

Professional Impact of Iterative Hemodialysis on Hemodialysed Patients at University Hospital IBN ROCHD

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Introduction :

The treatment of workers with chronic renal insufficiency with repeated haemodialysis is marked by frequent temporary interruptions of work. These repeated interruptions result in lower earnings, particularly for the private sector. Despite its effectiveness, haemodialysis causes dysfunction in professional activities and poses the problem of keeping the patient active.

Purpose: To identify reintegration procedures and reasons for discontinuation in order to propose measures that contribute to the continued activity of workers treated with haemodialysis.

Materials and methods :

This is a prospective, descriptive study. It took place in January 2020 in the department of nephrology and haemodialysis CHU Ibn Rochd. The variables studied provided information on the socio-demographic and occupational characteristics of patients and on occupational changes after dialysis.

Results :

The study enrolled 71 haemodialysis; of which 36 men or 50.7% and 35 women or 49.29%; the average age of the study population is 46.5 years with extremes ranging from 16 to 93 years, the haemodialysis seniority was 17.3 years, Initial nephropathy was undetermined nephropathy in 53.5%, glomerular in 29.5%, diabetic in 7% and hypertensive in 1.4%.

As a result of this study, 54.7% of hemodialysed patients stopped working after dialysis began; and only 27% were able to continue working. However, 17.8% have never worked before in hemodialysis. 15% in the public sector, skilled workers 5%, unskilled workers 30%, farmer 7.5%, trader 25% and driver 10%. The duration between the start of hemodialysis and the loss of occupation is 14 months. Of those hemodialysed who stopped their profession, 30% had been laid off and 70% had voluntarily stopped their employment because of the constraints related to dialysis.

Discussion :

In the light of the foregoing, we suggest areas of improvement that could allow hemodialysis to maintain their professional activities:

- Promote early access to transplant, first-line treatment of end-stage renal failure, developing pre-emptive registration and transplantation, use of live donor transplants, etc.
- Provide flexibility in the organization of dialysis structures so that session schedules, in particular, can adapt to the needs and constraints of patients and not the other way around.
- Promote therapeutic modalities to maintain a professional activity (evening or night sessions, at home, according to patients' wishes) if possible by providing superior quality of treatment and better general condition (longer or more frequent sessions at adapted times).
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- To guarantee the availability of social workers in all structures, to advise and accompany patients systematically and very early and to help them to maintain their professional and social activities, if they wish and if their health permits.

- The issue of psychological support is also central, given the hardness and multiple consequences of kidney disease. It is essential that access to psychological support be offered, facilitated and generalised throughout the journey.
- Make occupational physicians aware of the specificities of kidney disease, including replacement treatments, to promote job retention and the implementation of adjustments if necessary.
- Raise awareness of kidney disease in the corporate world, to help patients recognize their difficulties, and to help them find or maintain their place in the labour market.

Conclusion :

These results confirm the destructive impact of WRI on the personal and professional lives of patients. It highlights the extent of the difficulties they encounter, in addition to medical problems, the constant adjustments to be made to their lives, the therapeutic choices to be made:

- socio-professional difficulties related to their health, the constraints of their treatment, or the misrepresentation of the IRT by the company and employers.
- psychological difficulties, directly related to the disease (acceptance of its chronicity, impact on self-image, marital problems, feeling of injustice, guilt, prohibitions self-formulated), or various previous unresolved issues that become invasive.

It shows how these difficulties weaken professional trajectories and frequently lead patients to economic instability and a partial or total loss of autonomy.