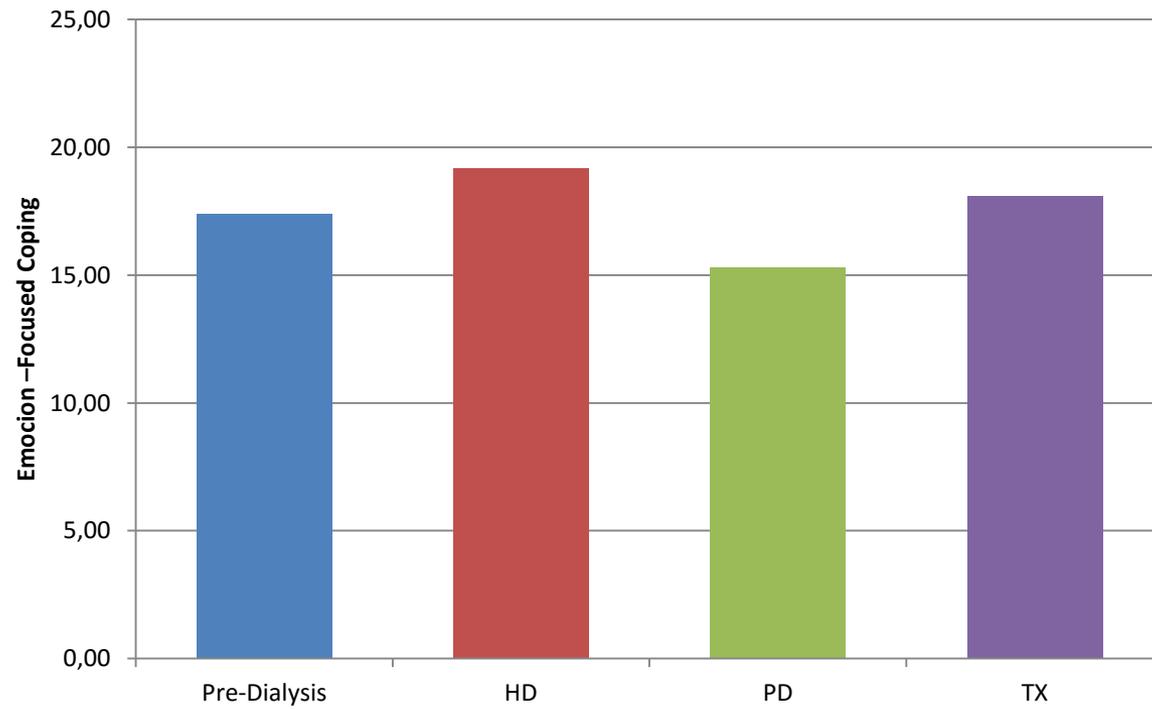
Trait anxiety (STAI-X2) significantly differs with regard to the stage of CKD and RRT methods ($F(3,115)=4.42$; $p=0,006$).

