

QUALITY OF LIFE OF PATIENTS UNDERGOING HEMODIALYSIS

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INTRODUCTION Chronic Renal Failure (CRF) is a chronic disease with a negative impact on the quality of patients' life. CRF may lead to the loss of the patients' profession, it affects their income, social status, interpersonal relationships and poses restrictions on their diet. The study of the factors affecting the quality of life of these patients is necessary to investigate the impact of the disease on a biological, psychological and social level. The latest developments in the field of nephrology and dialysis treatment aim at the survival of the patients, as well as the improvement of the quality of their life. For this purpose, scientifically acceptable tools have been created in order to study the quality of life in the context of personal experiences and assessment of the external factors affecting the quality of the patients' life, in order to create an holistic treatment program.

AIM The purpose of this research study was to investigate the satisfaction of patients undergoing chronic hemodialysis and their perceptions of their quality of life.

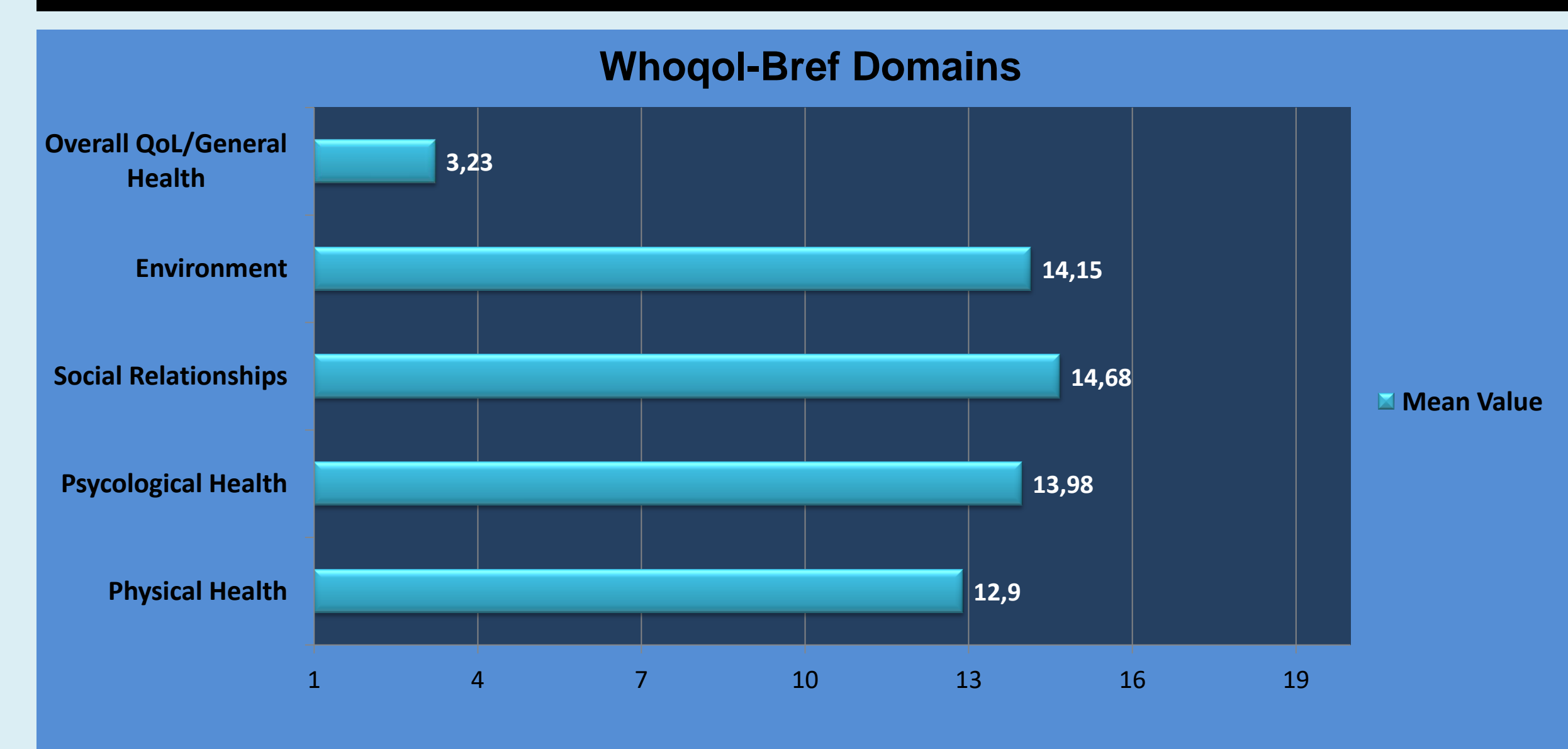
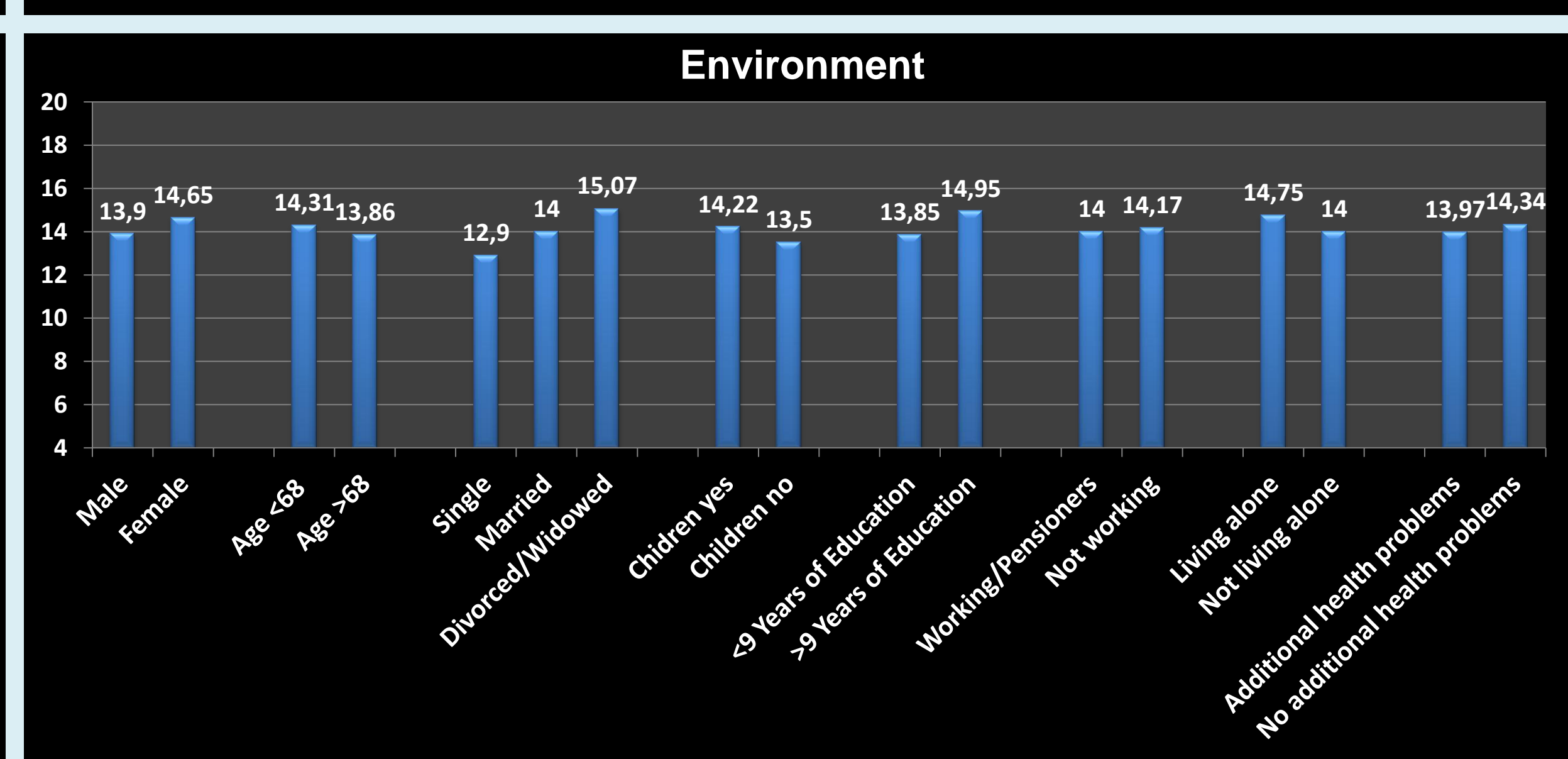
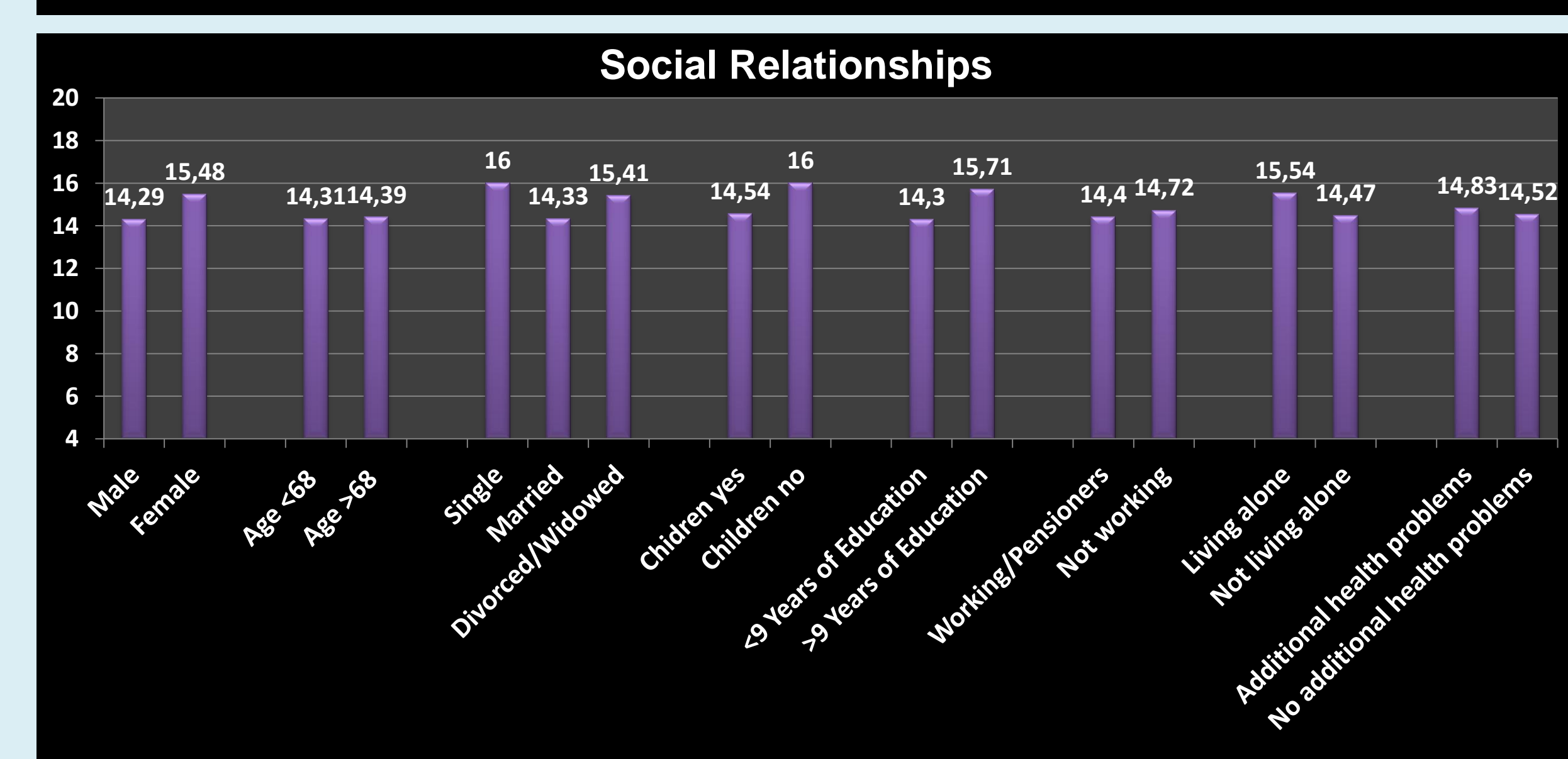
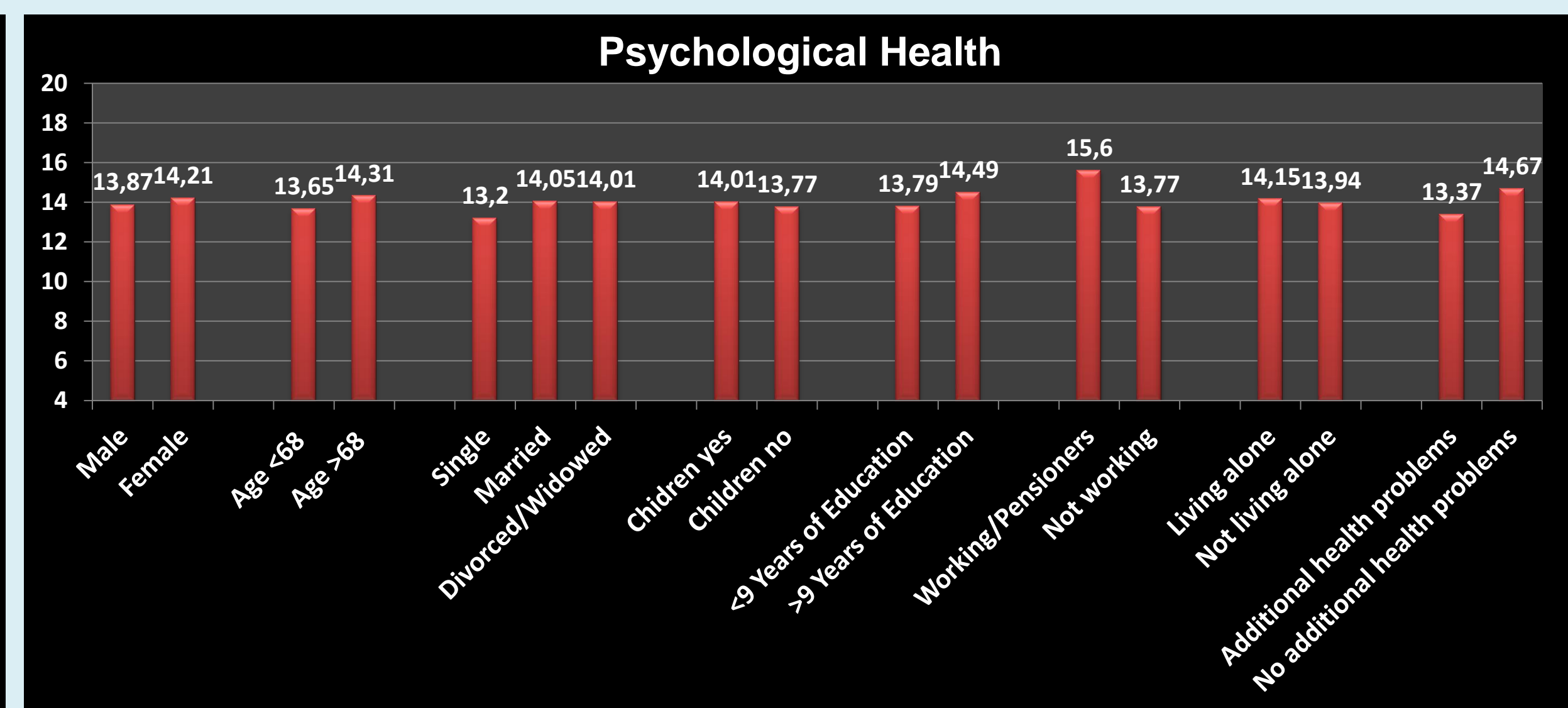
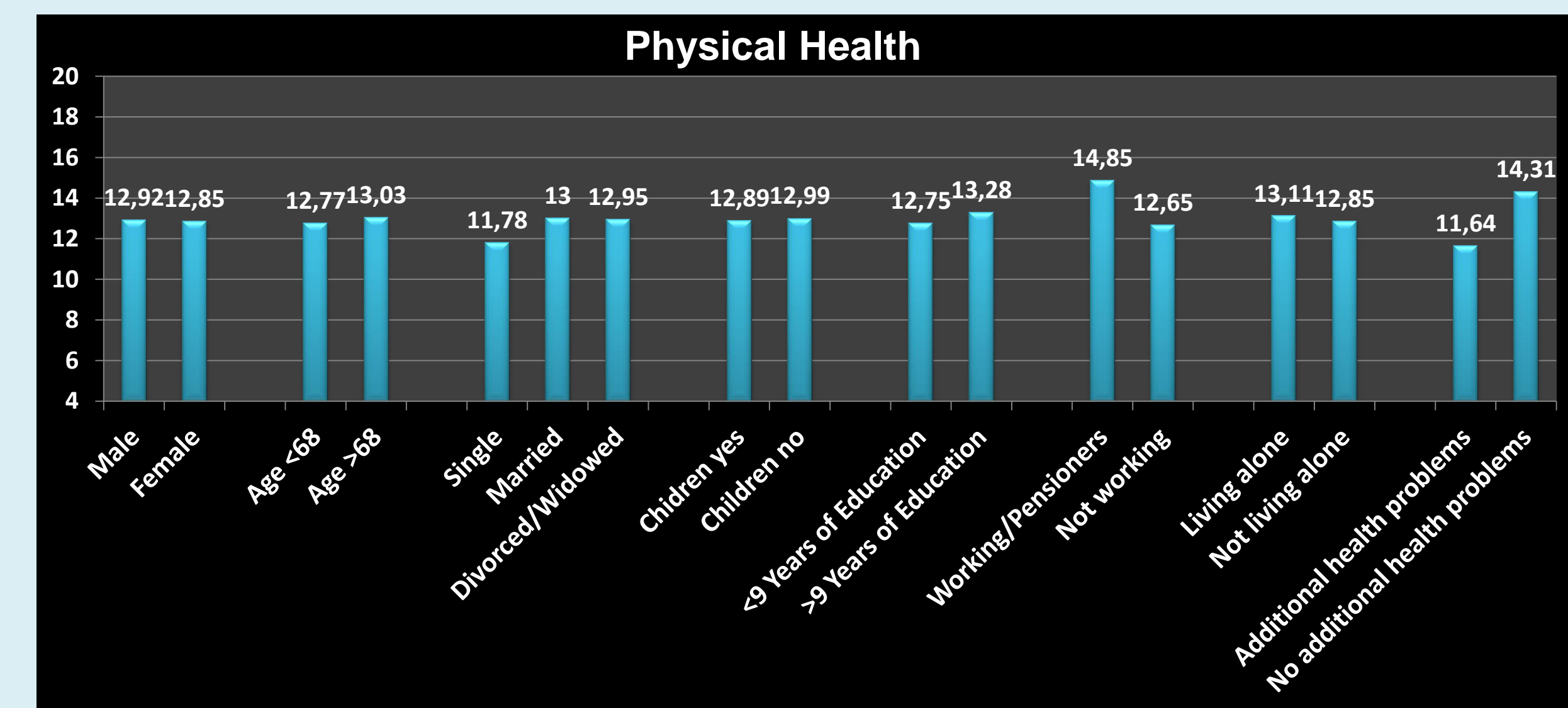
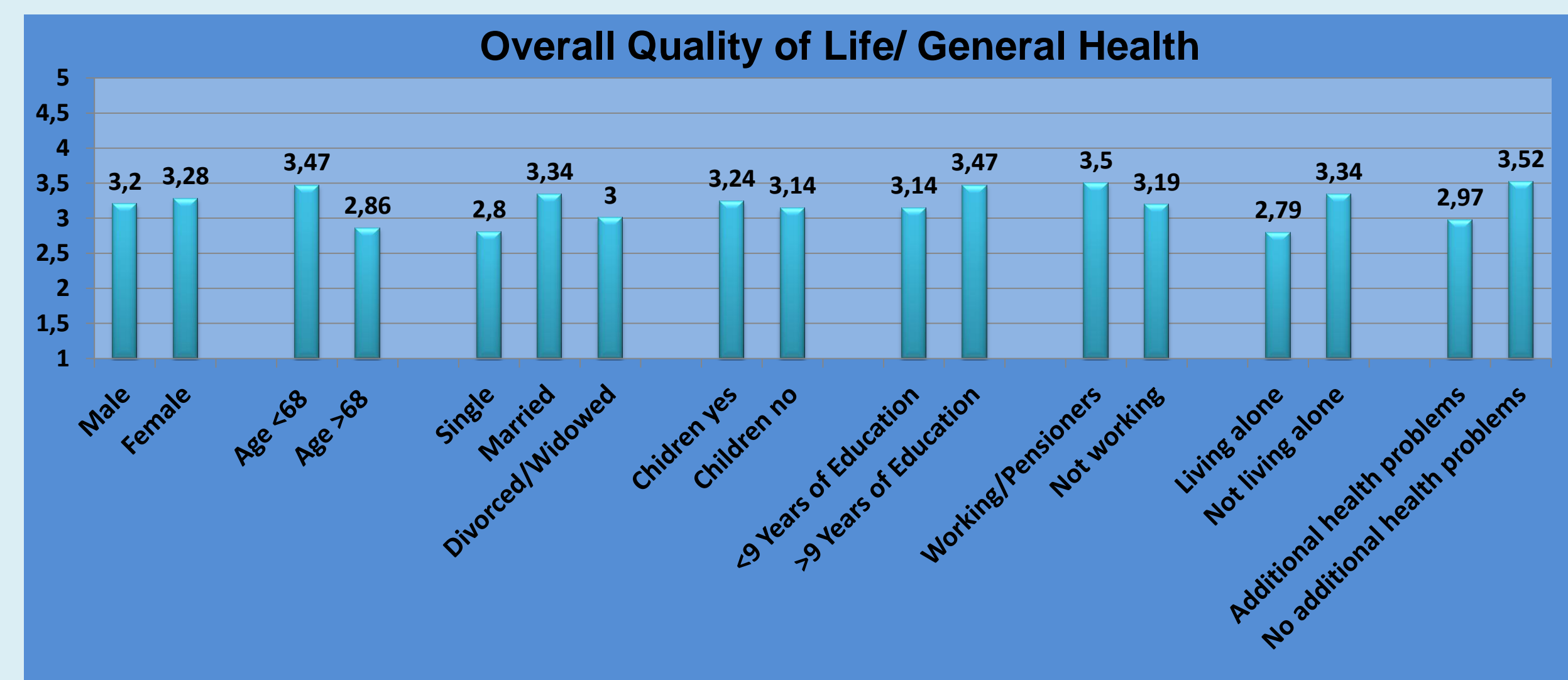
MATERIAL AND METHOD This is a descriptive study conducted at the Dialysis Unit in a Public Hospital in Athens, from January 2016 to March 2016, by the method of the structured interview. The study sample consisted of 70 patients undergoing Chronic Hemodialysis.

