Living with End-Stage Renal Disease: Perceived Impact of Treatment in a Mexican Hemodialysis Clinic

Luxana Reynaga-Ornelas,
Carol M. Baldwin, Christian Rodríguez Pérez,
Michael Todd, Karla Susana Vera-Delgado

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T2D Leading Cause of ESRD

171 Mill. diabetics in 2000

366 Mill. diabetics in 2030

+ 195 Mill.

+114 %

World Health Organization

http://www.who.int/diabetes/facts/world_figures/en/
End-Stage Renal Disease

Meichelboeck, 2011
Latin America: ESRD Prevalence

Cusumano et al., 2009
Treatment Modalities for ESRD in Mexico

CAPD 80%

APD 1%

HD 19%

Fundación Mexicana del Riñón, 2007
Treatment Selection for ESRD

Medical

Non-medical

- Overall cost
- Patient preference
- Availability of dialysis

Renal residual function
Comorbid conditions

OPTIMAL RENAL REPLACEMENT THERAPY

ESRD
Purpose

• To describe the impact of hemodialysis treatment on the health related quality of life of persons with end-stage renal disease attending a Mexican hemodialysis unit.
Methods

• 69 Mexican patients
• KDQOL-SF 19 dimensions (80 item)
  – SF-36. 8 dimensions
  – 1 health transition item
  – 11 kidney-disease-targeted dimensions
• Physical Component Summary (PCS), the Mental Component Summary (MCS), the health transition item and the 11 kidney-disease-targeted dimensions.
• The scores range from 0 to 100, with higher scores reflecting better HR-QOL. Data were analyzed using SPSS software (V21).
Results

Demographics

- 43 ±19 years old
- 52% female
- 49% married
- 5.±3 years of education
- 40 % without monthly salary
- 91% with health insurance
- Predominant comorbidity was diabetes (27%)

Medical

- Attend mornings (45%) and evenings (43%)
- two-three (36%-62%) times a week, from three to four hours connected (96%)
- vascular access were a catheter (55%) and arterio-venous fistula (45%)
- installed less than a year (43%) or two (36%) ago.
- 43% at least one hospitalization during the last year from 1-3 days (43%)
- 71% referred to take hypertensive medications.
SF-36 mean scores

Heath Transition Item
- 26.4

Mental Component Summary
- 41.3

Physical Component Summary
- 39.9
SF-36 mean scores

- Mental Health: 59.0
- Role Emotional: 27.5
- Social Functioning: 62.5
- Vitality: 58.7
- Health Perceptions: 49.8
- Pain: 66.1
- Role Physical: 26.1
- Physical Functioning: 55.6
KDQOL mean scores

- Staff motivation: 87.7
- Social Interaction: 85.0
- Sleep: 65.0
- Social Interaction: 49.6
- Cognitive function: 82.4
- Work status: 36.2
- Burden KD: 38.8
- Effects on daily life: 58.8
- Symptoms: 74.3
Factors related to HRQOL

<table>
<thead>
<tr>
<th>Factor</th>
<th>PCS</th>
<th></th>
<th>MCS</th>
<th></th>
<th>Health Transition</th>
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<tbody>
<tr>
<td></td>
<td>F</td>
<td>p</td>
<td>F</td>
<td>p</td>
<td>F</td>
</tr>
<tr>
<td>Age</td>
<td>8.198</td>
<td>.000</td>
<td>1.363</td>
<td>.262</td>
<td>1.529</td>
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<tr>
<td>Marital Status</td>
<td>2.575</td>
<td>.046</td>
<td>3.889</td>
<td>.007</td>
<td>.269</td>
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<td>Years of education</td>
<td>4.620</td>
<td>.001</td>
<td>1.149</td>
<td>.345</td>
<td>1.500</td>
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<td>Insurance</td>
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<td>.484</td>
<td>.158</td>
<td>.924</td>
<td>2.840</td>
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<td>Comorbidity</td>
<td>4.946</td>
<td>.002</td>
<td>.888</td>
<td>.477</td>
<td>3.836</td>
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<tr>
<td>Antihypertensive med.</td>
<td>.643</td>
<td>.425</td>
<td>6.439</td>
<td>.014</td>
<td>.936</td>
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<td>Number of hospitalizations</td>
<td>.988</td>
<td>.432</td>
<td>3.480</td>
<td>.008</td>
<td>2.864</td>
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</tbody>
</table>
Conclusion

• In this population, there is a high impact of disease and treatment on HR-QOL of persons with ESRD treated with hemodialysis. It is imperative to structure evidence-based and holistic-oriented health care strategies based in order to address best health outcomes.
SOMOS
THANKS
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