

# STUDY OF THE LIFE QUALITY OF THE PATIENTS WITH CHRONIC RENAL INSUFFICIENCY, IN DIALYSIS STADIUM

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**Keywords:** chronic renal failure, dialysis, quality of life, physical health, emotional problems

**Abstract:** In this paper the healthcare consumers are represented by patients with chronic renal failure, that undergo dialysis. The presence of chronic pathology and dialysis procedure carries a significant impact on the life quality, affecting both the physical and mental side of the patient. Improving the life quality in patients with chronic renal failure, this paper seeks to identify the special needs of these patients life quality self method under the impact of chronic pathology, with selfcare capacity and restrictions imposed to identify physical and psychological states emotional, caused by chronic disease on social life.

**Cuvinte cheie:** insuficiență renală cronică, dializă, calitatea vieții, sănătate fizică, probleme emoționale

**Rezumat:** În cazul lucrării de față consumatorii serviciilor de sănătate sunt reprezentați de bolnavi cu insuficiență renală cronică, în stadiu de dializă. Atât prezența patologiei cronice cât și procedura de dializă exercită un impact major asupra calității vieții pacienților, afectând atât latura fizică cât și cea psihică a bolnavului. În vederea ameliorării calității vieții pacienților cu insuficiență renală cronică, lucrarea de față dorește identificarea nevoilor speciale ale acestor bolnavilor prin metoda autoevaluării calității vieții sub impactul patologiei cronice, prin autoevaluarea capacității de autoservire și autogospodărire, precum și identificarea restricțiilor impuse să sănătatea fizică și stările psiho-afective, generate de boala cronică, asupra vieții sociale.

## INTRODUCTION

The "Health for All by 2000" for Europe provides that "all Member States should develop effective mechanisms to ensure quality care for patients within their health systems", the default will increase quality of life.

Quality dimensions are: access to health care, adequate health care, effective care, continuity of care, efficiency, patient perspective issues, ensuring environmental safety in health care, timely care, social acceptance of health care - the extent to which the treatment received have a desired effect with minimum effort, expenses or time from the patient's point of view.

The existence of a chronic kidney disease means that the kidneys are not working properly for a longer period of time, their function is to remove toxic wastes from the blood. They also help maintain balance between fluids and salts in the body wastes and fluids from the body in eliminating excess in the form of urine.

When the kidneys are damaged, debris collects in the body and cause a malaise and discomfort both physically and mentally. The presence of a chronic condition alters the patient's quality of life, imposes limitations on the patient's ability to conduct day and social activities. The effects of chronic disease and treatments that must be followed exercises a major impact on the patient's interpersonal relationships; it is being unable to maintain appropriate interpersonal relationships with both family and entourage of people.

Chronic renal disease has a serious impact on patient quality of life since starting to worsen. If the disease can not be controlled, then progressively deteriorating renal function. When kidney function falls below a certain point, the disease is called chronic renal failure. Chronic renal failure has serious effects on the whole body and can cause serious heart disease,

bone and brain, resulting in a decreased quality of life associated with the patient's pathologies.

## THE AIM OF THE STUDY

Quality planning process refers to activities required to produce health services to meet consumer needs and includes the following steps: defining the consumer to determine their needs, defining characteristics of medical service in line with consumer needs, developing processes to be able to perform the service characteristics, all these bringing benefit and contribution in enhancing quality of life.

In this paper the healthcare consumers are represented by patients with chronic renal failure, that undergo dialysis. The presence of chronic pathology and dialysis procedure carries a significant impact on quality of life, affecting both the physical and mental side of the patient.

Improving quality of life in patients with chronic renal failure, this paper seeks to identify the special needs of these patients quality of life self method under the impact of chronic pathology, with selfcare capacity and restrictions imposed to identify physical and psychological states emotional, caused by chronic disease on social life.

## MATERIALS AND METHODS

We have developed an original survey study, with anonymous responses on self preformulate impact of chronic renal failure, dialysis stage influence on quality of life and physical health and psycho-emotional states caused by disease on daily activities and social capacity networking.

