Assessment of Psychological Feelings and Quality Of Life in Renal Failure and Dialysis Patients

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Abstract: Background: The patients suffering from renal failure often present with unusual psychological problems where treatment methods vary on an individualized basis and drug therapy is often needed in the management of such problems. The present study was conducted; to assess the Psychological Feelings and Quality Of Life in Renal Failure and Dialysis Patients. **Methods**: Data were collected from renal dialysis patients (80 male and female) were chosen to share in this study from prince Basmah hospital in Irbid and El-Eman hospital in Ajlon - Jordan during the year of 2010 was interviewed retrospectively. **Results:** the study shows that feelings of annoyance affect feeling of mental competency by 59% and of new stress from disease affect on feeling of mental competency by 71.6 % **Conclusion;** Psychosocial nursing interventions should attempt to facilitate adjustment to changes in the course of the illness and to normalize social interaction and lifestyle by preventing medical crises, controlling symptoms

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1. Introduction

Chronic kidney disease is a multifaceted problem having both physical and psychological connotations for the patient. A multidisciplinary team effort is often needed in the management of such patients. Mental health professionals may need to collaborate with nephrologists for a holistic management of such patients**.** Chronic kidney disease is a progressive, life-threatening illness, posing a fundamental existential problem on individuals and a burden on their families. The interplay between the person's genetic susceptibility, his or her socioeconomic circumstances, and biopsychosocial impact of the kidney disease and its treatment may trigger depression in patients at any point of the disease. (1) (2) Renal failure patients have been noted as the biggest deniers of psychiatric illness. They often feel that they are over-doctored and even motivational psychotherapy is best administered in the dialysis unit itself. Many patients on dialysis do well if individual psychotherapy is administered during the dialysis sessions itself. Another complication is the non-adherence to the treatment and medical regimens. (1) Delirious psychoses may arise even in the early stages of the alteration of consciousness but increase in frequency occurs along with the deterioration of the general mental state. The cause of the psychiatric disorders in renal failure is still not well understood and the clinical condition probably results from a multiplicity of biochemical disturbances. Many authors are agreed that there is frequently a striking lack of correlation between the symptoms and the degree of renal impairment. The mental, emotional and personality disturbances encountered by patients undergoing dialysis may be due to a number of causes; to uremia, to provocation of the chronic debilitating disease or to the effects caused by the repeated technical procedures of the dialysis. (3) Dialysis as a procedure is stressful for the patient in the event of inadequate education and preparation with regard to pre-end-stage renal disease. There is also a considerable restraint on the selection of foods and fluids. Patients on peritoneal dialysis have some latitude regarding this compared to patients on hemo-dialysis.(10) Health-related quality of life refers to the measure of a patient's functioning, well-being, and general health perception in each of three domains: physical, psychological, and social.(4)Quality of life has been recognized as an important outcome measure in dialysis therapy; however, few investigators have studied the effect of early referral on patients' QOL in the first few months of treatment. (5)

Monitoring a patient's functional status and the subjective state of well-being, together known as quality of life measurements, is of particular importance in patients with end-stage renal disease, because the physical debility experienced by patients with uremia can be insidious and have grave consequences. QOL measurements are based on a patient's subjective sense of well-being and are commonly used as an important clinical measure for beneficial extent of medical treatments for patients. Patients on maintenance hemo-dialysis or chronic peritoneal dialysis experience decreased QOL and

significantly greater rates of protein-energy malnutrition and inflammation, together also known as malnutrition-inflammation complex syndrome. (6)

Hemo-dialysis significantly and adversely affects the lives of patients, both physically and psychologically. The global influence on family roles, work competence, fear of death, and dependency on treatment may negatively affect quality of life and exacerbate feelings associated with a loss of control. (7)

Patients' perception of their well-being, an important component of quality of life, is easily assessed and forms an important part of the medical evaluation. Social support is the perception that an individual is a member of a complex network in which one can give and receive affection, aid, and obligation. Social support can be received from family members, friends, pastors, acquaintances in the workplace, and medical personnel, and is well recognized as an important factor in the patient's adjustment to chronic and acute illness (8)

