

Assessment of Pain Experienced by Dialyzed Patients

Malgorzata Klim

Polish Nephrology Nurses Association

Introduction

Growth of number of civilization diseases contributes to increase incidence of renal failure. Amount of people treated with dialysis at the same time suffer from pain increase year by year. Among dialyzed patients there are many chronic health problems, which may cause pain and suffering. Health discomforts can be a result of renal failure, comorbidities and treatments associated with the necessity to renal replacement therapy. In pain therapy essential is multi-pronged approach. Cannot be concentrate only on relieve pain by means of pharmacologically. You should always take into account the non-pharmacological treatment, because for dialysis patients is beneficial more solution. Pharmacotherapy remains the most basic therapeutic method, however it should only be a part of a complex program of rehabilitation. The long-term effect is not only decreasing the level of patient pain intensity, but also improve the quality of patient life. A careful discussion with patients about pain can make a diagnosis and choose the appropriate treatment. Specialist knowledge about what kind of control over pain, the patient attributed the greatest importance may be very useful. Nurses should use an interdisciplinary approach to each patient not only in the evaluation of pain intensity but also in the proper and effective treatment of suffering caused by disease. This article describes own studies conducted in Szczecin's dialysis stations, whose aim was evaluated pain among dialysis patients.

Aim:

Analysis of pain in patients undergoing dialysis.

Materials and methods:

The study was conducted in Independent Public Hospital Clinical Nr 2 Pomeranian Medical University in Szczecin in Poland from June to October 2011 and involved 75 patients, among which 50 people were undergoing hemodialysis and 25 were on peritoneal dialysis (women 29, men 46). In the study were used diagnostic survey method. The survey was a research technique. A self-made questionnaire was used to evaluation of socio-demographic data.

In addition the following standardized research tools:

- the Acceptance of Illness Scale (AIS),
- the Short Form McGill Pain Questionnaire (SF-MPQ),
- the Beliefs about Pain Control Questionnaire (BPCQ),
- the Pain Coping Strategies Questionnaire (CSQ),
- Kidney Disease Quality Of Life (KDQOL-SF™).

Results:

The applied scales allowed to assess the intensity of pain associated directly with the hemodialysis session and everyday life, as well as examine the quality of life. A large part of dialysis patients complained of pain, which is rated as a strong or moderate.

The study demonstrated that hemodialysis patients more complained about intensity of the pain than peritoneal dialysis. The difference is statistically significant. Dialyzed people most frequently complained of pain throbbing, cramping, shooting, sharp, stabbing and tiring-exhausting. Observed statistically significant differences between studying groups in the perception of shooting, stabbing, prickly, acute and comprehensive pain. Patients undergoing renal replacement therapy is also the most commonly reported symptoms associated with muscle contractions, muscle pain, dry skin, and numbness in the legs and feet, as well as pruritus of the skin. There were many significant differences between hemodialysis and peritoneal dialysis patients in feeling numbness in the legs and feet. It was also observed statistically significant differences between the perception of pain during the last week and professional activity, the conviction that no pain is happiness, the belief that suffering is not depend on the behaviour.

Patients felt that symptoms during therapy, classified as troublesome and adversely affect the quality and length of their lives. The results of treatment of pain depends, among others, from the competence of nursing staff medical equipment and hospital dialysis center. Nurses should motivate patients to take an active responsibility for their lives and health.

Malgorzata Klim
e-mail gosiaklim@gazeta.pl

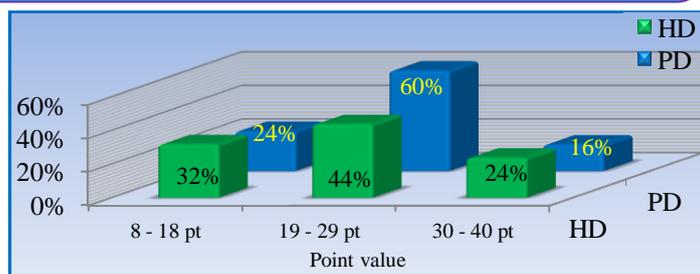


Figure 1. General perception of the acceptance of the disease depending on the form of renal replacement therapy (AIS)

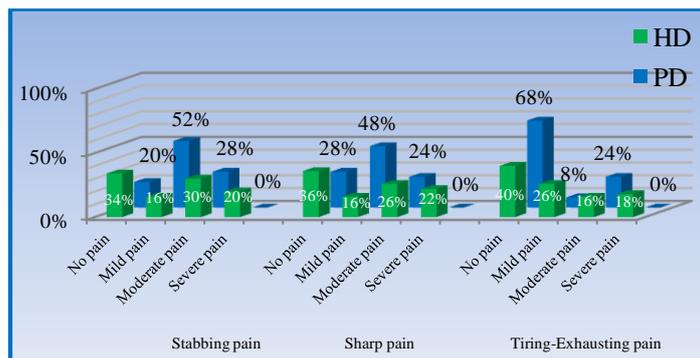


Figure 2. The intensity of pain, stabbing, sharp and tiring-exhausting depending on the form of renal replacement therapy (SF-MPQ)

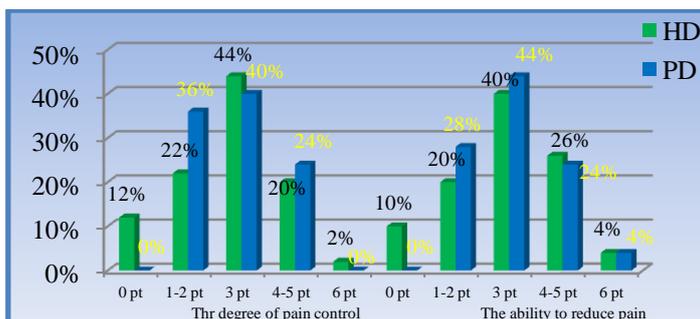


Figure 3. The degree of pain management skills and reduce it depending on the form of renal replacement therapy (CSQ)

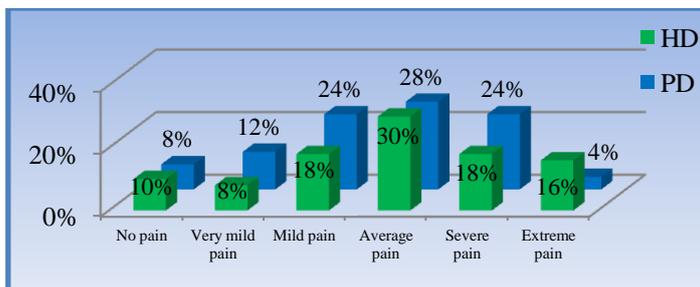


Figure 4. Physical pain felt by patients (KDQOL-SF™)

Conclusions:

1. The pain is widespread and constantly accompanies dialysis patients, affecting their quality of life and level of acceptance of the disease.
2. The method of renal replacement therapy has an impact on the intensity and kind of pain, as well as quality of life dialysis patients. Peritoneal dialysis persons less frequently experience pain than hemodialysis patients.
3. Peritoneal dialysis and hemodialysis patients choose similar strategies for coping with pain. Behavioral activity, a diversion from the pain and pray and hope in the medical staff are most often used.
4. Belief that pain control depends on the method of renal replacement therapy. Hemodialysis patients frequently localize a pain control externally and peritoneal dialysis patients localize a pain control internally.