



# ASSESSMENT OF HEALTH RELATED QUALITY OF LIFE (HRQOL) AMONG DIALYSIS PATIENTS IN A TERTIARY CARE CENTRE USING KDQOL SF-36 SCORING.

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## INTRODUCTION:

- Impaired HRQOL is well described among patients on dialysis treatment.
- The 36-item questionnaire (SF-36) is a self administered HRQOL questionnaire not specific to any disease or treatment group.

## AIMS AND OBJECTIVES

- The objective of study was therefore to evaluate HRQOL in CKD-Dialysis patients and to explore possible correlating factors.
- Comparison was made between our HD cohort and previous SF 36 questionnaire studies in CKD 5D patients.

## MATERIALS AND METHODS:

- Primary data was collected longitudinally from participants (n=168) from Government Rajaji Hospital, Madurai during July 2021.
- All patients who are undergoing hemo- dialysis were included in the study.
- Patients who were died, not willing to participate and not in a mental state to answer the questionnaire were excluded in the study.

### STATISTICAL ANALYSIS:

- SF-36 scores based on 8 scales, Physical Functioning (PF), role physical (RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role emotional (RE) and mental health (MH).
- Norm based transformation was carried out to include the 8 scales in two summaries, Physical component survey (PCS) and mental component survey (MCS).
- IBM-SPSS statistics were used for statistical survey. Chi-square test was used to analyze differences in nominal level variables.

## RESULTS:

The mean age of the patients was 58±12. M:F ratio was 1:1.15. 67 patients had diabetes. 148 among 168 had hypertension. 68 had HCV positive status. Mean dialysis vintage among the study population was 24±11.5 months. 146 patients had hemoglobin less than 11g/dl. 7 patients were on weekly thrice HD and remaining were on weekly twice HD. NKD among the study group were CGN (n=126), DKD(n=14), CIN(n=12), Lupus Nephritis(n=8), CKD-U(n=8). The mean PCS and MCS score were 32±11.4 and 36±13.7.

**Table 1: Categorized correlates and HRQOL summary scores:**

Parameter	N	PCS		MCS		
		Mean (SD)	p-value	Mean (SD)	p-value	
Age	<61	61	37.6 (11.2)	.005	39.8 (13.4)	0.18
	≥61	107	31.1 (10.5)		41.1 (12.5)	
Gender	Male	90	34.6 (11.5)	0.7	40.4 (13)	0.15
	Female	78	34.4 (11.1)		40.5 (12.8)	
CVD	Yes	101	29.6 (9.9)	.003	39.4 (12.7)	0.13
	No	67	39.4 (10.5)		41.4 (13.2)	
Diabetes	Yes	67	30.4 (10.8)	.006	40.1 (13.1)	0.12
	No	101	36.2 (11.2)		41.2 (12.6)	
Hb	≤110 g/L	146	31.0 (10.2)	.002	36.7 (12.9)	.002
	>110 g/L	22	36.7 (11.5)		42.8 (12.5)	
p-Albumin	≤35 g/L	134	32.0 (10.8)	.005	38.1 (12.9)	.003
	>35 g/L	34	37.9 (11.3)		43.6 (12.4)	
CRP	<5 mg/L	88	41.7 (11.2)	.007	43.6 (12.4)	.004
	≥5 mg/L	80	31.9 (10.5)		38.7 (13.1)	
MAP	≤110 mmHg	44	34.1 (11.7)	.15	40.7 (12.9)	0.13
	>110 mmHg	124	36.1 (10.1)		39.9 (12.8)	

## DISCUSSION:

- Our study confirms previous findings that as HRQOL is low in CKD 5D patients especially PCS.
- Our results indicates both PCS and MCS are reduced in CKD 5D patients.
- The largest drop in the SF-36 questionnaire scale is among the PCS
- Age >61 years, CVD, Hb<11 g/L, overweight, diabetes, were also associated with impaired HRQOL.
- CVD seems to powerful predictors of the impaired HRQOL in patients with CKD
- Women reported worse HRQOL than men in our study
- Care should be targeted in retaining or improving HRQOL and well being
- A holistic approach would compose a base for supporting and improving the patient's self efficacy and psychological well being.

## PREVIOUS STUDIES OF QOL IN CKD 5D:

- Level of renal function was not an independent predictor of QOL scores in CKD.
- Treatment of anemia with erythropoietin in HD patients has been associated with improvements in health-related QOL.
- Modest physical activity can improve in the QOL in CKD patients.
- HRQOL drops down as the CKD advances from stage 1-5

## REFERENCES

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