



Research Paper

Evaluation Of Health Related Quality Of Life In Hemodialysis Patients.

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ABSTRACT

Background: Due to the complexity of their conditions, patients on dialysis are often dependent on comorbidities for their quality of life. They also suffer from various psychological and physiological losses. This study aims to analyze the impact of these conditions on the quality of life in patients.

Objective: The objective of the study was to collect data on the demographics and other factors of the patients during a period of six months at the NMCH & RC Raichur in Karnataka.

Methods: A prospective empirical study was conducted in one thousand bedded tertiary care teaching hospital, NMCH & RC Raichur, Karnataka, over a amount of six months from January, 2021 to June, 2021. the info was collected exploitation the data entry type including demographic study, treatment chart and form form. The collected data was analyzed for analysis queries regarding HRQoL by using questionnaire form and conjointly by patient demographics and so on.

Results: Among the total 82 patients selected in which male 42 (51%) and female 40 (49%) were found. The overall quality of life in hemodialysis patients seems poor.

Conclusion: The study concludes that, sociodemographic, clinical characteristics, drugs prescribed will decrease the QoL in hemodialysis patients. The patients undergoing dialysis were mostly elderly patients with comorbid conditions will shows poor quality of life.

Keywords: Chronic Kidney Disease, end stage renal disease, Quality of life, Hemodialysis, intradialytic activity.

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I. INTRODUCTION

End Stage renal disease could be a chronic illness wherever old patients are additional vulnerable to it and it's directly result to quality of life. The patients with End-stage uropathy ought to air haemodialysis process. Here the dialysis acts as a man-made kidney. It purifies the blood and excretes the stuff from the body. Despite the considerable progress that has been made in treating ESKD patients and hemodialysis procedures, HRQoL remains a big drawback for HD patients. one Treating ESRD and its complications is dear and therefore the one with poor money standing cannot afford it. The determination of thriving health outcome for patients with ESKD has been restricted to clinically centered measures together with HD adequacy, acceptable laboratory values and intradialytic management.², three various outcome measures of the efficaciousness of provided treatment and HD are so required.⁴ In addition, the danger of patients on haemodialysis with declining physical operate and reduced muscle and bone mass is above that of traditional people. Studies have prompt that patients ought to exercise a minimum of 5 days every week and have interaction in moderate-intensity activities that last for thirty min or longer.^{5,6} the event of diseases and clinical abnormalities in these patients causes negative effects, comparable to the fast reduction of muscle tension and strength, reduced physical activity, poor prognoses, and low health-related quality of life.⁷ However a top quality of life is tough to predict however it's a very important parameter to analyse patient's life malady or survival. therefore this study has been conducted in Navodaya hospital and analysis centre.

II. METHODOLOGY

Study design: Prospective observational questionnaire based study.

Study duration: Study was conducted for a period of six months from January 2021 to June 2021 among hemodialysis patients.

Study site: Hemodialysis unit at Navodaya Medical College Hospital and Research Centre, Raichur, Karnataka.

Data collection: The required data was collected through specially designed data entry form and questionnaire form. All the collected data was subjected for evaluation. The project team includes one Pharm D student, dialysis unit was visited daily by the project team as per schedule. Direct interactions with patients were also done.

Sample size: The study was planned with a total number of 82 patients.

Ethical committee approval: The study was approved by committee by issuing ethical clearance certificate.

III. RESULTS

There are eighty two study participants out of that the participants concerned maximally within the study are geriatric patients. Table 1 represents age distribution of patients undergoing dialysis out of 82 patients twenty six were quite sixty five this table additionally represents the overall distribution of male and feminine in the method of hemodialysis.

Table 1: Age and sex distribution of study participants (N=82).

Age	No. of patients	Male	Female
26-35	7 (8.53%)	4	3
36-45	15 (18.29%)	11	4
46-55	13 (15.85%)	6	7
56-65	21 (25.60%)	9	12
>65	26 (31.70%)	12	14
	Total no. of patients = 82	42	40
	%	51%	49%

Table 2 Shows the education level of study participants out of 82 participants 42 (51.21%) have studied primary school 24 (29.26%) were high school 16 (19.51%) were graduates and there is no post graduate students.

