

Anxiety, Depression and Quality of Life in patients undergoing chronic haemodialysis; Observational cross-sectional study.

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INTRODUCTION

The lives of patients undergoing chronic haemodialysis treatment are subject to different stressful and threatening situations since the moment of diagnosis. The impact of emotional disorders can play a role in adaptive behaviour and can be a determinant to the progress of the chronic illness (DeJean M. et al. 2013).

Chronic kidney disease generates a considerable level of stress and reduces the quality of life of those affected (Perales-Montilla et al. 2013).

Negative emotions such as anxiety and depression can worsen the course of chronic kidney disease, interfere within its treatment and modulate symptoms' perceptions (Kizilcik et al. 2012), significantly increasing the morbidity and mortality of patients (Kimmel et al. 1993; Páez et al. 2009).

20-30% of patients who have kidney failure and are on chronic haemodialysis treatment suffer depression (Chilcot et al. 2008).

OBJETIVES

- 1.- Acknowledge the levels of anxiety and depression by gender in patients who are on chronic haemodialysis treatment.
- 2.- Analyse the correlation between diagnostic categories of anxiety and depression by gender.
- 3.- Describe the correlation between anxiety, depression and quality of life.

METHODOLOGY

Design: A single group cross-sectional study with correlational analyses.
Methods: One hundred and thirty eight (n=138) patients were interviewed from four (4) dialysis centres in Spain. 59.3% (n=89) were male (mean age=65.2; SD=15.08) and 35.5% (n=49) were female (mean age= 65.33; SD= 16.47).
Instruments: Two self-report questionnaires were used for data collection:
- Hospital Anxiety and Depression Scale (HADS).
- Kidney Disease Quality of Life-Short Form (KDQOL-SF).
Ethics aspects: Approval by both ethical committees of Institut d'Assistència Sanitària (IAS) and Institut Català de la Salut (ICS), Spain.

RESULTS

Mean scores in anxiety and depression of women are higher than men's but differences are not significant ($p>0.05$) (Figure 1).

