

Living with End-Stage Renal Disease: Perceived Impact of Treatment in a Mexican Hemodialysis Clinic

Luxana Reynaga-Ornelas, Carol M. Baldwin, Christian Rodríguez Pérez, Michael Todd, Karla Susana Vera-Delgado



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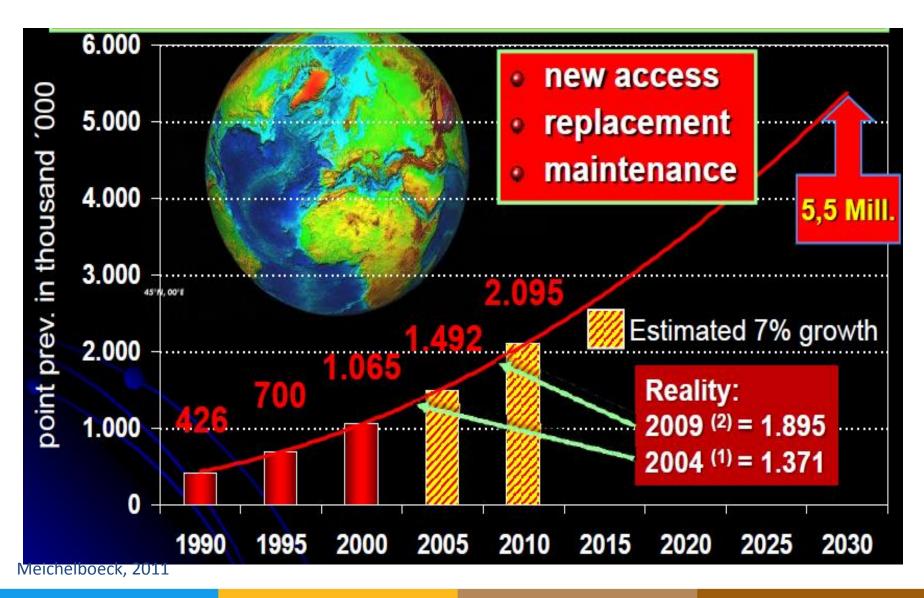


