

Assessment of Quality of Life in Saudi Hemodialysis patients and Associated Factors

Professor Abdulla Al-Sayari¹

¹King Saud Bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia

Objective

Assessing quality of life among our hemodialysis patients and the associated factors

Method

The quality of life was assessed using an Arabic version of KdQoL 36. The KDQOL-36 subscales Physical Component Summary (PCS) and Mental Component Summary (MCS) [Burden of Kidney Disease and Effects of Kidney Disease] were calculated. Scores of the different subscales were calculated according to the KDQOL-36 scoring system. The effect of Sex, diabetic status, DM, marital and status employment status, exercise, dialysis shift, vascular access type, Kt/V and dialysis vintage on these subscales were evaluated. Reliability was determined by calculating Cronbach's alpha.

Results

Two hundred and fifty five patients were enrolled. The mean age was 58.2 (18.2) years; 61% were male, 56.7% diabetic and 11.4% were employed

The Cronbach's alpha for internal consistency in our study was 0.9. The Mean domain scores on the physical component summary (PCS), mental component summary (MCS), burden of kidney disease and effects of kidney disease subscales were 49.4, 38.7, 52.6, and 37.2 respectively.

Afternoon shift patients score highest among all shifts in Mental component score (MCS) and Physical component score (PCS) ($p=0.0001$). The MCS score (38.7 ± 28.7) was significantly lower than PCS (49.4 ± 16.5) ($p=0.0001$). The "effect of kidney disease" subscale was higher in males ($p=0.02$), among the employed patients ($p=0.02$), in the afternoon dialysis shift (0.0001)

For Physical component score (PCS) higher scores were seen in males ($p=0.0001$), in non-diabetics (compared to diabetics) ($p=0.006$), in the employed patients ($p=0.02$) and was higher in those exercised more but this did not reach significance level ($p=0.07$). Marital status, vascular access type or whether the patient was using HD or G=HDF did not make a difference to the QoL

We found positive correlation between mental health (MH) and social functioning (SF) [correlation coefficient 0.70, $p=0.0001$] and between mental health (MH) and general health (GH) [correlation coefficient 0.75, $p=0.0001$] (fig 1)

Conclusion

The highest score was seen in the "burden of kidney disease" subscale and the lowest in the "effects of kidney disease" subscale). Higher scores were seen in males, in non-diabetics, in the employed patients.