

PSYCHOLOGICAL ASPECTS OF KIDNEY TRANSPLANTATION – a pilot study

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Introduction

We often follow the physical status of patients, laboratory findings, care of the complications arising in the course of posttransplant period but we all pay less attention to the psychological condition of the patient. The psychological aspects of organ transplantation are many and varied.

Mood changes and anxiety disorders are the most common. Apathy, impotence and memory disorders can affect a person's ability or the motivation for adherence in posttransplant course.

Cognitive disorders before and after transplantation can be mild, subclinical, or significantly expressed. Cognitive disorders are often caused by end-stage organ failure or comorbidity such as vascular disease, hypertension and diabetes, earlier damage such as stroke, adverse effects of drugs, all of which are particularly pronounced in the elderly.

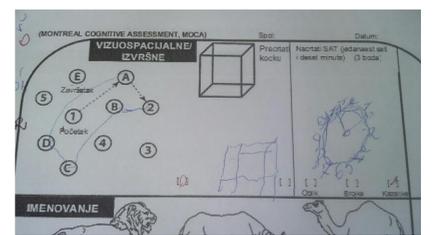
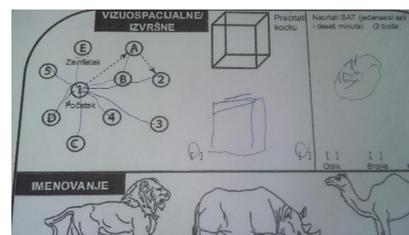
In the present study we investigated cognitive status and adherence in elderly patients with end-stage renal disease treated with different treatment modalities.

Patients and methods

We have divided patients in two groups: renal transplant recipients and patients on haemodialysis. Cognitive function was assessed with MoCCA test (score $>_{26}$ was considered as normal cognitive function) while patient adherence with Morisky scale (high adherence 0, medium adherence 1-2 and low adherence 3-4).

Results

We have enrolled 60 patients. There were 35 males and 25 females. Patients' characteristics are presented in Table 1. In Table 2. educational levels of both groups are shown. In the group of renal transplant recipients 10% are living alone while 20% had help in taking medications. 73% of them had no graft rejection episodes. In haemodialysis group 21% are living alone and 9% report someone help in preparing medications.



	Tx	HD
Age	69,86 ($\pm 12,32$)	75,06 ($\pm 14,27$)
Gender (m) (N %)	19 (63%)	16 (53%)
Dialysis vintage (years)	3,36 ($\pm 0,18$)	5,23 ($\pm 0,47$)
Time from tx (years)	6,13 ($\pm 1,34$)	
Number of pills	15,8	6,8
MoCCA (mean value (range))	20,4 (14-27)	20,1 (11-27)
MoCCA (% with $>_{26}$)	(10%)	(3,3%)
Morisky (N with complete adherence)	26	23
Morisky (% with complete adherence)	86%	76%
Diabetes (N %)	10 (33%)	7 (23%)
Duration of diabetes (years)	12,1 ($\pm 2,21$)	10,1 ($\pm 2,08$)

Years of education	Tx N(%)	HD N(%)
0	2 (6,6)	0 (0)
8	7 (23,4)	6 (20,0)
8-12	16 (53,4)	18 (60,0)
$>_{12}$	5 (16,6)	6 (20,0)

Conclusions

According to preliminary results, we can conclude that majority of our patients on renal replacement therapy have serious cognitive disffunction. In spite of these results, majority of them have complete adherence which can probably be explained by overreporting adherence in order to satisfy medical staff. Knowing these it is extremely important to have different approach to such group of patients, particularly continuous nurse education.