

Self-care profiles and perceived quality of life in haemodialysis patients

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Introduction

Scientific literature shows that self-care is a significant predictor of quality of life (QoL) (1).

QoL is an important indicator in healthcare. It helps recognise the effect of illness in patients, assess results in treatments and supports management decisions (2).

Previous research revealed differences in the patient satisfaction among those receiving different modalities of renal replacement therapy (3).

Self-care represents the range of behaviors undertaken by individuals to promote or restore their health. Self-care profile is related to the patient's life behavior that may influence their condition or state. There are four self-care profiles: Self-care Responsible, Formally Self-care Guided, Independent Self-care and Self-care Abandonment (4).

Does the promotion of patient autonomy encourage the Self-care profile Responsible which increases the level of QoL?

Objectives

To identify the different self-care profiles in patients with Chronic Kidney Disease (CKD) on haemodialysis (HD) in three dialysis modalities - Autonomous Domiciliary Dialysis (ADD), Autonomous Long Nocturnal Dialysis (ALND) and Conventional Dialysis (CD) and analyse the relationship between the different profiles of self-care and the QoL.

Methods

Exploratory and transversal study with a convenience sample of 80 patients with different levels of autonomy - 7 patients under ADD, 10 patients under ALND, and 63 patients under CD. Inclusion criteria were: At least 18 years of age, six months under HD, not institutionalised, able to read and write Portuguese. Exclusion criteria were: Hospitalised for at least 1 month, diagnosed dementia and psychiatric disorders. QoL was measured using the Kidney Disease and Quality of Life questionnaire (KDQOL-SF36) (5) and Self-care Profiles were measured using the Self-Care of Home Dwelling Elderly - SCHDE (4).

Results

The Self-care profile is predominantly undefined (75%). We determined 10 cases (12.5%) with a responsible self-care profile. Moreover, we identified QoL differences between three groups ($p=0.32$). Patients undergoing autonomous dialysis (home dialysis and long nocturnal dialysis) showed significantly better values than patients undergoing conventional in-centre dialysis.

There were no significant differences between the self-care profile groups found in relation to QoL ($p=0.41$). However, one group (Indefinite High profiles, Abandonment Pure, Predominantly Abandonment and Predominantly Formally Guided) showed the lowest average results and other (Indefinite Low, Responsible Pure and Predominantly Independent) with higher average results for QoL.

Conclusion

In the majority of the patients, the instrument used to measure self-care profiles only provided undefined profile results. This does not allow any firm conclusions about self-care profiles.

We observed a higher QoL in patients undergoing autonomous dialysis as compared to conventional dialysis - patients were involved in decisions regarding their care and the feeling of empowerment across the autonomous treatment modalities contributing to a higher QoL.

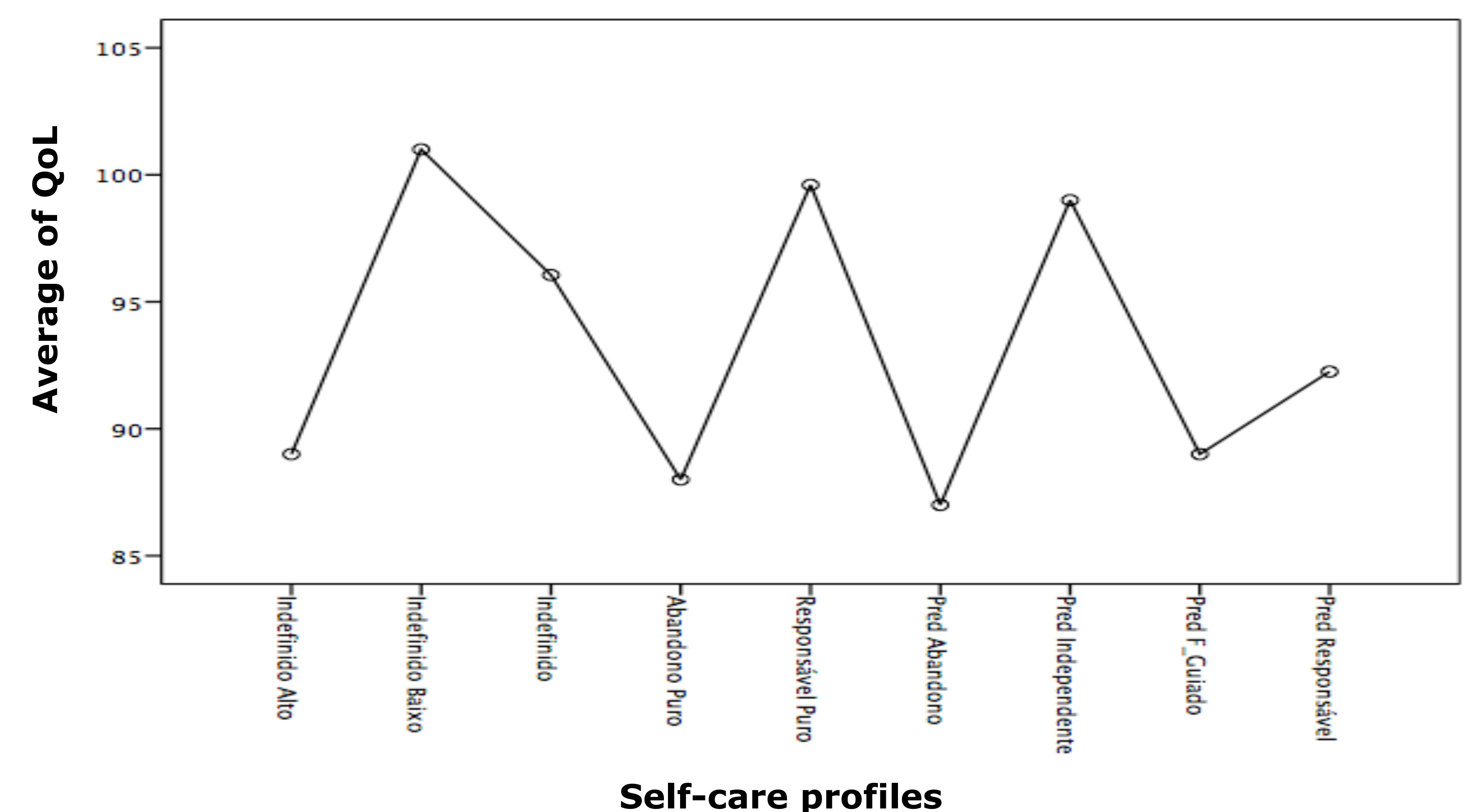
Other studies with higher samples and a more regular assignment of participants to different profiles may reveal differences with statistical significance to improve approaches to promote self-care in CKD patients under haemodialysis.

References

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Profiles	CKD							
	ADD		ALND		CD		Total	
	Nº	%	Nº	%	Nº	%	Nº	%
Indefinite High	2	3.17	2	2.50
Indefinite Low	2	3.17	2	2.50
Indefinite	5	71.43	8	80	43	68.25	56	70.00
Abandonment Pure	.	.	.	.	1	1.59	1	1.25
Responsible Pure	2	28.57	1	10	7	11.12	10	12.50
Predominantly Abandonment	.	.	.	.	1	1.59	1	1.25
Predominantly Independent	.	.	.	.	2	3.17	2	2.50
Predominantly Formally Guided	.	.	.	.	2	3.17	2	2.50
Predominantly Responsible	.	.	1	10	3	4.77	4	5.00

Table 1: Distribution of self-care profiles



Graphic 1: Self-care profiles in relation to QoL