

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

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Abstract: The SF-36 study helped us identify the possibilities of improving the wellbeing of dialyzed patients and of other potential patients, and to come across new strategies of preventing negative results. On the other hand, this study is also a sensitive measure of the efficiency of the treatment of anemia caused by renal problems. The present paper represents a different approach of the quality of life of a numerous category of patients, the renal ones, subject to chronic dialysis, as a renal replacement therapy, due to the total and irreversible loss of the renal function.

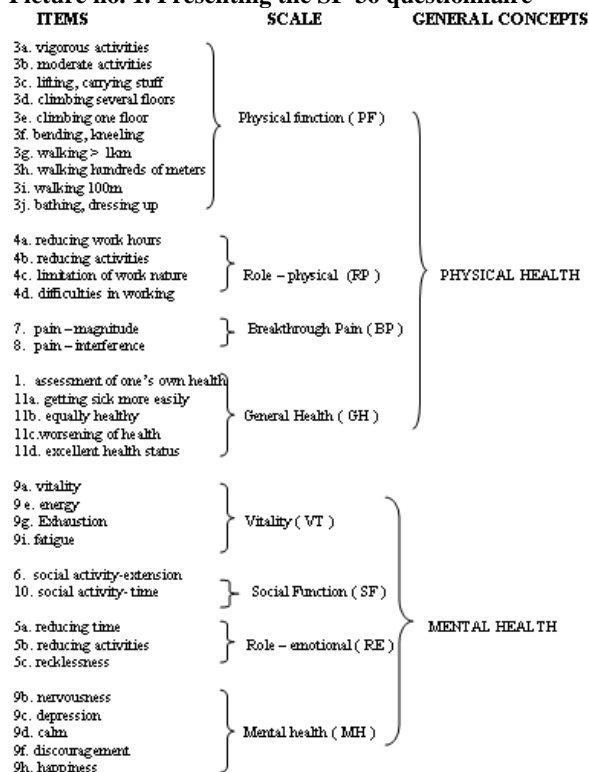
Keywords: SF-36, dialysis

Rezumat: Studiul SF-36 ne-a ajutat să identificăm modalitățile de îmbunătățire a bunăstării pacienților din dializă și a potențialilor pacienți și să identificăm strategii pentru a preveni rezultatele negative. Acest studiu este de asemenea o măsură sensibilă a eficacității tratamentului anemiei de cauză renală. Lucrarea reprezintă o nouă abordare a domeniului calității vieții la o categorie de pacienți tot mai numeroasă, respectiv pacienții renali, supuși dializei cronice, ca metodă de înlocuire a funcției renale, definitiv și total pierdute.

Cuvinte cheie: chestionar SF-36, dializă

For all the scales we may also collect information from the tables of frequency presented within the study:

Picture no. 1. Presenting the SF-36 questionnaire



INTRODUCTION

The patients' answer to the Sf-36 test was used in order to determine the value of the mental synthesis component (MCS) and the physical synthesis component (PCS). For all the studied scales, the scores (points) were of 0 to 100. The high scores indicate a state of wellbeing, the amelioration of the physical or mental function, or a better quality of life of the patient. The scales' summary has the same interpretation, but it does not cover the whole range of 0 to 100.

The special data were gathered from the patients' medical records. This basic information includes: age, sex, environment, number of years of dialysis, haemoglobin, creatinine etc.

The Short form 36 Questionnaire (SF-36) represents a developed and tested generic tool to assess the general health status using eight scales: the physical function, the social function, the limitation of role (with physical and emotional roots), mental health, energy, breakthrough pain, and general state of health. This pattern has three levels:

In what concerns the physical role, we may see that 32% of the sick, that got a score under 25 for the RP scale, have reduced the amount of time spent at the workplace and have had difficulties in performing the day to day activities, or performed less tasks. 40% of the persons got scores over 75, namely those that did not reduce their working hours and common activities, and therefore the physical role got scores that were proper to the physical health balance.

38% of the persons, having scores less than 32 for the MH scale, felt angry, depressed, and discouraged, and approximately 5% got scores of 60 to 68 claiming to be calm, happier, less discouraged, yet they are just a few.

CLINICAL ASPECTS

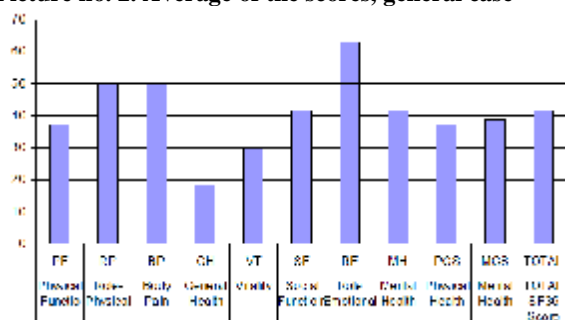
Table no. 1. Frequency of the scores expressed in percentages

Score	Frequency	Percent	Percent Cumulated
0	26	21.7	21.7
25	12	10.0	31.7
50	34	28.3	60.0
75	30	25.0	85.0
100	18	15.0	100.0
Total	120	100.0	

Table no. 2. Table no. 1. Frequency of the scores expressed in percentages

Score	Frequency	Percent	Percent Cumulated
24	6	5.0	5.0
28	21	17.5	22.5
32	19	15.8	38.3
36	6	5.0	43.3
40	3	2.5	45.8
44	12	10.0	55.8
48	15	12.5	68.3
52	23	19.2	87.5
56	9	7.5	95.0
60	3	2.5	97.5
68	3	2.5	100.0
Total	120	100.0	

Picture no. 2. Average of the scores, general case



The RP (50,42) and BP (49,85) scales have an average of values very close to 50. The rest of the scales have values which are more or less near to 50. In order to see whether there is a significant difference between the average of these scales and the value 50, we will perform the **T test** having as a comparison value, that of 50.

Table no. 3. T test for the scores average

	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
FF	-0.500	119	.000	-13.04	-15.46	-10.32
RP	.136	119	.893	.42	-5.70	5.53
BP	-1.116	119	.000	-15	-2.22	-7.72
GH	-0.667	119	.000	-11.61	-13.46	-10.01
VT	23.577	119	.000	20.54	22.27	19.02
SF	6.746	119	.000	8.70	10.40	5.99
BF	3.561	119	.001	12.83	5.59	19.95
MH	7.051	119	.000	8.27	10.35	5.19
PCS	-10.280	119	.000	-13.01	-15.52	-10.51
MCS	-8.647	119	.000	-11.25	-13.34	-8.58

As the study shows, the average of the RP and BP scales does not substantially differ from the value 50 ($t=0,135$, degrees of freedom (119), level of two-tailed significance (0,893); $t=-0,116$, degrees of freedom (119), level of two-tailed significance (0,908), since the level of significance is less than 0,05 the difference is not that important), and the rest of the scales have an average very much different than this value.

The most significant differences between the scales average and the value 50 can be seen in the case of the General Health (GH 18,26) and of the Emotional Role (RE 62,83) see Table No.22-scores of the scales. Therefore, the emotional state may be assessed as "good" and the general health as "bad".

The PCS and MSC scales have the average of values close to 40 (<50), on a 0 to 100 scale.

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