

QUALITY OF LIFE IN PATIENTS WITH TERMINAL STAGE RENAL DISEASE
RECEIVING PROGRAMMED HEMODIALYSIS

Zaripov.S.I

Raximova M.B

Tashkent Medical Academy, Tashkent, Uzbekistan

Kidney pathology takes an important place among chronic non-infectious diseases due to its significant prevalence, a sharp decrease in the quality of life, high mortality and expensive replacement therapy methods in the terminal stage - dialysis and kidney transplantation. Quality of life, according to studies, is considered as important factor that can influence effectiveness of treatment and life expectancy of dialysis patients.

Purpose. To study the quality of life of (TSRD) patients receiving programmed hemodialysis.

Material and research methods: overall 120 patients with terminal stage renal disease at the age of 55.2 ± 17.4 years, dialysis duration 6.7 ± 4.3 years were included to the investigation. The main factors for chronic kidney disease were: chronic glomerulonephritis - 65%, diabetes mellitus - 31.7%, polycystic kidney disease - 3.3%. The quality of life of patients was assessed using the SF-36 questionnaire. In order to study influence of main factors such as gender, hemodialysis duration to quality of life, we divided patients into groups- first and second and compared their parameters.

Results. Comparison of Quality of life parameters between women and men showed that "General Health" (GH) scale was higher in women ($56,8 \pm 12,3$ vs $44,8 \pm 24,3$ $p < 0.01$), while "Social Functioning" (SF) index was higher in men ($59,3 \pm 26,5$ vs $65,4 \pm 27,2$ $p < 0.05$). Overall indicators of physical and mental components did not differ much by gender. In order to study the influence of hemodialysis duration to quality of life, we divided all patients into 3 groups. 1st group-HD duration up to 1 year (35 patients). 2nd group includes 65 patients who have 2-9 years of HD experience. 3rd group-HD duration more than 10 years (20 patients). In the 1st group of patients, the lowest indicators were observed in the "Role-Physical Functioning" (RP) ($30,8 \pm 15,1$ vs $50,4 \pm 34,4$ (2nd group) and $36,8 \pm 21,4$ (3rd group) $p < 0.01$) and "Emotional role (RE)" scales. ($22,1 \pm 10,8$ vs $48,4 \pm 12,6$ (2nd group) and $29,4 \pm 15,3$ (3rd group) $p < 0.01$.) On the contrary, it has the highest result on the "Body pain" (BP) scale ($56,1 \pm 17,8$ $p < 0.01$). In group 2, higher indicators were observed compared to others. Group 3 showed the lowest scores on

many scales, only the result on " Role-Emotional Functioning (RE)" scale was better compared to group 1.

A detailed analysis of patients complaints revealed that patients most often complained of: loss of strength - 62%; weakness and dizziness - 60%; muscle pain - 59%; skin-itching and shortness of breath - 50%, dry skin - 48%. One of the most significant stress factors in most of patients on program HD is non-ability to travel (81%); of which 67% this factor is of great concern. Also, 74% of patients were concerned about the restriction in fluid intake; 53% - necessity follow a diet; 60% - dependence on medical personnel; 61.0% - unrest associated with kidney disease; 56% - the impact of the disease on appearance. The least significant one was effect of disease on sexual life - 39%.

Conclusion. The quality of life is an important indicator, which must be taken into account in the treatment measures. Education, psychological and social support of patients, early diagnosis and treatment of dialysis complications are key factors for improvement of quality of TSRD-patient's lives.

REFERENCES:

1. Visweswaran K, Shaffi M, Mathew P, et al. Quality of Life of End Stage Renal Disease Patients Undergoing Dialysis in Southern Part of Kerala, India: Financial Stability and Inter-dialysis Weight Gain as Key Determinants. *J Epidemiol Glob Health*. 2020;10(4):344-350. doi:10.2991/jeqh.k.200716.001
2. Alencar SBV, de Lima FM, Dias LDA, Dias VDA, Lessa AC, Bezerra JM, Apolinário JF, de Petribu KC. Depression and quality of life in older adults on hemodialysis. *Braz J Psychiatry*. 2020 Apr;42(2):195-200. doi: 10.1590/1516-4446-2018-0345. Epub 2019 Aug 5. PMID: 31389496; PMCID: PMC7115449.
3. Pei, M., Aguiar, R., Pagels, A.A. et al. Health-related quality of life as predictor of mortality in end-stage renal disease patients: an observational study. *BMC Nephrol* 20, 144 (2019)
4. Brown EA, Zhao J, McCullough K, Fuller DS, Figueiredo AE, Bieber B, Finkelstein FO, Shen J, Kanjanabuch T, Kawanishi H, Pisoni RL, Perl J; PDOPPS Patient Support Working Group. Burden of Kidney Disease, Health-Related Quality of Life, and Employment Among Patients Receiving Peritoneal Dialysis and In-Center Hemodialysis: Findings From the DOPPS Program. *Am J Kidney Dis*. 2021 Oct;78(4):489-500.e1. doi: 10.1053/j.ajkd.2021.02.327. Epub 2021 Apr 16. PMID: 33872688.