In the first part of the questionnaires were developed questions on the identification and characterization of the studied group, followed by questions of self and self-service capabilities both selfcare and limitations imposed by physical

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Articol received on 30.08.2010 and accepted for publication on 01.10.2010  
ACTA MEDICA TRANSILVANICA December 2010; 2(4) 257-260

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and emotional problems, chronic pathology generated on performing daily activities, maintaining interpersonal relationships and social activities.

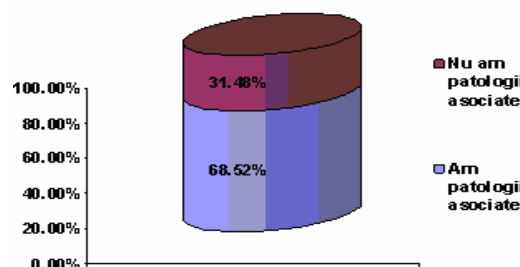
The study was conducted on a number of 54 people from Sibiu, diagnosed with chronic renal failure, in dialysis stage.

### RESULTS AND DISCUSSION

The study group weights are substantially the same gender, fits patients between 20-70 years and over, over half of them with a level of urban and environmental education. All interviewed patients are diagnosed with chronic renal failure, with the majority undergoing hemodialysis, and included in the National Hemodialysis Programme shortly after diagnosis.

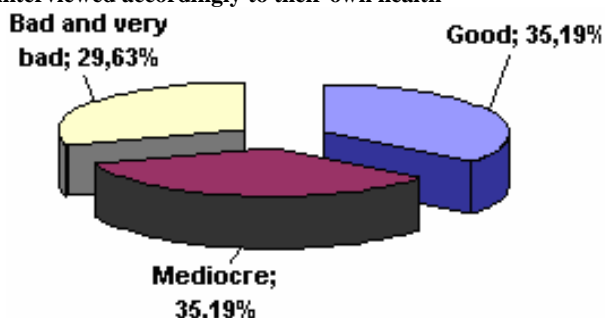
Over half of the patients studied confirmed following associated pathologies: heart failure, hypertension, diabetes gr. I and II, liver cirrhosis, hepatitis B and C, endocrine disease, gallstones, asthma, COPD, osteoporosis. (Chart 1)

**Figure no. 1. Share of surveyed patients according to the presence of associated diseases**



From the patient's group more than half of them have their own income. Over two fifths of respondents claim that their allocated monthly family budget between 50 and 500 RON for chronic pathology and over one quarter of its support costs between 50 and 300 RON for associated pathologies. In equal shares by 35.19% of patients fall autoappreciation their health as good and mediocre, and the remaining 29.63% are considering it bad and very bad. (Chart 2)

**Graphic no. 2. Share of patients' autoappreciation interviewed accordingly to their own health**



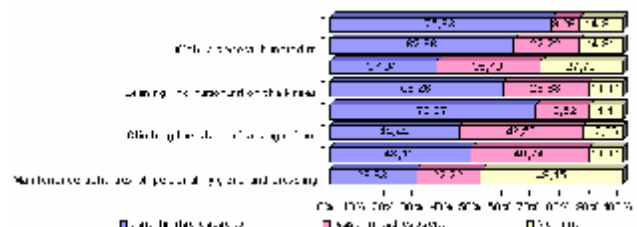
Data analysis shows that all patients experiencing chronic pathology present limitations on the ability to conduct daytime activities and confirms the major percentage restriction in performing activities requiring physical efforts such as the ability to climb stairs several floors, to perform bending and stretching of the body, and walking long distances.

We're finding quite a high share of patients who claim to suffer difficulties in self capacities (29.63% - body hygiene maintenance activities and dressed), and selfcare (48.15% - lifting or carrying shopping), the limitations of these generating capacity both lower quality of life for patients and their addiction. (Chart 3)

Chronic disease is a risk factor in lowering quality of

life, especially if treatment is to be carried out by invasive procedures, which can cause both physical discomfort, resulting in pain and psychological patient facing state of nervousness, anxiety, frustration because of disability and dependence, loss of self-confidence, apathy, unfortunately disbelief.