Furthermore, a strong correlation exists between depression and mortality for long-term hemo-dialysis patients. The incidence of anxiety, also a disorder common to hemo-dialysis patients, The co-morbidities of depression and anxiety increased over time in subjects who were on hemo-dialysis in a 16-month follow- up study. Fatigue is a subjective symptom Fatigue is a subjective symptom characterized by tiredness, weakness, and lack of energy. Roughly 60%– 97% of patients on hemo-dialysis experience some fatigue. Fatigue is also one of the most debilitating symptoms reported by hemo-dialysis patients, and it is negatively correlated with quality of life. (7) Coping with kidney failure isn't just about managing the physical symptoms with treatment. It is a major life change that can cause a great deal of stress and can give rise to a range of emotional reactions: The illness can cause: Anxiety; Depression; Feeling of frustration or anger about the illness.Tiredness and anxiety along with the physical effects of the illness itself. (8) (9)

Certain periods of the disease cycle and biopsychosocial factors make some patients especially vulnerable to depression. The diagnosis of depressive disorders may be challenging in this population. Clinicians sometimes experience difficulties to distinguish between the symptoms of uremia and somatic symptoms of depression (10) These patients often express their anger as they feel that many others lead a normal life, while they have to suffer Extreme anxiety and anxiety somatic symptoms such as breathlessness, palpitations, chest pain, sweating and fear of dying may occur in renal failure cases. Many a times, these symptoms are not associated with any triggers and may occur unexpectedly. Denial**;** when something bad happens to us, we try to cope. We make decisions that can help us adjust to or understand what has happened.. Feeling Down; Feeling down is a normal part of chronic kidney disease. Lack of energy and nausea are common symptoms of CKD. But when we are feeling mentally down, often we feel sad our bodies are not functioning as they should. We all go through ups and downs in life. Delirium is a common phenomenon observed in dialysis patients due to electrolyte imbalances that may occur after a dialysis run termed as the dialysis disequilibrium syndrome or as a consequence of medical or surgical complications. The most common psychiatric complication occurring as a result of renal failure is depression in the patient and anxiety in the associated partner. Most dialysis patients who are employed may seldom return to full time work activity. (11) (1) (6)

The deterioration from "renal patient" to "dialysis patient" results in progressively more difficult restrictions, crises, and threats of personal loss. Chronic recurring stress on an almost daily basis commonly gives rise to elevated levels of depression in this patient group (12).

Work in addition to a source of income is often associated with a sense of accomplishment, self-esteem and identity in most patients. The current accepted psychiatric treatment for depression would include an antidepressant therapy combined with psychotherapy.(7) Discussing depression further brings up the subject of suicidal behavior in dialysis and renal failure patients. Repeated observational studies have demonstrated that dialysis patients have higher suicide rates than the normal healthy population. It is noteworthy that when depressed, the dialysis patient has at his disposal a very effective method of escape i.e. suicide. (9) (10) (12)

Aim of the study;

-To assess the Psychological **Feelings** and Quality Of Life in Renal Failure and Dialysis Patients

Methods;

Is a descriptive study, Data were collected from renal dialysis patients (80 male and female) were chosen to share in this study from prince Basmah hospital in Irbid and El-Eman hospital in Ajlon - Jordan during the year of 2010 was interviewed retrospectively.

The tools used to collecting data for this study are;

***** Interview questionnaire was developed by the researcher specifically for this study and used to obtain;

- Socio-demographic data as age, sex, marital status, family size, income, and residence, occupation, education,
- physical health problems
- psychological concerns of patients.

- adaptation to the disease and quality of life
- knowledge about physical health problems

3. Results;

A total of 88 patients completed the study, the average age of them was 36-60 years –old and percentage of age for them was 44.3%. 45.5% of them were married and most of them (51.1) were female, and 67% of the total study not working and 65.9% were smoking (table 1).

