# Psychological Problems among Patients Undergoing Hemodialysis

#### Thesis

Submitted for Partial Fulfillment of Master Degree in Psychiatric Mental Health Nursing

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Ashgan fathy Mohamed

## \* Dedication \*

This research study is dedicated

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My beloved Father, Mother, Sisters, Brothers and My Dearly Friends.



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### **List Abbreviations**

ADL	Activity of Daily Living
AKI	Acute Kidney Injury
ANA	American Nursing Association
ANAC	American Nursing Association in ESRF Care
APA	American Psychiatric Association
ARF	Acute Renal Failure
AVF	Arteriovenous fistula
AVG	Arteriovenous graft
BAI	Beck Anxiety Inventory
BDI	Beck Depression Inventory
CAPD	continuous ambulatory PD
CCPD	continuous cycling PD
CDC	Center for Disease Control and Prevention
CKD	Chronic Renal Failure
СО	Cardiac Output
CRF	Chronic Renal Failure
ESRD	End Stage Renal Failure
GFR	Glomerular filtration rate
HD	Hemodialysis
MHP	the Ministry of Health and Population
PD	Peritoneal dialysis
PLMS	periodic limb movements in sleep
PMP	per million populations
PTH	parathyroid hormone
RBF	Renal Blood Flow
RLS	Restless Legs Syndrome
ROM	Range of motion exercise
USRDS	United States Renal Data System

#### **Abstract**

**Background:** Chronic Renal Failure is a public health problem that has serious impact on mental and psychological health of patients undergoing hemodialysis. Aim: assess psychological problems among patients undergoing hemodialysis. Subject and Methods: This study was exploratory descriptive, A convenient sample was selected and this study was performed on 100 patients undergoing hemodialysis treatment at Beni-suef University and General hospital. Data were collected using 1) Socio-demographic Questionnaire, 2) Rosenberg Self-Esteem scale 3) Body Image Scale 4) Beck Anxiety Inventory (BAI) and 5) Beck depression inventory (BDI). Results: The result of this study showed that (78%) of studied patients were having moderate self esteem and (79%) of them experienced positive body image. Also, (68%) of studied patients were having mild anxiety and (32%) of them were having moderate to severe anxiety. In addition, (37%) of studied patients did not have depression symptoms and (44 %) of studied patients were having mild depression. There is a negative significant correlation between self esteem, age and marital status and there is a positive significant correlation between marital status and depression. Conclusions: the studied Patients were having symptoms of depression and anxiety and some patients experienced some level of low self-esteem and body-image disturbance. **Recommendations:** The study recommended that screening patients for mental illness and planning a comprehensive management plan that includes pharmacological and psychosocial interventions treatment.

**Key words:** Hemodialysis, Self-Esteem, Body Image, Anxiety, Depression

#### Introduction

Chronic renal failure (CRF) is a slowly progressive, irreversible deterioration of renal function that results in the kidney's inability to eliminate waste products and maintain fluids and electrolyte balance. Chronic renal failure develops into end stage renal disease (ESRD); this is a medical term for kidney disease that requires dialysis or kidney transplant for a patient to stay alive (*Centers for Disease Control and Prevention (CDC)*, 2014).

Hemodialysis is the most common therapy or treatment for patients ends stage renal failure. Hemodialysis can take place in the home or more commonly in a dialysis center. Hemodialysis means "to clean the blood" It is the process where the blood is slowly withdrawn from the body through a surgically created vein or a catheter, known as a vascular access site, and circulated through a machine (*Black & Bogart, 2015*).

Hemodialysis causes various psychiatric and psychosocial problems. In addition, continuous treatment is other stress factor (*Zyga*, *2012*). Patients experience feeling of fear, anxiety, depression and powerlessness. In addition, patients frequently have an alteration in self-concept (*Swearingen*, *2016*).

Patients undergoing hemodialysis are often confronted with limitations in food and fluid intake; with physical symptoms such as itching and lack of energy; with psychological stressors that leading to low self-esteem (*Heidarzadeh & Atashpeikar*, 2010). Additionally, patients with chronic kidney disease have difficulties in participating in sports and social activities. This has a negative effect on feelings of self-esteem (*Jansen & Grootendorst*, 2010).

Body image is the mental picture that the person has about his body (*Townsend*, 2012); ESRD changes the patients' body and affects their body image negatively. Disturbed body image can occur as a result of the presence of dialysis catheter, overweight, edema and skin lesion (*Swearingen*, 2016).

Anxiety disorders occur as a result of chronic stress of the economic burden of disease, diet restrictions, performance restrictions, chronic related diseases, drugs undesired complications, change in self-understanding and fear of death (*Smeltzer et al.*, 2014; Joshwa & Khakha, 2012). Hemodialysis patients have a very high anxiety level compared to other chronic disease patients' especially ordinary people thus nurses should be able to examine

patients' anxiety, prevent it and its side effects (*Klaria & Letica*, 2009).

Depression is the most common psychological complication of hemodialysis, which has a negative impact on the quality of patients' life and their caregivers; however this problem remains difficult to assess and is undertreated (*Gerogianni & Babatsikou*, 2014).

Psychological status of ESRF patients negatively affects on patients' quality of life and their caregivers. Also, affecting negatively on their social, economic and psychological well-being. In addition, high annual mortality, frequency of hospitalization, and reduced compliance to medications (*Fundikl & Akif*, 2016).

Patients with end stage renal failure need physical, emotional, psychological and spiritual care. Any care program should be holistic, compassionate and personcentered, and it should always take place in a nurturing environment (*Frisch and Frisch*, 2011).

Once the patient has been diagnosed ESRF disease, multidisciplinary management including psychiatric counseling should be treatment of choice. It is important to do a full clinical assessment of his or her health. Regular check-ups (at least every 4-6 months if the person is