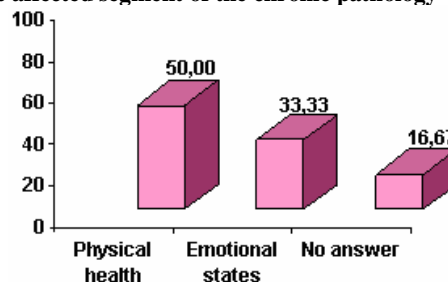
**Graphic no. 3. Share questioned patients on chronic pathology autoappreciation restrictions on carrying capacity of daytime activities, the types of activities**



All these physical and psychological conditions faced by patients diagnosed with chronic renal failure, dialysis stage, exercising its impact on quality of life.

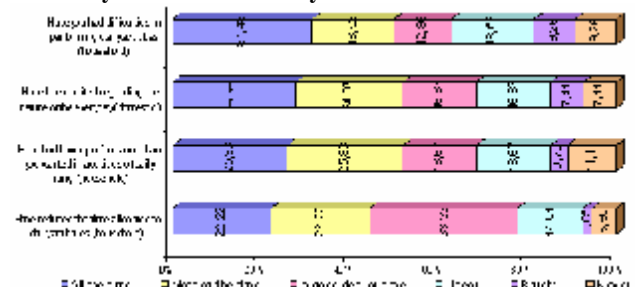
Half of the subjects in the study claim that the pathology of chronic physical health affected them, and one third of them say that the disease has an impact on emotional states and non-answers have a share of 16.67%. (Chart 4)

**Graphic no. 4. The share of patients interviewed according with the affected segment of the chronic pathology**



Most subjects studied almost always felt the limitations of the physical health affected by chronic pathology, the capacity to carry out daylight routine activities. They argued that they observed a decrease in both capacity quantitatively and qualitatively do housework, and diminishing the power of concentration and attention necessary to carry them. (Chart 5)

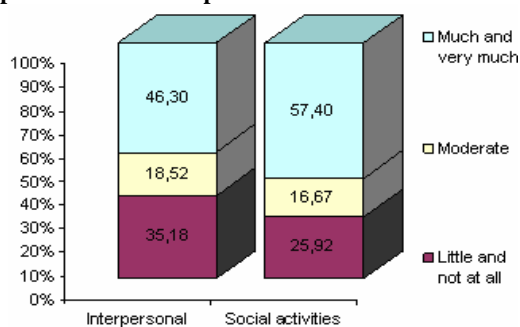
**Graphic no. 5. Share of the autoappreciating patients interviewed according to the physical health restrictions on the ability to conduct the daily activities**



In the study group we noted that the major percentage of patients diagnosed with severe chronic kidney disease in the dialysis stage, representing 46.30% to 57.40%, argue that physical health affected by the presence of chronic pathology, exercise a major impact on the ability to maintain appropriate interpersonal relationships, namely the ability to conduct social activities, these issues contributed to the deterioration of quality of life. (Chart 6)

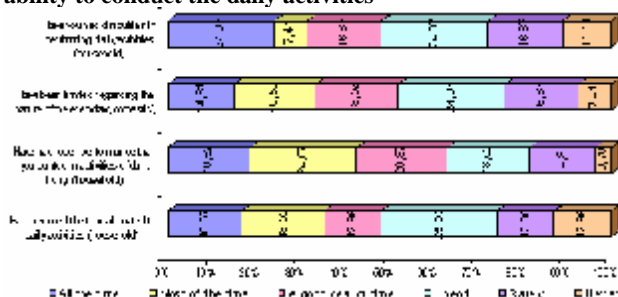
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**Graphic no. 6. Questioned patients on self-weight impact physical health, affected by chronic pathology on interpersonal relationships and social activities**



From the analysis we find that the major percentage of patients in chronic renal failure, dialysis stage, argue that they face emotional states, affecting nearly all the capabilities to operate during daytime, psycho-emotional states experienced by patients requiring them to reduce both of time spent working the daily and quantity. Patients claim the reduction of concentration and attention skills needed for the daily work. (Chart 7)

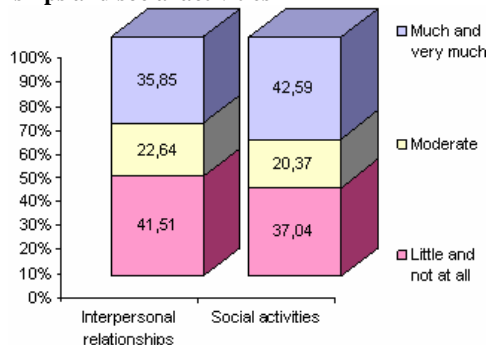
**Graphic no. 7. Share of autoappreciating patients interviewed according to emotional states restrictions on the ability to conduct the daily activities**



Over two fifths of the patients in the study claim that emotional states have a major impact on interpersonal relationships, 22.64% feel a moderate impact in this respect, and over one third believe that psycho-emotional states faced, the presence of chronic pathology, and greatly affect their capacity to appropriate human relations.