Table 1: Demographic data for patients with renal failure and dialysis

Characteristics	Frequency	Percent %
Age;		
18- 25	18	20.5
26-35	31	35.5
36-60	39	44.3
Marital status		
Single;	29	33.0
Married;	40	45.5
Divorced;	6	6.8
Widowed;	12	13.6
Separated;	1	1.1
Family size		
<5;	63	71.6
>5;	25	28.4
Income JD		
<200	24	27.3
300-500	50	56.8
>600	14	15.9
Residence		
alone;	4	4.5
with family;	84	95.5
Sex;		
Male;	43	48.9
Female;	45	51.1
Occupation;		
Work;	29	33
Not work;	59	67
Level of education;		
Preparatory;	36	40.9
Secondary;	27	30.7
University;	25	28.4
Smoking;		
Yes;	30	34.1
No;	58	65.9

The psychological effect of renal failure and dialysis on the patients shows that the relation between feelings of anxiety and difficult sleeping was 71.6% and a feeling of frustration and difficult sleeping was 58% (table 2).

Regarding the effects of feelings of annoyance, and feeling of new stress from disease, the study shows that feelings of annoyance affect feeling of mental competency by 59% and of new stress from disease affect on feeling of mental competency by 71.6 %(table 3).

Table 2: The relationship between feeling of anxiety and frustration & difficult sleeping

Psychological effects of the renal failure and dialysis on the patients	Frequency no	Percent %
-Feeling of anxiety	63	71.6
-Feeling of frustration	51	58
-Difficult sleeping	59	67

Table 3: The effects of Feeling of annoyance & Feeling of new stress from disease, Feeling of rehabilitation, on Feeling of mental competency

	Frequency no	Percent %	Feeling of mental competency with these feelings No %	
Feeling of annoyance	70	79.5	52	59
Feeling of new stress from disease	63	71.6	52	59
Feeling of rehabilitation	71	80.7	58	65.9
Feeling of mental competency	60	68.2		

Feeling of lack of coping in some situations affected by 76.1 from feeling of lack of trust, and 59% affected from feeling of isolation and alienation (table 4).

Table 4: The effects of feeling of lack of trust, feeling of tiredness; Feeling of isolation or alienation; ON feeling of lack of coping in some situations

	Frequency no	Percent %	Feeling of lack of coping in some situations with these feelings no %	
Feeling of lack of trust	42	47.7	39	44.3
Feeling of tiredness	78	88.6	67	76.1
Feeling of isolation or alienation	58	65.9	52	59
Feeling of lack of coping in some situations	71	80.7		

The relationship between feeling of threatened by immunity and feeling of weight loss is affected by 59% and 67% for feeling of health problems (table 5).

Most patients (67%) had difficult decision making and affect on patient's hope and optimism in the future by 47.7% and on patient's feeling of pleasure for making loving things by 37.5% and feeling of easiness of making usual activities than before is affected by difficult decision making in 15.95 of the total sample (table 6).

Table 5: The relationship between feeling of threatened by immunity, health problems & its effects on feeling of weight loss

	Frequency no	Percent %	The effects of these feelings on feeling of weight loss No %
Feeling of threatened by immunity	68	77.3	52 59
Feeling of health problems	78	88.6	59 67
Feeling of weight loss	67	76.1	

Table 6: Difficult decision making and its effect on; easiness of making usual activities than before; feeling of pleasure for making loving things; and feeling of hope and optimism in the future.

	Frequency no	Percent %	Difficult decision making and its effect on these Activities No %
Difficult decision making	59	67	
Easiness of making usual activities than before	14	15.9	5 5.6
Feeling of pleasure for making loving things	33	37.5	15 17
Feeling of hope and optimism in the future	42	47.7	22 25

4. Discussion.

There is no question that life after kidney failure can be challenging. Both physically and emotionally, but, for many people on dialysis, it is the hope of a fulfilling life that makes the journey to overcoming theses challenges worth the effects (13) Body image is the mental picture that people have of their own bodies and bodily functions, including associated external and internal sensations. It also includes a personal perception of the way others see oneself. End-stage renal disease is progressive, and the disturbances it brings are progressive. (14)

