COMPARATIVE STUDY OF QUALITY OF LIFE OF DIALYSIS PATIENTS HOSPITAL DIALYSIS VERSUS DIALYSIS IN LIMITED CARE CENTER

Thesis

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"بسم الله الرحمن الرحيم"

" قالوا سبحانك لا علم لنا الا ما علمتنا انك أنت العليم الحكيم "

" صدق الله العظيم "

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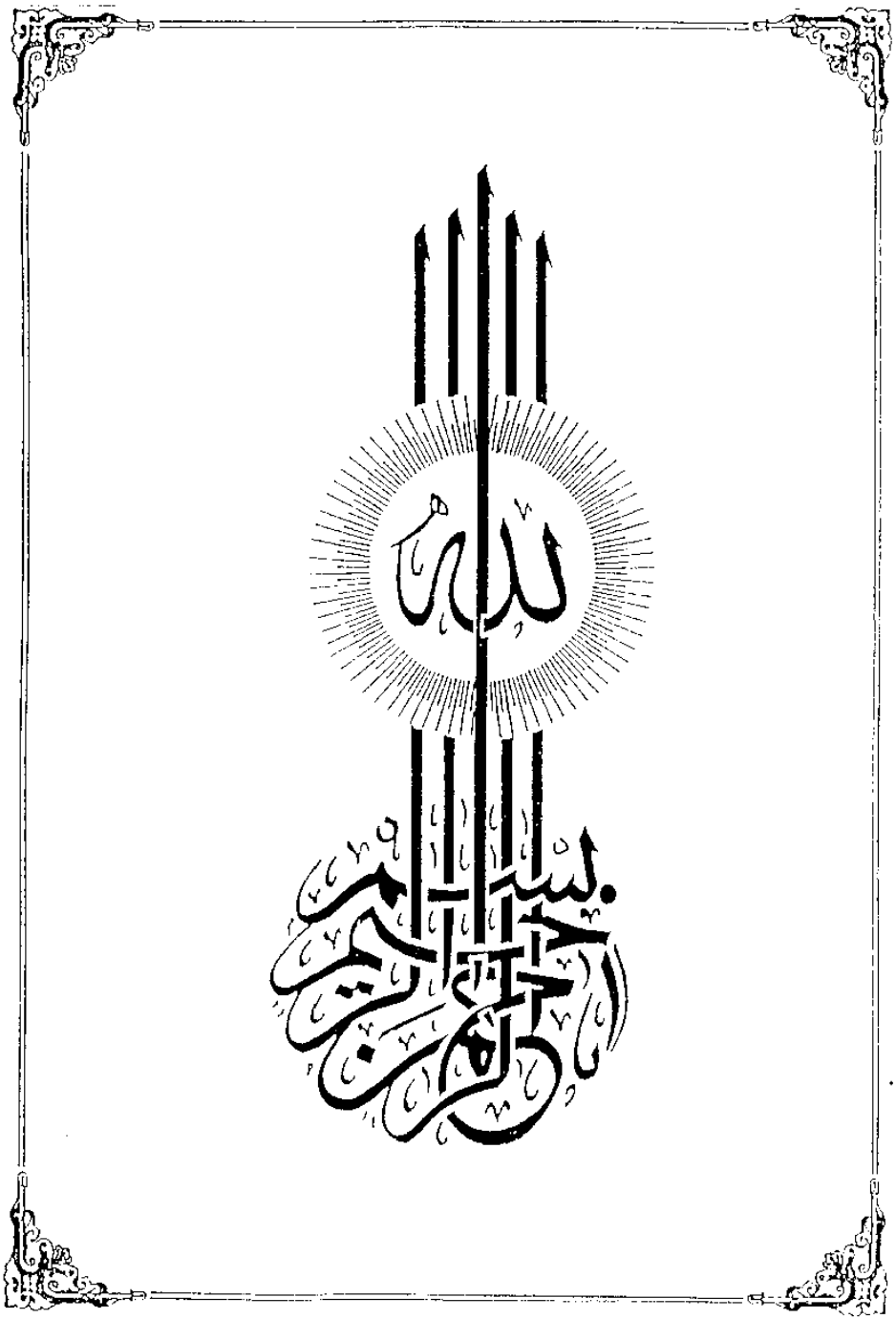

