Faculty of Medicine-Ain Shams University

Study of Impact of Hemodialysis and Renal Transplantation on Quality of Life in Egyptian ESRD Patients

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List of Contents

List of Tables

List of Figures

List of Abbreviations

* **ACEI** : Angiotensin-converting enzyme inhibitors
* **ARB** : Angiotensin II type 1 receptor blockers
* **BP** : Bodily Pain
* **CAPD** : Continuous ambulatory peritoneal dialysis.
* **CBC** : Complete Blood count.
* **CCPD** : Continuous cyclic peritoneal dialysis.
* **CRF** : Chronic renal failure.
* **DIA-QOL**: Dialysis quality of life.
* **DM** : Diabetes mellitus.
* **EPO** : Erythropoietin.
* **ESRD** : End stage renal disease
* **GH** : General Health.
* **GN** : Glomerulonephritis.
* **Hb** : Hemoglobin.
* **HD** : Hemodialysis.
* **HRQOL** : Health related Quality of life.
* **HTN** : Hypertension.
* **IHD** : Ischemic Heart disease.
* **KDQOL** : Kidney disease Quality of life.
* **KDQOL-SF**: Kidney disease Quality of life short form
* **KI** : Karnofsky Index.
* **MCS** : Mental component summary.
* **MH** : Mental health
* **MMF** : Mycophenolate mofetil.
* **NIPD** : Nocturnal intermittent peritoneal dialysis.
* **OARS** : Older American research and service center.

*** PCS** : Physical component summary.

*** PD** : Peritoneal dialysis.

*** PF** : Physical function.

*** PTDM** : Post – Transplant diabetes mellitus.

*** RE** : Role / Emotional

*** RP** : Role / Physical.

*** RRT** : Renal replacement therapy

*** SF-36** : Short form 36 Item

*** SIP** : Sikness Impact profile.

*** TLC** : Total leucocytic count.

*** TTO** : Time trade – off

*** TX** : Transplantation

*** WHO** : World heath organization.

Introduction

Introduction

End-Stage Renal Disease (ESRD) represents a clinical condition in which there has been an irreversible loss of endogenous renal function of a degree sufficient to render the patient permanently dependent on renal replacement therapy (dialysis or transplantation) to avoid life-threatening uremia ***(Braunwald et al., 2001).***

One of the main points when treating patients with ESRD, whose cure is not a realistic goal, is maximizing functioning and well-being, which refer to the ability to perform various daily activities and functions and to more subjective internal states such as symptoms and feelings. Patient-assessments of functioning and well-being are variously referred to as health-related quality of life (HR-QOL), health status, and functional outcomes ***(Kutner and Jassal, 2002).***

The measurement of health-related quality of life (HRQOL) has become increasingly common in recent years as an important indicator of health and well-

being. Health related quality of life outcome data are frequently used to determine healthcare effectiveness, including medication and procedural treatment effects as well as resource allocation and policy development ***(Bryan & Longworth, 2005)***.

Health-related quality of life is an important issue for chronic kidney disease (CKD) patients receiving hemodialysis. Hemodialysis, although not a cure for CKD, helps prolong and improve patients' quality of life ***(Korevaar, et al., 2002).***

Although hemodialysis and peritoneal dialysis partially correct the symptoms experienced by the patient and provoke additional changes in the patients' life style, Transplantation appears to give the best QOL for large group of patients ***(Tsuji-Hayashi et al., 1999*)**

Health-related quality of life (HRQOL) may also be affected by the clinical manifestations of the disease, the side effects of treatment and relationships

of the patients with family members and care providers ***(Valderrabano, et al., 2001).***

Previous studies from various countries have been performed to find factors that affect the quality of life of patients with ESRD. Although there are some inconsistencies between their results, overall physical factors such as levels of hemoglobin, albumin, and normalized whole body urea clearance or protein catabolic rate; psychosocial factors such as marital status, depression, and anxiety levels; together with socio-demographic and clinical factors such as age, gender, duration of renal disease and dialysis, co-morbid physical illness (e.g., diabetes), all seem to have a significant effects ***(Kimmel and Patel, 2006).***