Table 2: Education level of study participants (N=82).

Education level	No. of patients	%
Primary school	42	51.21
High school	24	29.26
Graduate	16	19.51
Post graduate	0	0

Table 3 represents the period of qualitative analysis in participants, which has the time outlay by the study participants for dialysis, out of eighty two participants twelve (17.07%) were spending 2h/day for dialysis, twenty six (31.70%) were spending 3h/day and forty two (51.21%) were spending 4h/day that means, most participants are undergoing dialysis 4h/day.

Table 3: period of dialysis in participants (N=82).

Duration of dialysis	No. of participants	%
2 h/day	14	17.07
3 h/day	26	31.70
4 h/day	42	51.21

Table four this table represents adherence of patients to the recommended treatment which suggests however patients are about to follow the treatment suggested by the doctor, out of eighty two participants thirty eight (46.32%) patients were a great deal adhere to the recommended diet, twenty eight (31.14%) were quite adhered, sixteen (19.51%) were little adhered and 0 patients who are not at all adhered.

Table 4: Adherence to recommended treatment by study participants (N=82).

Adherence to recommended treatment	No. of patients	%
Very much	38	46.34
Quite	28	34.143
Little	16	19.51
Not at all	0	0

Table five represents the frequency of qualitative analysis session in study participants i.e., however usually the patients are undergoing qualitative analysis during a week, out of eighty two participants twenty four(29.26%) patients undergone hemodialysis double a week, forty(48.78%) were thrice in a week and eighteen(21.95%) were four fold a week. hence, most patients undergoing dialysis three times a week.

Table 5: Frequency of dialysis session in study participants (N=82).

Frequency of dialysis session	No. of patients	%
2x/week	24	29.265
3x/week	40	48.785
4x/week	18	21.950

Table six the patients undergoing dialysis going to behaving tons of comorbid condition that the out of 82 patients thirty two were having hypertension, twelve were plagued by CAD, sixteen were COPD/TB, 0 for cancer twenty from polygenic diabetes mellitus, 0 from psychiatric disorders and a pair of from GI bleeding. hence out of all participants the high blood pressure and DM are largely found co morbid conditions.

Table 6: Co morbid conditions of study participants (N=82).

Co morbid conditions	No. of patients	%
Hypertension	32	39.02
CAD	12	14.63
COPD/TB	16	19.51
Cancer	0	0
Diabetes mellitus	20	24.39
Psychiatric disorder	0	0
GI bleeding	2	2.431

Table seven the participants bearing dialysis can undergo some intradialytic activities studies shows that participants with the next intradialytic activity index had better mental HRQOL points and kidney-disease. Here out of eighty two study participants eight were outlay their time in observance TV whereas dialysis process, eighteen were sleeping, twenty four were talking, 0 were enjoying games, twenty eight were on fistula arm exercise, and 4 were in alternative activities. The study includes form kind in which the subsequent queries are asked relating to HRQOL.

Table 7: Intradialytic activities in qualitative analysis patients (N=82).

Intradialytic activity	No. of patients	%
Watching TV	8	9.75
Sleeping	18	21.95
Talking	24	29.26
Playing games	0	0
Fistula arm exercise	28	34.14
Others	4	4.87

Table eight represents the final health of study participants out of eighty two participants nobody has same their health is either excellent or excellent remaining has said good 20%, honest 49%, and poor 19%. compared to 1 year past however would patients rate their health generally currently therefore no one has told that far better than one year ago either somewhat better now than one year ago, they said concerning constant together year ago 45%, somewhat worse now than one year past 34%, a lot of worse currently than one year ago 20% representing.

Table 8: General health standing of participants (N=82).

General health status	No. of participants	%
Excellent	0	0
Very good	0	0
good	17	20.73
fair	49	59.75
poor	16	19.51

Table nine patients undergoing qualitative analysis has experienced body pain {approximately about close to just about some roughly more or less around or therefore} 75% of patients on dialysis describe their pain management as inadequate, qualitative analysis itself causes severe pain related to dialysis procedure appreciate muscle cramping, needle sticks. The pain is claimed to be primary issue to cut back QoL in dialysis patients. things like, being nervous, feeling so down happens a number of the time, they cannot be able to abide calm and peace, tired all the time, unhappy, and has less energy in them.