Any intervention has to be tailored to the progress of the disease itself, with the individual's level of physical, psychological, and social functioning as the central focus**.** Numerous psychosocial stressors affect ESRD patients and their families. Some of the stressors are dependency, role loss, changed body image, financial concerns, vocational concerns, and changes in social and marital relationships. The response by patients and other involved persons to those stressors affects adjustment to treatment and response to treatment regimes. (15)

Psychosocial issues are an understudied yet important concern in the overall health of hemo-dialysis (HD) patients. Stress is a concomitant of chronic illness and its treatment, and may have meaningful influences on psychological and medical outcomes**.** (16)

Health-related quality of life (QOL) refers to the measure of a patient's functioning, well-being, and general health perception in each of three domains: physical, psychological, and social. Along with survival and other types of clinical outcomes, patient QOL is an important indicator of the effectiveness of the medical care they receive. QOL of patients with end-stage renal disease is influenced by the disease itself and by the type of replacement therapy. (17)

The emotional impact of the intrusiveness of illness and patients' reduced control over several aspects of life were examined in the context of end-stage renal disease. Patients' perceptions of increased intrusiveness, and their perception of limited control over eleven life dimensions, each correlated significantly and uniquely with increased negative and decreased positive mood, suggesting that each of these two factors contributes importantly and independently to patients' distress. (18)

End-stage renal disease (ESRD) has a considerable impact on the functional status and quality of life (QOL) perceived by the patient. Even in relatively early stages, it is accompanied by symptoms that affect daily life. All of these situations have varying effects on the quality of life. It is broadly accepted that, in addition to the classic parameters such as urea kinetics, albumin, etc., the definition of adequate dialysis should also include the quality of life experienced by the patient and it is the health teams' responsibility to enable each patient to achieve the maximum degree of rehabilitation.(19)

Our study showed that (88.6%) patients feeling of tiredness affected by feeling of lack of coping in some situation are consistent with the findings of Rosa et al. (14) who said that the intrusiveness of illness on certain activities and interests that are valued by patients changes life patterns that result from the debilitating nature of the illness may restrict the number of working hours or require the patient to quit a job.

Integration of dialysis treatment into daily living frequently undermine the usual patterns and activities of daily living according to leung study(14) in consistent with our study in that patient's feelings of easiness of making usual activities than before by 20% of them affected by difficult decision making.

In this study there is a relationship between feeling of threatened by immunity and feeling of weight loss is affected by 59% and 675for feeling of health problem in contrast to (Paul kimmel 2001)(8) who found that stress was directly correlated with increased weight gain in hemo-dialysis patients.

Leung found that fear of unknown; the course of the illness, partial resumption of previous life

threatens the patient and motivates a search for assistance in bio-Psychosocial adaption. Similarly our study showed that most patients (67%) had difficult decision making and affection on patient's feeling of hope and optimism in the future by 47.7% of them.

5. Conclusion and recommendations

To promote psychological adjustment, patients should remain as active as is reasonably possible, acknowledge and express their emotions in a way that allows them to take control of their lives, engage in self management, and try to focus on potential positive outcomes of their illness. Patients who can use these strategies have the best chance of successfully adjusting to the challenges posed by a chronic illness.(20) Caring for a person with a chronic illness impacts the caregiver's psychological and physical well being, that is, their quality of life (QOL) including experiences of fatigue and depression.(21) the number of active caregivers of all ages, races, and sexes will only increase. Thus, physicians and allied health practitioners will be called on more frequently to assess and intervene with fatigued and over-burdened caregivers in addition to patients..(21)

Psychosocial nursing interventions should attempt to facilitate adjustment to changes in the course of the illness and to normalize social interaction and lifestyle by preventing medical crises, controlling symptoms. Nurses require the sensitivity to avoid poor interpersonal contacts, distorted socialization, and negative influences on the patient's motivation that will cause grief in the patient about self or others.(14)

