

## Psychosocial status of CKD patients in a tertiary care hospital

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### Abstract

This study is to examine the psychosocial status of the CKD patients in a tertiary care hospital. This study analyses the patient's psychosocial aspects such as depression, anxiety, marital status, family support, sleep pattern, mingling in the society, working after dialysis, diet, maintenance of the procedure, drug treatment – how well they maintain a strict schedule in taking drugs, severity score of the psychosocial aspects. This study discusses about the psychosocial status and aspects of CKD patients and how well are the patients perceiving things about the treatment.

**Keywords:** chronic kidney disease (CKD), psychosocial aspects, severity score

### 1. Introduction

Psychosocial factors including depression, anxiety and lower social support are common in patients with chronic kidney disease (CKD). Chronic kidney disease (CKD) is a progressive disease associated with decreased quality of life, progression to end-stage kidney disease (ESKD), and increased risk of cardiovascular disease and mortality. Evidence from various chronic disease settings indicates that psychosocial factors including depression, anxiety and social isolation have a significant impact on quality of life, biological factors and disease progression. Targeted psychosocial interventions have been shown to improve quality of life, treatment compliance, physical functioning and reduce the risk of cardiovascular disease [1]. However, despite the increasing social and economic burden of CKD, our understanding of the influence of psychosocial factors on patients in this population is limited. Examining the influence of potentially modifiable psychosocial factors on the progression of disease and management of those with advanced CKD has the capacity to identify areas for psychosocial intervention in this vulnerable and growing population. End-stage renal disease (ESRD) is a debilitating, chronic condition whereby the kidney failure requires artificial means of excretion for survival. The primary means to achieve this are by peritoneal dialysis or haemodialysis (done several times weekly). Consequently, patients with ESRD undergo a number of lifestyle, dietary, and fluid restrictions in order to accommodate their illness. These lifestyle restrictions significantly impact on social functioning with patients performing a balancing act to ensure maintenance of vitamin, iron, and protein levels. Such restrictions can impact on patients' illness beliefs, sense of personal control leading to anxiety and depression, inhibiting coping, and adjustment [15].

### 2. Material and Method

Questionnaires were conducted in the hospital. Approached each patient and recorded the observations. The marked observations were converted into percentages and recorded. Severity score was calculated.

- Study size :Total number of CKD patients in this tertiary care hospital = 148

### 3. Results

#### 3.1 Number of years of dialysis

- 3 or less than 3 years =59.5%
- More than 3 years =40.5%

#### 3.2 Maintenance

- ESI = 39.9%
- New tubings =60.1%

#### 3.3 Age of the patient

- 40 years or less than 40 years – 18%
- More than 40 years =82%

#### 3.4 Gender

- Male - 62.5%
- Female - 37.5%

#### 3.5 Education

- Uneducated – studied till 10 th standard =57.3%
- More than 10 th standard = 42.7%

3.4 Patients working before starting dialysis = 65.4%

3.5 Patients who are continuing their job = 14.6%

3.6 Patients who have enough sleep =47%

3.7 Patients who have disturbed sleep = 53%

3.8 Mental, physical and economical support from the family = 92%

3.9 No mental, physical and economical support from their family = 8%

3.10 How often does the patients interact with people outside?

- More often = 45%
- Moderate = 40%
- Rarely = 15%

**3.11** How often does the patient attend any family functions?

- More often =12%
- Moderate =58%
- Rarely = 30%

**3.12** Patients attended counselling – 0 %

**3.13** What was the patient’s attitude when they were diagnosed with CKD?

- No knowledge about dialysis = 87.5%
- Had knowledge about dialysis = 12.5%

**3.14** Diet –nutritional diet

- Patient who follow nutritional diet = 67%
- Patient who do not follow nutritional diet = 33%

DHQ9

**3.15** Little interaction = 45%

**3.16** Pleasure in doing things = 55%

**3.17** Feeling down = 36%

**3.18** Feeling hopeless = 27%

**3.19** Trouble falling asleep = 57%

**3.20** Staying sleepy = 25%

**3.21** Sleeping too much = 11%

**3.22** Having little energy = 56%

**3.23** Feeling tired = 47%

**3.24** Poor appetite = 43%

**3.25** Over eating = 12%

**3.26** Feeling bad about themselves = 14%

**3.27** Feeling themselves as a failure = 15%

**3.28** Feeling that patients are letting their family down = 24%

**3.29** Trouble concentrating on things such as reading newspaper or watching TV =16.7%

**3.30** Moving or speaking slowly so that people should not notice them – 21.3%

**3.31** Feeling better off the bed = 36%

**3.32** Hurting themselves in some way – 6%

- Severity score
- Mild (5-10) – 67%
- Moderate (10-18) – 28%
- Severe (19-24) - 5%

—Anxiety

GAD-7

**3.33** Feeling nervous or an edge

- 0 =55%
- 1= 35%
- 2= 12%
- 3= 8%

**3.34** Not being able to stop or control

- 0 = 23%
- 1= 40%
- 2= 21%
- 3= 16%

**3.35** Worrying too much about different things

- 0 = 18%
- 1 = 19%
- 2 = 56%
- 3 = 7%

**3.36** Trouble in relaxing

- 0= 8%
- 1 = 22%
- 2 = 57%
- 3 = 13%

**3.37** Being so restless that it is hard to set still

- 0 = 24%
- 1 = 56%
- 2 = 16%
- 3 = 4%

**3.38** Becoming easily annoyed or irritable

- 0 = 6%
- 1 = 24%
- 2 = 53%
- 3 = 17%

**3.39** Feeling afraid that something awful might happen

- 0 = 7%
- 1 = 18%
- 2 = 65%
- 3 = 10%
- Severity score
- Mild (5-10)= 61%
- Moderate (10-18)= 27%
- Severe (19-24) = 12%