Gender		Age (years)		Marital status			Existence of children		Education (years)		Occupation		Living alone		Additional health problems	
Male	Female	Mean	Min - Max	Single	Married	Divorced/Widowed	Yes	No	<9	>9	Working/Pensioners	Not working	Yes	No	Yes	No
67,10%	32,90%	68,5± 12,48	43 – 87	7,10%	71,40%	21,50%	90%	10%	72,90%	27,10%	91,40%	8,60%	20%	80%	52,90%	47,10%

To measure the health related quality of the patients' life, the official Greek version of the WHOQOL-BREF questionnaire of the World Health Organization was used. The Greek version of the WHOQOL-BREF questionnaire consists of 30 questions, 28 of which are grouped into four areas of subscales, namely Physical health, Psychological health, Social relations and Environment. The remaining two questions assess the individual perception of the participants about the Overall Quality of their life and their General health.

Each subscale is assessed by a five-point Likert scale giving a rating score. The average results of all individual sectors / units are multiplied by the number 4, giving a range from 4 to 20 points for each sector. For the Overall QoL/General health sector the score ranges from 1 to 5 points. A higher score in the WHOQOL-BREF questionnaire suggests a better quality of life.

Data analysis for this study was conducted using IBM SPSS Statistics (version 19.0, Inc., Chicago, IL, USA). The score of the Greek version of the WHOQOL-BREF questionnaire was used as a defining outcome for the correlations under research.



RESULTS In the Overall QoL/General health domain the mean value was 3.23. The highest mean value was observed in the Social relationships (14.68), followed by Environment (14.15), Psychological health (13.98) and Physical health (12.90) domains. Female patients showed a higher mean score than males in the Social relationships (15.48vs14.29), and Environment (14.65vs13.90) domains. The increase in the patients' age was associated with an increase in Physical health and Psychological health scores, and a decrease in Environment. Married patients had a lower mean score in the Social relationships (14.33) than Single (16) and Divorced/Widowed patients (15.41). Divorced/Widowed patients had a higher score in the Environment (15.07) than Single (12.9) and Married patients (14). Patients with >9 years of study had a higher mean score in the Social relationships (15.71vs14.3), Environment (14.95vs13.85), and Overall QoL/General health (3.47vs3.14) domains than those with less. Working patients showed a higher mean score in Physical (14.85vs12.65) and Psychological health (15.6vs13.77) domains. Patients living alone had a higher mean score in the Social relationships (15.54vs14.47) but a lower one in the Overall QoL/General health (2.79vs3.34) than those not living alone. Lastly, patients with no additional health problems had a higher mean score in the Physical health (14.31vs11.64), Psychological health (14.67vs13.37) and Overall QoL/General health (3.52vs2.97) domains, than those with additional health issues.

CONCLUSIONS The quality of life of patients undergoing chronic hemodialysis depends on the patients' social and economic status, age, sex, and education level. It is also affected by factors associated with the disease, such as additional health problems and access to appropriate health services. Therefore, the effect of Chronic Renal Failure on the physical, psychological and social background of the patients on hemodialysis is an essential factor in creating a tailor-made holistic treatment program, adjusted to the specific needs of each patient. The results of this study contribute to the existing knowledge and are the trigger for further research on the quality of life of patients on hemodialysis. On a practical level, the results can reinforce the decisions and actions of health professionals in providing appropriate healthcare, adapted to the individual needs of patients undergoing chronic hemodialysis. In conclusion, further study on the social environment and culture of hemodialysis patients is essential, so that all the factors affecting the quality of their life are explored in depth in order to allow them to enjoy life to its fullest possible extent.

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