Table 9: Compared to 1 year ago, however would patient rate their health generally currently(N=82).

	No. of participants	%
A. Much better now than one year ago	0	0
B. Somewhat better now than one year ago	0	0
C. About the same as one year ago	37	45.12
D. Somewhat worse now than one year ago	28	34.14
E. Much worse now than one year ago	17	20.73

IV. DISCUSSION

The results of this study showed that the quality of life was correlate with age. A attainable clarification is that patients of advanced age sometimes expertise physical and psychological feature impairment or could have lower expectations compared with younger individuals. Similarly, Mandoorah al.,⁸ showed that patients older than sixty years had the worst report of the standard of life. Studies have confirmed that co morbidities and diseases have an effect on one another and, consequently, the physical functioning and survival of patients. The finding of enlarged length of qualitative analysis and reduction of quality of life is per Seica et al.,⁹. Quality of life decreases because the variety of co morbidities increases, the patients have un wellness burden, that's resulton their physical health associate degreed emotional health too. The person undergoing qualitative analysis can have poor physical health thereby they can'tperform vigorous activities. Emotional issues like depression anxiety are common in dialysis patients and are shown to be related to higher morbidity and mortality, however very little is thought concerning the course of symptoms over time. Patients on dialysis who have interaction in physical activity exhibit prime quality of life unfortunately; there'san absence of pain management recommendations for dialysis patients Assessment of quality of lifetime of patients with end-stage urinary organ un wellness has become progressively important.

V. CONCLUSION

The study concludes that shrunken health connected quality of life is common in dialysis patients and it's related to enlarged risk of comorbidities and mortality. Patients shows reduction in each physical and mental quality of life.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

REFERENCES

- [1]. Cukor D, Ver Halen N, Fruchter Y (2013) Anxiety and quality of life in ESRD. *Semin Dial* 26: 265-268.
- [2]. De Geest S, Moons P (2000) the patient's appraisal of side-effects: the blind spot in quality-of-life assessments in transplant recipients. *medical specialty Dial Transplant* 15: 457-459.
- [3]. Al Salmi I, Larkina M, Wang M, Subramanian L, Morgenstern H, et al. (2018) uncomprehensible haemodialysis treatments: International variation, predictors, and outcomes within the chemical analysis outcomes and follow patterns study (DOPPS). *Am J urinary organ Orcus* 72: 634-643.
- [4]. Brekke FB, Waldum B, Amro A, Østhus TBH, Dammen T, et al. (2014) Selfperceived quality of sleep and mortality in Norwegian chemical analysis patients. *haemodialysis International* 18: 87-94.
- [5]. Roshanravan, B, Gamboa, J, Wilund, K. (2017) Exercise and CKD: musculus disfunction and exercise of Exercise to stop and Treat Physical Impairments in CKD. *Am. J. Kidney Dis.* 69, 837–852.
- [6]. Visser, W.J.,Egmond, A.M.E.M.,Timman, R., Severs, D.; Hoorn, E.J. (2020) Risk Factors for Muscle Loss in haemodialysis Patients with High Comorbidity. *Nutrients.* 12, 2494.
- [7]. Tonelli, M.; Wiebe, N.; Guthrie, B. (2015) Comorbidity as a driver of adverse outcomes in individuals with chronic uropathy. *Kidney Int.* 88, 859–866.
- [8]. Mandoorah QM, Shaheen FA, Mandoorah SM, Bawazir SA, Alshohaib SS. Impact of demographic and comorbid conditions on quality of lifetime of haemodialysis patients: a cross-sectional study. *Saudi J urinary organ Orcus Transplant.* 2014;25(2):432–437.
- [9]. Seica A, Segall L, Verzan C, Văduva N, Madincea M, Rusoiu S, et al. Factors moving the standard of lifetime of hemodialysis patients from Romania: a multicentric study. *Nephrol Dial Transplant.* 2009;24(2):626–629.