

POSSIBILITIES OF INCREASING THE QUALITY OF LIFE OF RENAL PATIENTS, CHRONICALLY DIALYZED

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Abstract: The problem of the quality of life of the patients suffering from chronic diseases, including those with end-stage CRI, chronically dialyzed, represents a serious and significant public health issue. The paramount importance of this problem is given by the great number of persons with chronic sufferings, lasting for months, years or decades, by the social community and family, implications that come out of this context, as well as by the economic problems brought by the costs of these patients' care.

Keywords: quality of life, dialysis

Rezumat: Problema calității vieții bolnavilor suferinzi de afecțiuni cronice, inclusiv a celor cu IRC stadiul terminal, dializați cronic, constituie o serioasă și importantă temă de sănătate publică. Importanța acestei probleme este dată atât de numărul mare de bolnavi aflați în această situație, de suferință cronică, cu durată de luni, ani, sau zeci de ani, de implicații sociale comunitare, familiale care rezultă din acest context cât și din problemele economice ridicate de îngrijirea acestor pacienți.

Cuvinte cheie: calitatea vieții, dializă

INTRODUCTION

Nephrology is one of the medical specializations that have known a great development during the last few years in what concerns both the possibilities of diagnosis and the therapy. This thing is also due to the extraordinary improvement of the renal replacement therapies by means of haemodialysis, peritoneal dialysis and renal transplant.

The aforementioned statements present the situation at worldwide level, including our country; nevertheless in Romania the renal transplant is still pretty much a work in progress.

The other two important renal replacement therapies, the haemodialysis and the peritoneal dialysis, have developed strongly on a national level during the last 10-15 years. In this respect, two parameters are worthy of mention. In 1990 in Romania only five centres of haemodialysis functioned (in Bucharest, Timișoara, Cluj-Napoca, Turnu Severin and Sibiu) with a number of 200 patients. At that time the peritoneal dialysis was not used as a method of treatment and the paediatric dialysis was not possible either.

Picture no. 1. Sibiu County with centres of dialysis in Sibiu and Mediaș



At present in our country there are over 100 centres of dialysis that take care of over 3000 dialyzed patients on a regular basis. In Romania, the peritoneal dialysis has been widely used as an alternative method for haemodialysis since 1995, and the beneficiaries are especially diabetic patients, old persons and children, due to the fact that the vascular abroad necessary for haemodialysis is more difficult if not impossible to build.

Picture no. 2. Polisano Centre of Dialysis - Sibiu



Nowadays there is no region or county in the country that does not benefit from a centre of dialysis. Sibiu County has centres of dialysis in Sibiu and Mediaș. In addition to this, children may be dialyzed in the big paediatric hospitals within the well-known university centres (Bucharest, Cluj-Napoca, Iași and Timișoara) as well as in the centre of dialysis within Brașov Pediatric Hospital.

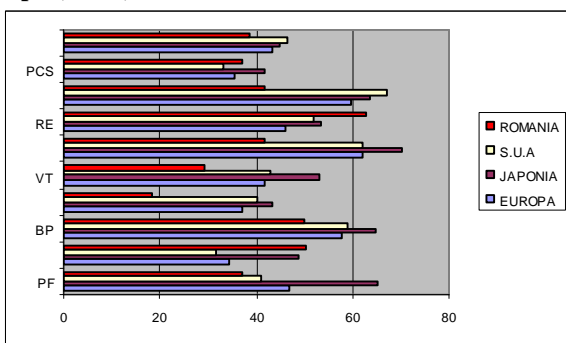
Together with this quantitative development of the renal replacement therapy, the accent was also put on the quality of life of the patients that are subject to such a long term method of treatment. This thing is also rooted in the fact that the treatment that offers the best quality of life for patients with end-stage chronic renal insufficiency (CRI), namely the renal transplant (RT), was only seldom possible for a long period of time, due to several reasons (economic, managerial, cultural, religious etc.), and now, even if it has slightly developed, it still has a long road ahead as there are only two centres of renal transplant in Fundeni and Cluj-Napoca while the estimated number necessary for the whole country is of 6-8 centres. In France for example, there are approximately 27 active centres of renal transplant.

OBJECTIVES

The herein paper aims at assessing the impact of resorting to the dialysis program on the quality of life of end-stage CRI patients.

Secondly, this study intends to analyze the psychophysical changes seen after conducting the SF-36 test to a group of hemodialyzed and peritoneal dialyzed patients, under the direct care of the author.

Picture no. 3. Graphic representation of the scores averages for SF-36 test for the study batch in Europe, Japan, USA, Romania.



The Physical Role and the Emotional Role have the average of values greater than that obtained in USA, Japan and Europe. The lowest average is obtained in Romania for the General Health scale (GH 18,3), followed by Vitality (VT 29,4), Physical Function (PF 36,9) and Social Function (SF 41,6). The sum of the physical components (PCS) in what our country is concerned, has the average greater than that of USA and Europe, and lower than that of Japan. The sum of the mental components (MCS) in Romania has the average lower than that of USA, Japan and Europe.

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