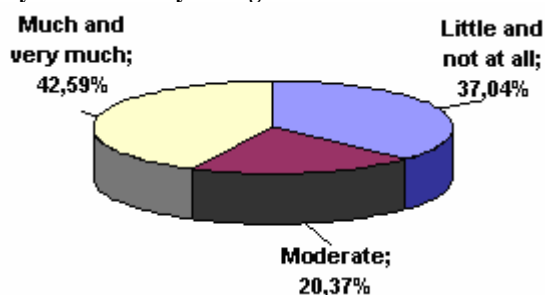
A share of 37.04% of respondents do not feel affected by emotional states in the ability to conduct daily activities, a fifth claim that emotional problems exercise moderate influence on social life, and over two fifths (42.59%) are feeling the impact major emotional states of facing due to the chronic pathology, on this issue. (Chart 8)

**Graphic no. 8. Questioned the self-weight patients emotional impact, affected by chronic pathology on interpersonal relationships and social activities**



The presence of physical discomfort is a risk factor for impaired quality of life, the group of patients with chronic renal failure, dialysis stage, in the study, accounting for 37.04% also felt that the physical discomfort caused by the presence of chronic pathology, one fifth of them are facing moderate physical discomfort, and over two fifths of respondents - 42.59% - say that chronic disease, it produces major physical pain. (Chart 9)

**Graphic no. 9. Share of patients interviewed accordingly to the physical discomfort caused by the presence of chronic kidney failure in dialysis stage**

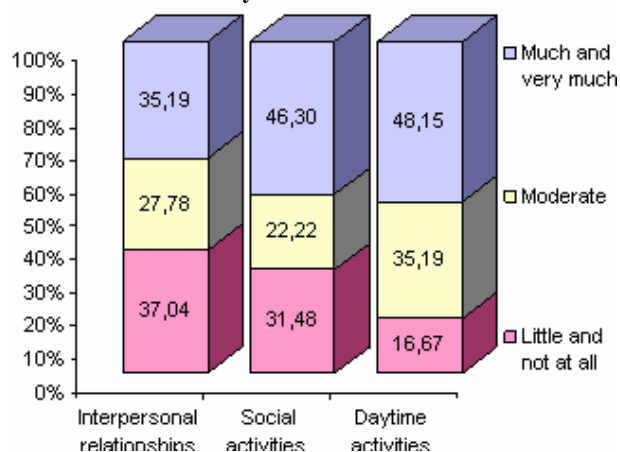


For the data analysis we find that the physical discomfort of maintaining influence both human relations skills and the pursuit of social and daily activities. A share of 37.04% of respondents say that pain affects their interpersonal relationships only slightly over one quarter of them - 27.78% - felt a moderate impact on this aspect of physical discomfort, and over one third, representing 35.19% say major difficulties caused by pain, the ability to maintain appropriate interpersonal relationships.

A share of 31.48% feel only minor difficulties in conducting social activities due to the presence of pain, over a fifth - 22.22% - claims that moderate pain affects their social life, and over two fifths - 46.30% - of patients in the study say that physical discomfort is a major impact on the ability to conduct social activities.