Results

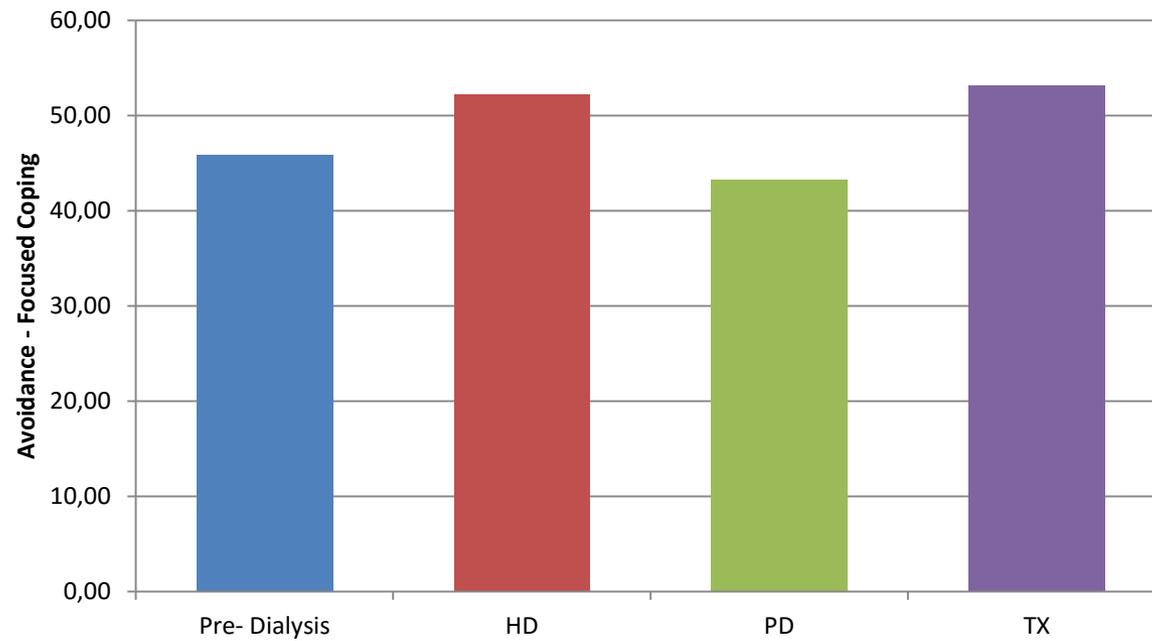


Patients do not differ significantly in coping styles usage.

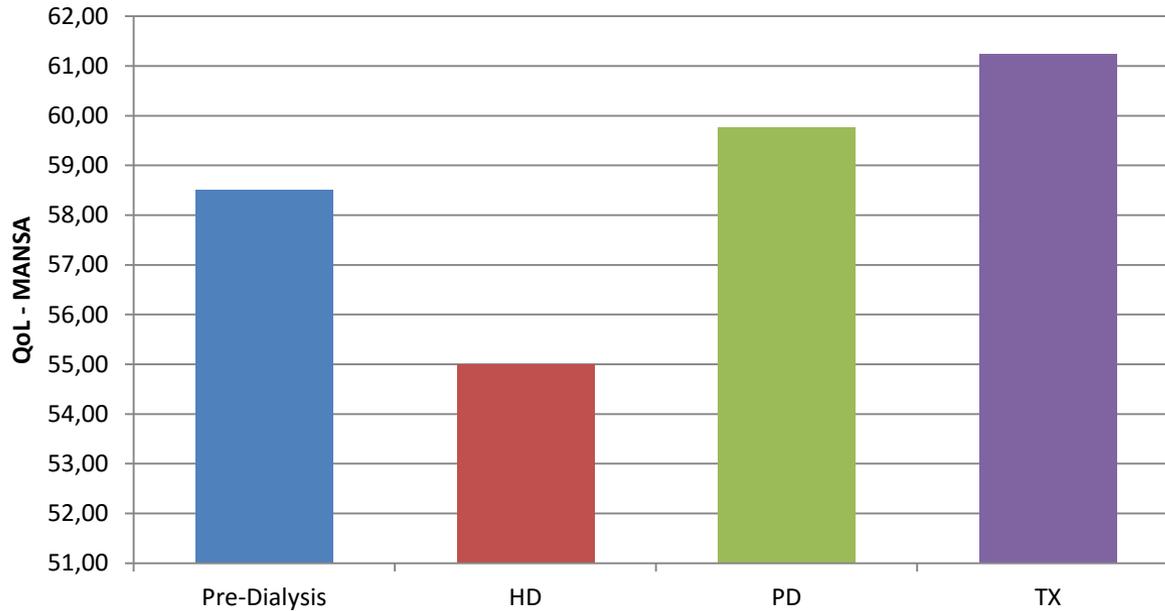
Results



Results



Results



The quality of life was significantly different with regard to the stage of CKD and RRT method ($F_{(3,115)}=3.15$; $p=0,028$).

Conclusions

1. HD patients are more depressed compared to the other three groups of respondents , and the best result on the BDI scale have patients with kidney transplant .
2. The highest level of state anxiety have patients in pre-dialysis stage of CKD , followed by transplant patients . Pre-dialysis patients also have the low results for trait anxiety followed by patients undergoing hemodialysis.
3. All four groups of patients **do not** differ significantly in coping strategies.

Conclusions

4. Hemodialysis patients have the lowest QoL , significantly lower than the transplant patients and patients on peritoneal dialysis , which in turn have a higher QoL than patients in pre=dialysis CKD stage.
5. The high levels of depression and anxiety in patients undergoing hemodialysis correlates with the low QoL of that group of respondents .

Conclusions

6. PD is noted as the first choice of dialysis treatment if we look at the psychological aspects of those patients.
7. Kidney transplant convincingly contributes to the QoL improvement in ESRD patients.