T2D Leading Cause of ESRD



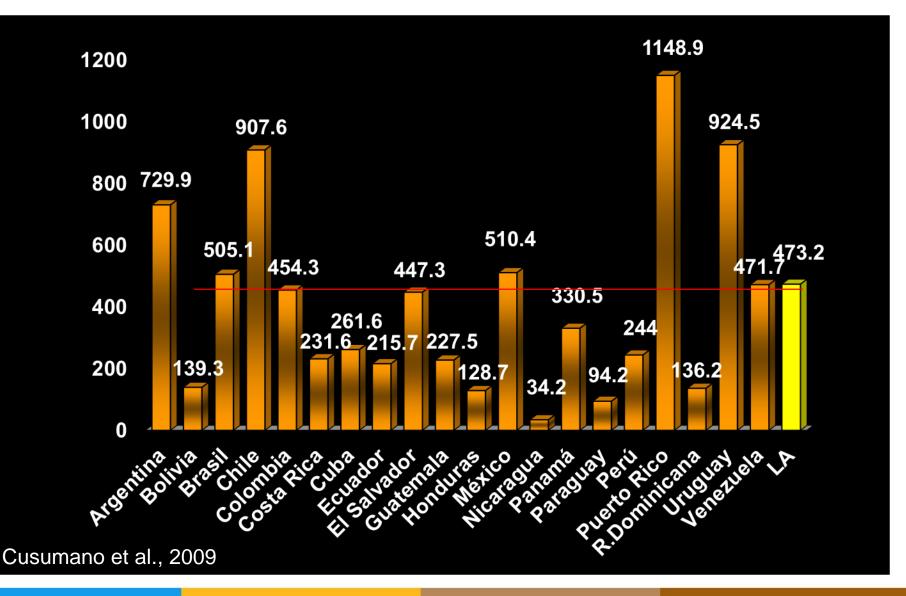


End-Stage Renal Disease





Latin America: ESRD Prevalence





Treatment Modalities for ESRD in Mexico

CAPD

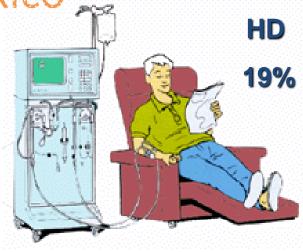
80%



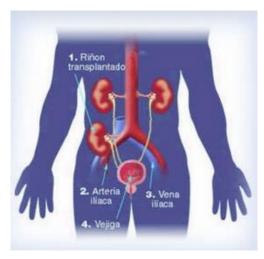
APD 1%



Fundación Mexicana del Riñón, 2007

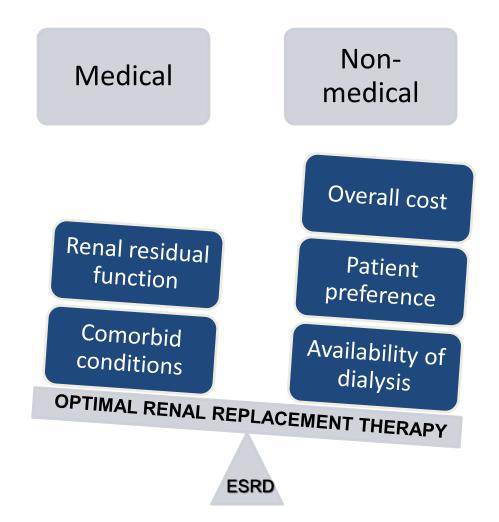


RT





Treatment Selection for ESRD





Purpose

 To describe the impact of hemodialysis treatment on the health related quality of life of persons with end-stage renal disease attending a Mexican hemodialysis unit.

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Methods

- 69 Mexican patients
- KDQOL-SF 19 dimensions (80 item)
 - SF-36. 8 dimensions
 - 1 health transition item
 - 11 kidney-disease-targeted dimensions
- Physical Component Summary (PCS), the Mental Component Summary (MCS), the health transition item and the 11 kidney-disease-targeted.
- The scores range from 0 to 100, with higher scores reflecting better HR-QOL. Data were analyzed using SPSS software (V21).



Results

43 ±19 years old

52% female

49% married

5.±3 years of education

40 % without monthly salary

91% with health insurance

Predominant comorbidity was diabetes (27%) Attend mornings (45%) and evenings (43%)

two-three (36%-62%) times a week, from three to four hours connected (96%) Medica

vascular access were a catheter (55%) and arterio-venous fistula (45%)

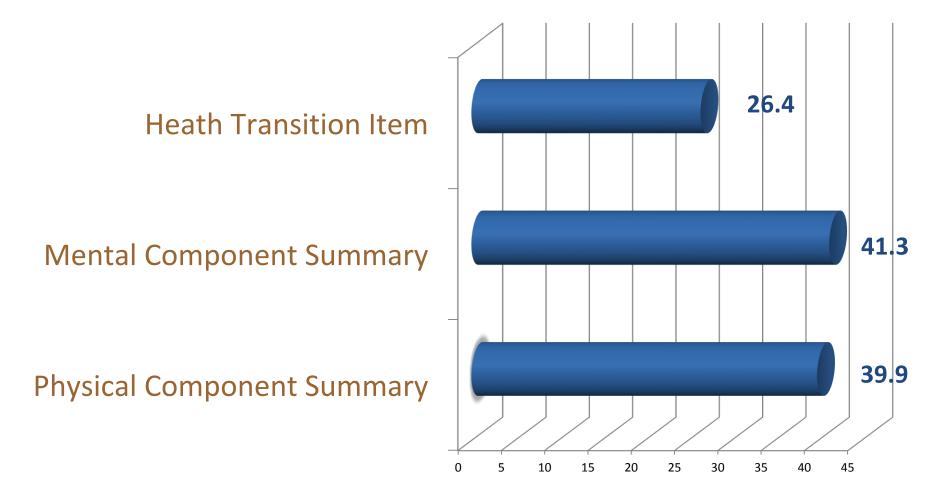
installed less than a year (43%) or two (36%) ago.

43% at least one hospitalization during the last year from 1-3 days (43%)

71% referred to take hypertensive medications.