The study group find that the share of 16.67% of respondents say that chronic pain caused by pathology affecting only a little and even no capacity to perform activities of daily living, over one third - 35.19% - felt a pain in the moderate impact completion of the daily working and the majority share, representing 48.15%, declared that because pain is experienced there are major difficulties in carrying out daylight activities. (Chart 10)

**Graphic no. 10. Share of patients interviewed accordingly to physical discomfort effects on interpersonal relationships, social activities and daily activities**



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A major percentage of patients with chronic renal failure in the study argued that they are faced occasionally (sometimes, rarely, never) with the negative psychological state of dialysis, accounting for 7.41% say the present state of nervousness, anxiety, pessimism, fatigue, sadness and discouragement a good deal of time and 29.32% feel constantly these adverse conditions. (Chart 11)

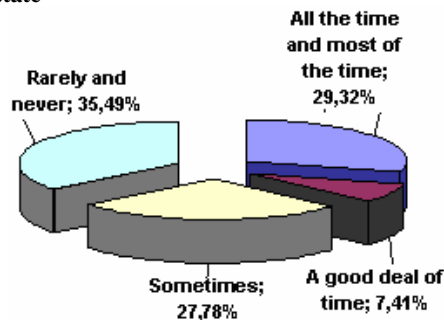
Negative attitude can have a major impact on quality of life of patients diagnosed with a chronic disease, it felt more acute problems of disease.

Presence of chronic diseases may induce positive psychological state experienced decrease, this resulting in a decreased quality of life. From the group of patients with chronic renal failure, undergoing dialysis, we see that approximately two thirds of respondents (65.08%) claim that calm, confidence, energy, vitality, happiness and courage are felt only occasionally (sometimes, rarely, never), and over one third of patients take a more positive attitude towards the presence of chronic pathology, most of the time and always feel very calm, optimistic, energetic and happy. (Chart 12)

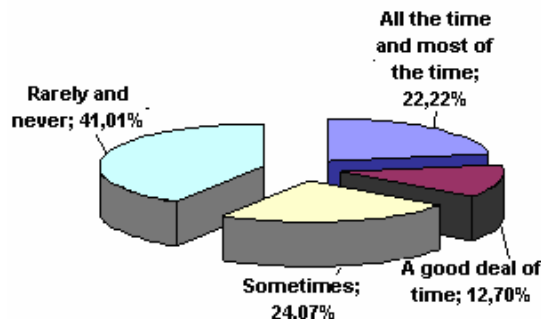
To adopt a positive attitude can be beneficial in improving patient health, family being important in maintaining this attitude towards the patients

Two fifths of respondents - 40.74% - expresses dissatisfaction with family doctor services, accounting for 20.37% say that family doctor services have a moderate utility regarding their needs and the remaining 38,89% consider themselves satisfied with the services offered. (Chart 13)

**Graphic no. 11. Share of patients interviewed accordingly to the negative psychological state of dialysis, according to mental state**



**Graphic no. 12. Share of patients interviewed according to positive mental states**

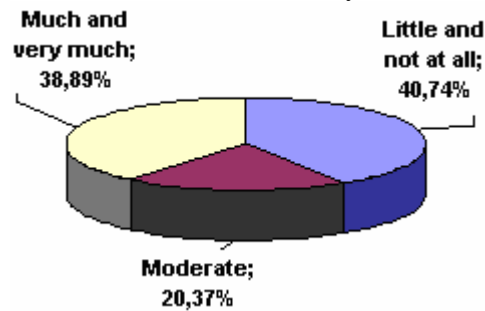


Over two thirds of respondents - 68.18% - expresses dissatisfaction with the current health system support the special needs of patients with chronic renal failure, dialysis stage, and a share of 31.82% is satisfied this issue. (Chart 14)

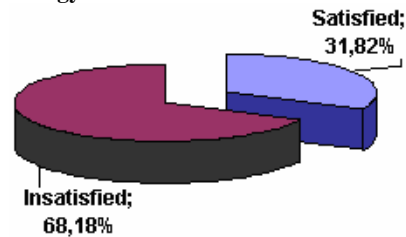
The majority of patients with chronic renal failure, dialysis stage, representing 70.37% believe that current health care system needs improvement in order to adapt to the needs of patients, and 27.78% do not feel the need to improve the health

system. (Chart 15)

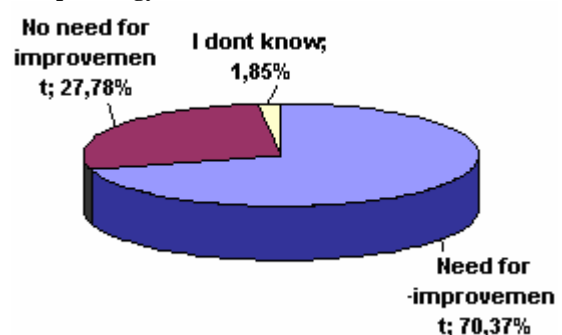
**Graphic no. 13. Share of patients interviewed based on the satisfaction with the usefulness of family doctor services**