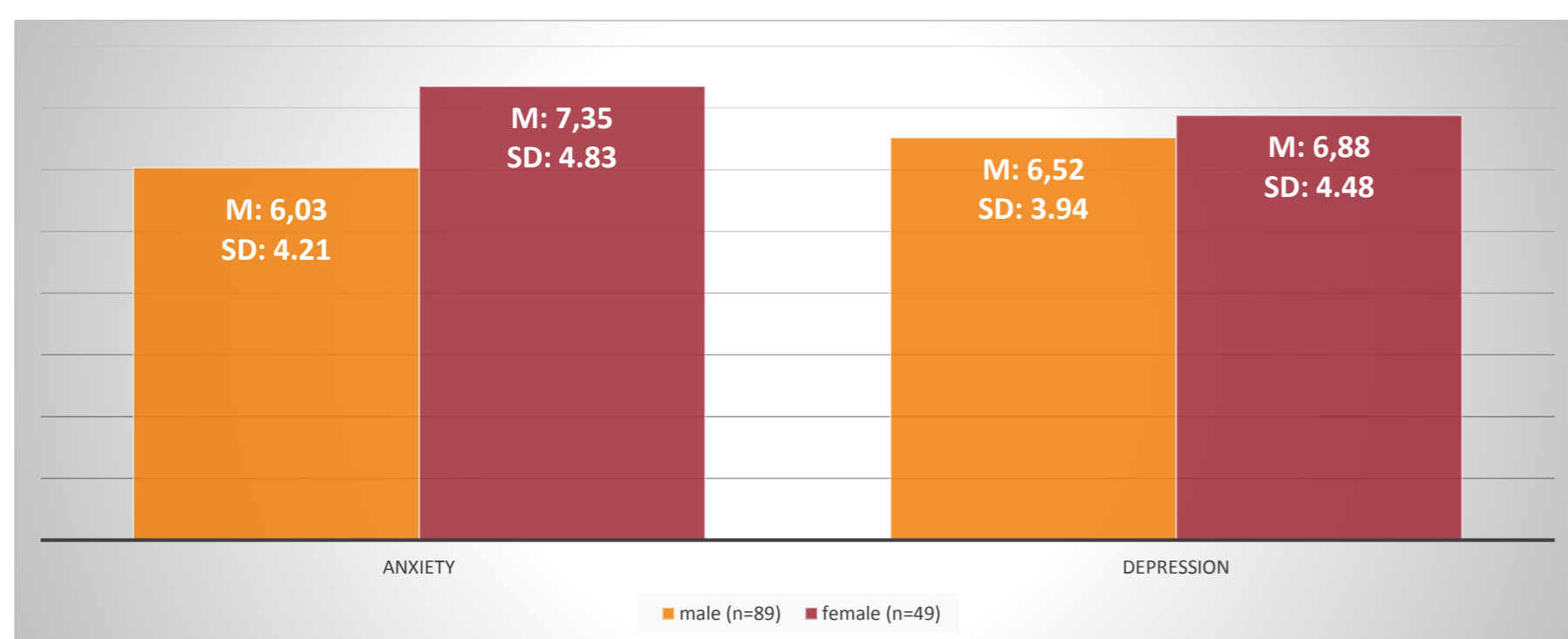


Figure 1: Levels of global anxiety and depression by gender (Mean/SD).
Anxiety: $p=0.10$, Depression: $p=0.62$

Results show that 19.5% of patients present clinical levels of anxiety and 15.9% of patients present clinical levels of depression.