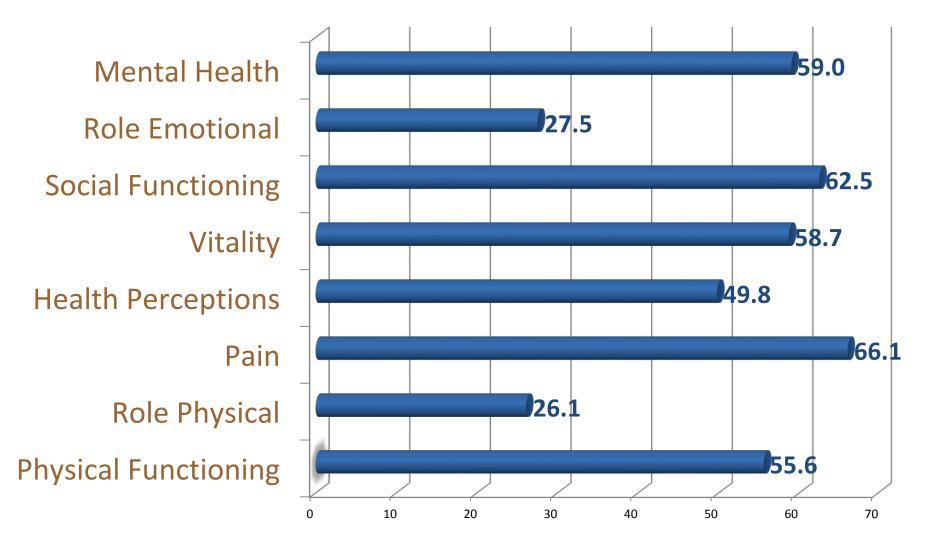


SF-36 mean scores



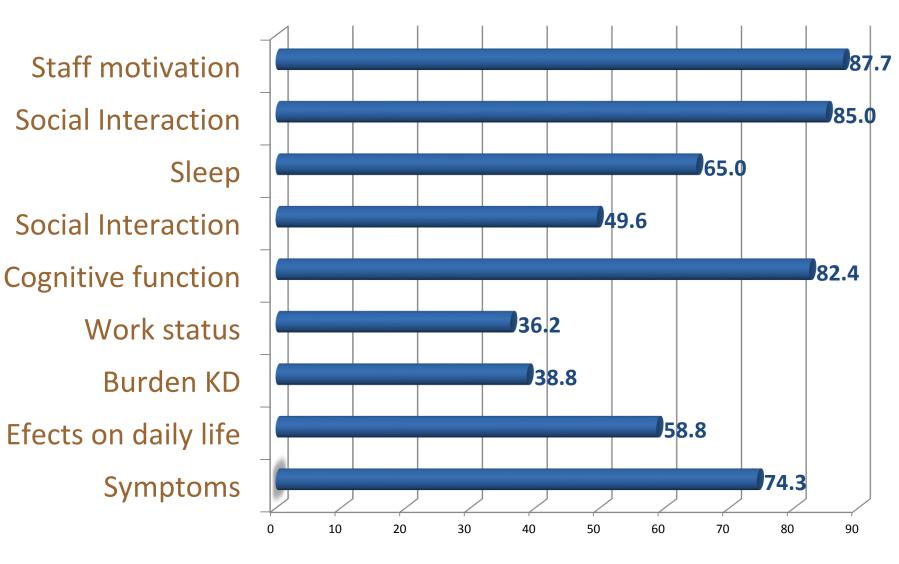


SF-36 mean scores





KDQOL mean scores





Factors related to HRQOL

Factor	PCS		MCS		Health Transition	
	F	р	F	р	F	р
Age	8.198	.000	1.363	.262	1.529	.215
Marital Status	2.575	.046	3.889	.007	.269	.897
Years of education	4.620	.001	1.149	.345	1.500	.203
Insurance	.826	.484	.158	.924	2.840	.045
Comorbidity	4.946	.002	.888	.477	3.836	.007
Antihypertensive med.	.643	.425	6.439	.014	.936	.337
Number of hospitalizations	.988	.432	3.480	.008	2.864	.022



Conclusion

 In this population, there is a high impact of disease and treatment on HR-QOL of persons with ESRD treated with hemodialysis. It is imperative to structure evidence-based and holistic-oriented health care strategies based in order to address best health outcomes.