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CONTENTS

LIST OF ABBREVIATIONS

ESRD	: End stage renal disease.
CRF	: Chronic renal failure.
HD	: Hemodialysis.
CAPD	: Continuous ambulatory peritoneal dialysis.
EDTA	: European dialysis & transplantation association.
BUN	: Blood urea nitrogen.
L.C.C.	: Limited care center.
H.C.	: Hospital center.
G I	: Group I (patients dialysing in L.C.C.).
G II	: Group II (patients dialysing H.C.).
G A	: Group A (patients dialysing thrice weekly).
G B	: Group B (patients dialysing twice weekly).
3/W	: 3 sessions perweek.
2/W	: 2 sessions perweek.
I.H.D	: Ischemic heart disease.
P N	: Peripheral neuropathy.
A-V F	: Arterio-venous fistula.
RBCs	: Red blood cells.
rhu Epo	: Recombinant human erythropoietin.
RRT	: Renal replaeement therapy.

INTRODUCTION AND AIM OF THE WORK

* INTRODUCTION

Recently there has been rapid expansion of dialysis service in our countries with increasing in dialysis centers and consequently increasing number of patients with end stage renal failure living under regular dialysis. Regular hemodialysis is usually done in hospitals, limited care centers (Satellite, free standing unit), or at home. In our country, home dialysis is done very rarely. A very recent report of E.D.T.A, 1988 and in congress in Vienna September 1990, stated that in Europe home dialysis is decreasing in recent years and dialysis in limited care centers is increasing. It is supposed that the psychological condition of the patient is better if dialysis is done in limited care centers as the patient doesnot feel that he is dependent on the hospital for his life saving treatment.

AIM OF THE PRESENT STUDY :-

It is to compare the quality of life in patients under dialysis in three limited care centers and belonging to the health insurance system of Cairo, with those belonging to the same health insurance system and are dialysing in hospital.

Both the objective and the subjective indicators of the quality of life will be studied. In addition the incidence of various complications and mortality rate will be reported.

REVIEW OF LITERATURE

CHRONIC RENAL FAILURE AND DIALYSIS

Chronic renal failure (CRF) is a functional diagnosis characterized by a progressive advanced and generally irreversible decline in glomerular filtration rate. It is caused by large number of diseases (KOKKO, 1988).

End stage renal disease (ESRD) is that stage of CRF at which renal function is no longer sufficient to sustain life and the incidence of newly diagnosed ESRF is approximatly 50 to 100 new cases per million population. There are approximatly 80,000 patients currently maintained on chronic dialysis in the United States. (Andreoli, 1990).

Each year approximatly 1 in 10,000 of the United States population develops ESRD and requires one of the various forms of renal replacement therapy : chronic hemodialysis, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis or transplantation from a live-related or cadaveric donor. (Luke, 1988).

The most etiologies of renal disease in patients being considered for dialysis and transplantation are chronic glomerulonephritis, hypertensive nephrosclerosis, chronic interstitial nephritis, polycystic kidney disease and diabetes mellitus. The inclusion of diabetes mellitus in

such a list reflects recent improvement in the care and management of this patient population such that greater numbers of diabetic patients survive the other ravages characteristic of this illness and thus manifest ESRD. (Andreoli, 1990).

A very recent report of E.D.T.A. (1988) stated that the number of patients treated in a hospital or center(excluding limited /self-care) and in a limited self care unit in the hospital may have decreased whereas the number of patients reported as receiving treatment in a limited self-care unit outside the hospital (e.g. Satellite, free standing unit) has increased. The total number of patients dialysis in their own home continued to decline.

Initiation of dialysis :

The major goals of dialysis (hemdialysis or peritoneal dialysis) are to maintain fluid and elctrolyte balance and to rid the body of waste products. Dialysis is indicated in patients with severe abnormalities in fluid and electrolytes balance such as fluid overload, volume-dependent hypertension, acidosis, or hyperkalemia in patient with uremic syndrome with its uremic symptoms such as pericarditis and encephelopathy, and in patients whose