**Graphic no. 14. Share of patients interviewed according to the satisfaction with the support by the current health system regarding the coverage of the needs of the diagnosed chronic pathology**



**Graphic no. 15. Share of patients surveyed about the satisfaction with the support offered by the current health system regarding the coverage of the needs of diagnosed chronic pathology**



## CONCLUSIONS

1. In the studied group, the gender-based percentages are sensibly equal, the patients being between 20-70 years and over and over half of them coming from an urban environment and having a medium schooling level. All interviewed patients are diagnosed with chronic renal failure, the majority being hemodialysed, and included in the National Hemodialysis Programme, shortly after diagnosis.
2. Over half of the patients studied confirmed associated pathologies.
3. Although that from the total subjects in the study only 51.85% have their own income, over two fifths of the respondents claim that they allot monthly from their own and their family budget between 50 and 500 RON for chronic pathology and over one quarter of them claim costs between 50 and 300 RON for associated pathologies.
4. Most patients studied self-assess their health as good and mediocre.
5. All patients experiencing chronic pathology present

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limitations on the ability to conduct daytime activities and the major percentage confirms restriction in performing activities that require physical efforts such as the ability to climb stairs several floors, to perform bending and inclination of the body, and walking long distances.

6. Relatively high percentages of patients claim to suffer difficulties in self-service and limitations of self-administration generate both decrease in quality of life and onset of their dependency on others.
7. Half of the subjects in the study claim that the pathology of chronic physical health affected them, and one third of them say that the disease has an impact on emotional states.
8. Most studied subjects almost always feel the limitations imposed by the physical health, affected by chronic pathology, on the capacity to carry out daily activities. They argue that they observed decrease in capacity, both quantitatively and qualitatively, to do housework, and a diminishing in the power of concentration and attention necessary to carry them.
9. The majority of patients diagnosed with chronic renal failure, dialysis stage argue that physical health affected by the presence of chronic pathology, exercises a major impact on the ability to maintain appropriate interpersonal relationships, namely the ability to conduct social activities, these issues contributing to the deterioration of life quality.
10. The majority of patients in chronic renal failure, dialysis stage, argue that the emotional states they deal with, affect almost always, the skills to carry out daily activities, the psycho-emotional states experienced by patients requiring them to reduce both the time spent working and the amount of work they perform. Patients claim the reduction of concentration and attention skills needed for the daily work.
11. Over two fifths of patients in the study claim that emotional states have a major impact on interpersonal relationships and more than one third believe that the psycho-emotional states they face, as a result of chronic pathology, affect much and very much their abilities to sustain appropriate human relations.
12. A ratio of more than one third of respondents do not feel affected by emotional states in the ability to conduct daily activities, and over two fifths feel the severe impact, of the emotional states they face, due to the chronic pathology, over this issue.
13. Over one third of subjects argue that they don't feel any physical discomfort caused by the presence of chronic pathology, and over two fifths of respondents say that the chronic disease, they suffer, causes major physical pain.
14. Over one third of patients face major difficulties caused by pain, in the ability to maintain appropriate interpersonal relationships, two fifths of them saying that physical discomfort is a major impact on the ability to conduct social activities, and nearly half argue that because pain is experienced, major difficulties in performing daily activities are met.
15. The majority of patients with chronic renal failure in the study claim that they are only occasionally faced with the negative psychological state of dialysis and over a quarter of them suffer permanently from these negative states.
16. Approximately two thirds of the respondents claim that states of calmness, confidence, energy, vitality, happiness and courage are felt only occasionally, and over one third of patients take a more positive attitude towards the presence of chronic pathology.
17. Two fifths of respondents expressed dissatisfaction with their GP services and a fifth is considered slightly satisfied

with the services offered, over two thirds of respondents expressed dissatisfaction with their support of the current healthcare system towards the special needs of patients with chronic renal failure, dialysis stage, and the major percentage of patients with chronic renal failure, dialysis stage, agree that the current healthcare system needs improvement in order to enhance the opportunities to be consistent with the needs of patients.

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