References

1. A De Sousa; Psychiatric issues in renal failure and dialysis; 2008;Volume: 18 Issue: 2 Page: 47-50; Year: Consultant Psychiatrist, Get Well Clinic, Mumbai, Maharashtra, India.
2. Dora M. Zalai, MD, and Marta Novak, MD, PhD Depressive Disorders in Patients with Chronic Kidney Disease Primary Psychiatry. 2008;15(1):66-72.
3. J. DONOVAN HAILSTONE B.SC., M.B., B.S., D.P.M. Psychiatric disturbance in chronic renal failure and its treatment by dialysis Postgraduate Medical Journal (August 1971) 47, 549-555.
4. Josef corech;(2005) chronic kidney disease awareness, prevalence, and trends among U.S. adults, 1999-2000. Journal of American nephrology Jan. 16 (1); 180-8.
5. Fergus J. Caskey;Early referral and planned initiation of dialysis: what impact on quality of life? Nephrology; Dial Transplant (2003) 18: 1330–1338.
6. Kamyar Kalantar-Zadeh, MD, MPH;Quality of Life in Patients with Chronic Renal Failure 2003; 3rd Congress of nephrology in internet; October 2003.
7. Chih-Ken Chen, M.D., Ph.D., Yi-Chieh Tsai, B.S., Heng-Jung Hsu, M.D;Depression and Suicide Risk in Hemodialysis Patients With Chronic Renal Failure; Psychosomatics 51:6, November-December 2010.
8. Paul L Kimmel; Psychosocial factors in dialysis patients The Nephrology Forum is funded in part by grants from Amgen, Incorporated; Merck & Co., Incorporated; and Dialysis Clinic, Incorporated. Principal discussant: Nephrology Forum Kidney International (2001) 59, 1599–1613.
9. kidney patient guide; the emotional effect of kidney failure; standard for trustworthy health information; Page Last Updated: 20th May 2009.
10. Newman stanton; self management interventions for chronic illness; the lancet, vol,364,issue 9444;1523-1537,oct,2004
11. Craven J, Rodin G, Johnson L, Kennedy SH (1987) The diagnosis of major depression in renal dialysis patients. Psychosom Med 49:482–492.
12. HOWARD,J,STEPHEN,A.et el;The Relationship of Depression to Survival in Chronic Renal Failure; Psychosomatic Medicine Vol. 48, No/ 3/4 (March/April 1986).
13. Reichsman F, Levy NB. Adaptation to hemodialysis: A four year study of 25 patients. *Arch Intern Med.* 1972;138:859–65. [PubMed].
14. Dora k.c leung 2003; PSYCHOSOCIAL ASPECTS IN RENAL PATIENTS; Peritoneal Dialysis International, Vol. 23 (2003).
15. Ashraf bakr, Mostafa Amr et al; Psychiatric disorders in children with chronic renal failure; Pediatric Nephrology (2007) 22:128–131.
16. Daniel Cukor*, Scott D. Cohen†, Rolf A. Peterson† and Paul L. Kimmel Psychosocial Aspects of Chronic Disease: ESRD as a Paradigmatic Illness J Am Soc Nephrol 18: 3042-3055, 2007 American Society of Nephrology.
17. F. valdirrabano, R Jofre et al; quality of life in end stage renal disease patients; American journal of kidney disease 2001 septemper;38 (3) 443-64.
18. J.m divines; the emotional impact of end stage renal disease; importance of patients perception of intrusiveness and control; international journal of psychiatric medicine; 13 (4) 327-43.
19. Rosa Jofre, Juan M López-Gómez and Fernando Valderrábano; Quality of life for patient groups; Kidney International (2000) 57, 121–130.
20. Denise de Ridder Psychological adjustment to chronic disease; The Lancet, Volume 372, Issue 9634, Pages 246 - 255, 19 July 2008.
21. Robert A. Schneider;Fatigue among caregivers of chronic renal failure patients: a principal components analysis; Nephrology Nursing Journal, Dec, 2003.

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