**3.40. Psychological factors and drug treatment**

1. Patients who forget to take medications – 16.8%
2. Patients who always take medications at a specified time = 83.2%
3. Patients who stop taking medications if they feel ill = 5.6%
4. Patients who forget to take medications during the weekend= 7.3

**4. Discussion**

- This study is done to assess the psychosocial challenges faced by patients with ESRD in a tertiary care hospital.
- Among the patients referred to social work, the majority were >40 years of age, on HD, unemployed.
- Patients had difficulties with adjustment, treatment non adherence, management of finances, and domestic assistance, sleep disturbances, diet issues, anxiety and depression. Found that age, timing of referral (before versus after starting RRT), financial status, and employment status were independent predictors of adjustment issues. Age, financial status, and employment status also were independent predictors of treatment non adherence.
- Adjustment to dialysis is described in relation to how the patient adapts to the multitude of stressors posed by the routine and restrictions of treatment.

**Table 1:** General questions and results.

No. of years of dialysis	3 or <3 years =59.5%	>3 years =40.50%
Maintenance	ESI =39.90%	New tubings = 60.10%
Age of patients	40 Years or <40 = 18%	>40%

Gender	Male = 62.50%	Female = 37.50%
education	No education – till 10th=57.30%	More than 10 th std =42.7%
Job	Was working before starting dialysis = 65.4%	Continuing job now = 14.6%
Sleep	Enough sleep= 47%	Disturbed sleep=53%
Family support	Yes =92%	No = 8 %
Knowledge about dialysis	Yes =87.5%	No = 12.5%
Diet	Proper diet = 67%	No proper diet = 33%

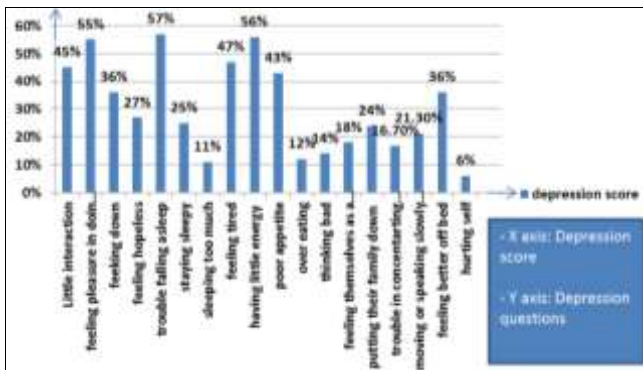


Fig 1: Bar graph for depression.

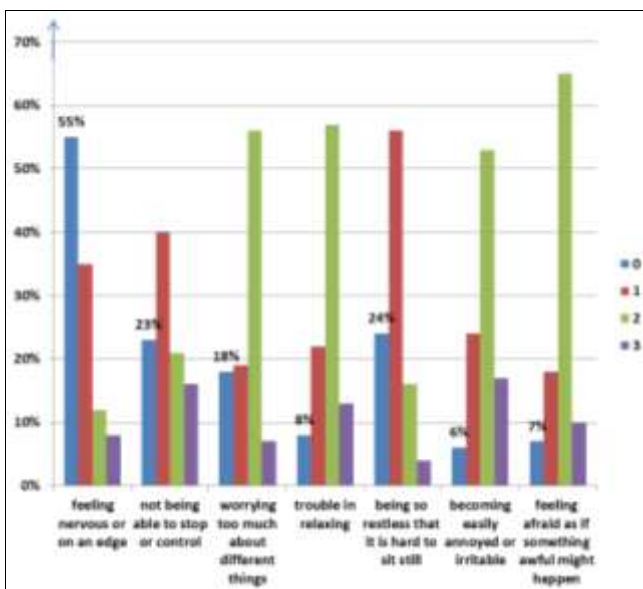


Fig 2: Graph for anxiety

X axis: Anxiety score  
Y axis: Anxiety questions

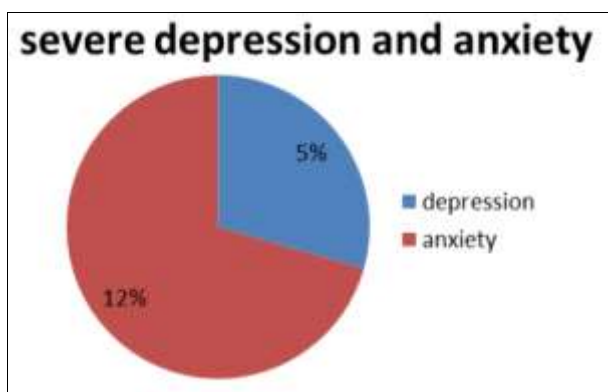


Fig 3

**6. Conclusion**

Patients with ESRD treated with HD deal with the multiple stressors of their illness and attempt to make their way through life in the context of their intimate relationships, families, social networks, treatment programs, and cultures. They must cope with the demands of their occupations, the changes in their life roles, and the challenges and opportunities that life exposes them to while balancing the restrictions that life on HD entails.

As a conclusion of the above study, I would conclude that majority of the patients have mild depression but it is all related to their treatment. Another small percentage of patients have moderate depression. Another very small percentage of patients have severe depression and they are requested to undergo counselling.

Majority of patients have mild anxiety, another small percentage of patients have moderate anxiety and another very small percentage of patients have severe anxiety.

All other psychosocial aspects were also examined and hereby I conclude that some of the patients are ready to face anything and don't have any severe psychosocial problems and are undergoing dialysis since years and some patients are very sensitive to many psychosocial factors and are facing severe psychosocial problems.

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