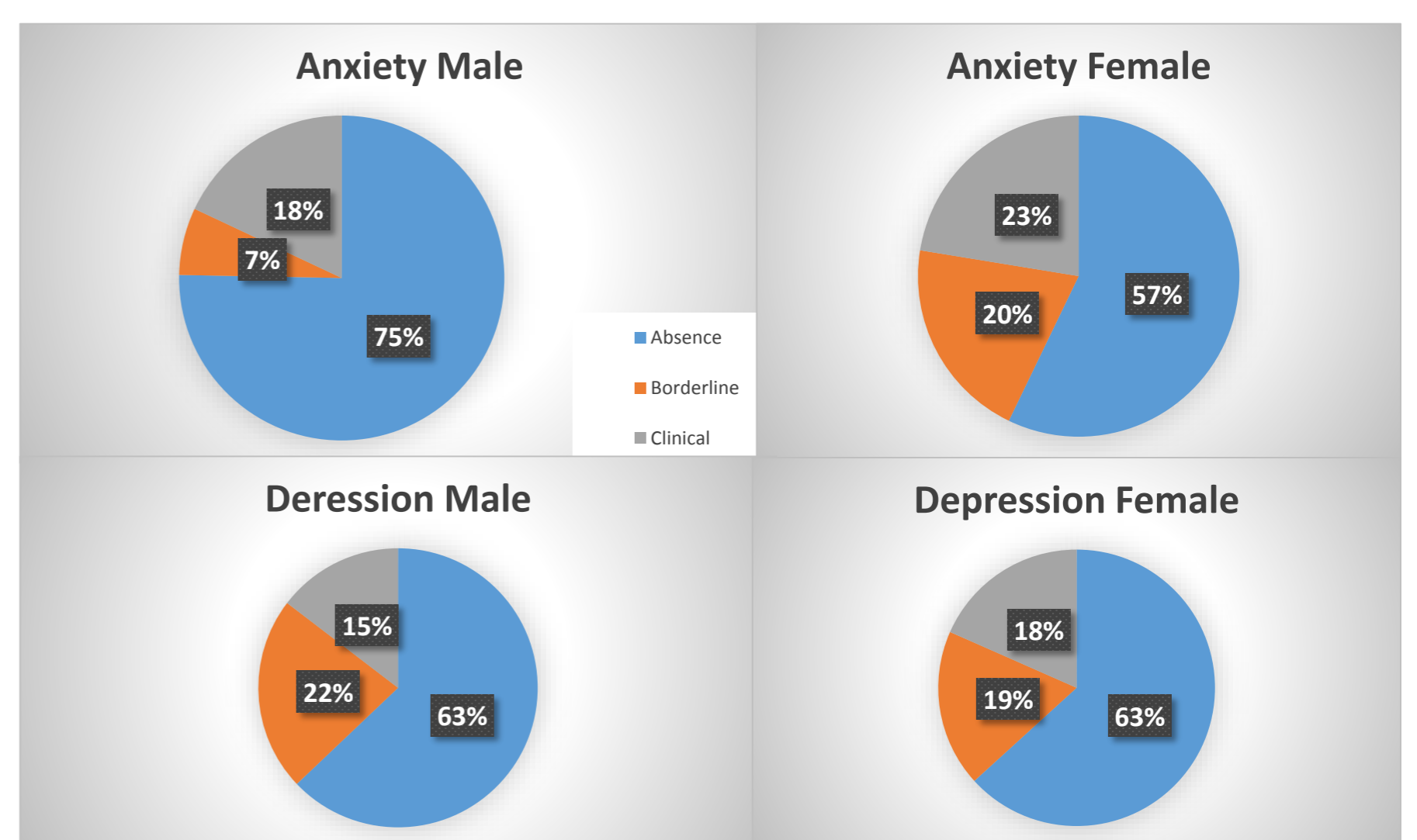


Figure 2: Distribution of male and female in different diagnostic categories of anxiety and depression.

The results between correlations of quality of life, depression and anxiety are presented in Table 3. Negative correlations are coloured in orange, positive correlations are coloured in green and in white the scales with no statistical significance.

	Symptoms	Effects of kidney disease	Burden of kidney disease	Work status	Cognitive function	Quality of social interaction	Sexual function	Sleep	Social support	Dialysis staff encouragement	Patient satisfaction	Physical functioning	Role-physical	Pain	General Health	Emotional well-being	Role-emotional	Social Function	Energy
Anxiety (Pearson) (p)	-0,35 <0,0005	-0,37 <0,0005	-0,35 <0,0005	-0,02 0,83	0,48 <0,0005	0,35 <0,0005	-0,18 0,04	-0,19 0,026	-0,26 0,002	-0,1 0,26	-0,01 0,92	-0,13 0,14	-0,09 0,27	-0,29 <0,0005	-0,12 0,17	-0,55 <0,0005	-0,29 0,001	-0,41 <0,0005	-0,31 <0,0005
Depression (Pearson) (P)	-0,42 <0,0005	-0,43 <0,0005	-0,43 <0,0005	-0,13 0,12	0,41 <0,0005	0,37 <0,0005	-0,34 <0,0005	-0,34 <0,0005	-0,13 0,12	-0,05 0,54	-0,01 0,86	-0,39 <0,0005	-0,26 0,002	-0,45 <0,0005	-0,36 <0,0005	-0,6 <0,0005	-0,36 <0,0005	-0,42 <0,0005	-0,6 <0,0005

Table 3: Correlations between quality of life scales, anxiety and depression

CONCLUSION & DISCUSSION

1 in 5 patients undergoing chronic haemodialysis treatment present clinically relevant anxiety symptoms and these results agree with Perales-Montilla et al. (2013). On the other hand, 1 in 7 patients suffer from clinically relevant depressive symptoms and these results agree with Chilcot et al. (2008).

It is necessary to prevent the emergence of anxiety symptoms and / or depression, whether due to aspects of treatment or other modifiable factors. Findings show that 1 in 5 patients present borderline anxiety or depression. They should require some kind of intervention to prevent from becoming clinical in both male and female. Therefore, an initial and on-going evaluation of the emotional aspects should be performed on the patient who is diagnosed with chronic kidney disease. The patient must be evaluated and treated consistently, not just the physiological aspects involved in the treatment of haemodialysis, but also psychological and emotional aspects.

It is fundamental that nursing care planning is constant to improve quality of life and prevent emotional disorders, individually considering a holistic view of the patient. A nurse-led nephrology nursing practice program should be considered, offering social choices and psychological support based on an individualised evaluation of the needs. (Chong-Cheng, et al. 2016)

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