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Research Article

**QUALITY OF LIFE AND SOCIAL SUPPORT FOR THE
PATIENTS GETTING THE TREATMENT OF HEMODIALYSIS**¹Dr. Syed Muhammad Ammar Mehdi, ²Dr Irfan Ullah, ³Dr. Muhammad Aqeel Qureshi¹Life Care Hospital, ²House Officer, Jinnah Hospital, ³Mayo Hospital Lahore.**Article Received:** February 2019**Accepted:** March 2019**Published:** April 2019**Abstract:**

Objective: The objective of this study is to find out the QoL (Quality of Life) & social support for the patients getting the treatment of hemodialysis.

Methodology: One hundred and sixty four patients were the part of this research work who were getting the treatment for hemodialysis. The collection of the information carried out on the PCI (Personal Information Form), a form for medical findings and a questionnaire.

Results: The findings of this case study shows that life quality of the patients suffering from hemodialysis is very less. Females & married participants found with high values of PCS & retired patients found with the low MCS. A high support of a specific person was present in the case of married patients & high support of friend was present in the case of retired patient.

Conclusion: Low quality of life was present in the patients of hemodialysis & there is a close association among social support and QoL. To enable the patients of hemodialysis to detect and make effectual utilization of the social support sources will assist them to enhance their QoL.

Key Words: participants, support, assist, methodology, findings, association, hemodialysis.

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INTRODUCTION:

ESRD (End Stage Renal Disease) is a condition which is dangerous for life and survival from this condition is possible with the help of renal replacement. The options of its treatment include the dialysis for long term or transplantation of the kidney [1]. Moreover, end stage renal disease anomalies, its therapy & related diseases found to have an important impact on the patient health. The condition of the health of the patients suffering from renal diseases is very bad as compared to the patients suffering from some other diseases, due to this, the evaluation of the QoL of the patients of end stage renal disease is in need of special attention [2-4]. Patients with such disease found with various coping responses as well as resources as the social support [5].

All types of the economic and spiritual support that the patient receives from his close relative or friend is social support [6]. Various research works have elaborated that social support has an association with well results ah high rate of survival in different diseases especially in cancer & ESRD [7, 8]. It is also the finding that there is an important impact of the social support on the patients suffering from end stage renal disease and in their treatment [9]. This work conducted to find out the QoL and condition of the social support of the patients suffering from hemodialysis.

METHODOLOGY:

Total 164 patients who were getting treatment in the hospital were the part of this research work, the ethical committee and head of the dialysis unit of the hospital gave the approval for the conduct of this research work. Every patient gave verbal consent to participate in the case work. All the patients were having the age of 18 years or above and they were getting treatment from at least previous 6 months and getting dialysis 3 times in a week. The patients with problem of

communication and mental issue were not the part of this study. The collection of the data carried out on PIF, SF-36 (short form 36) & MSPSS (multidimensional scale of perceived social support). The information of the age, sex, type of family, marriage status, and level of qualification and period of the treatment recorded in this form. This is a special instrument used for the patients of the kidney diseases [10]. The validity case study for instrument of Turkey carried out by Pinar in 1995 [11]. The division of this form carried out into 2 domains; PCS & MCS scores. The greater amount of the scores shows the good QoL [10-12]. The study of validity of this carried out for version of Turkey by Eker & Arker in 1995. There were total 12 items in this case study. The high scores in this scale shows the high level of the acquisition of the social support [13]. The presentation of the demographical information carried out with the help of descriptive analysis. T Test and ANOVA methods were in use for the assessment of the QoL.

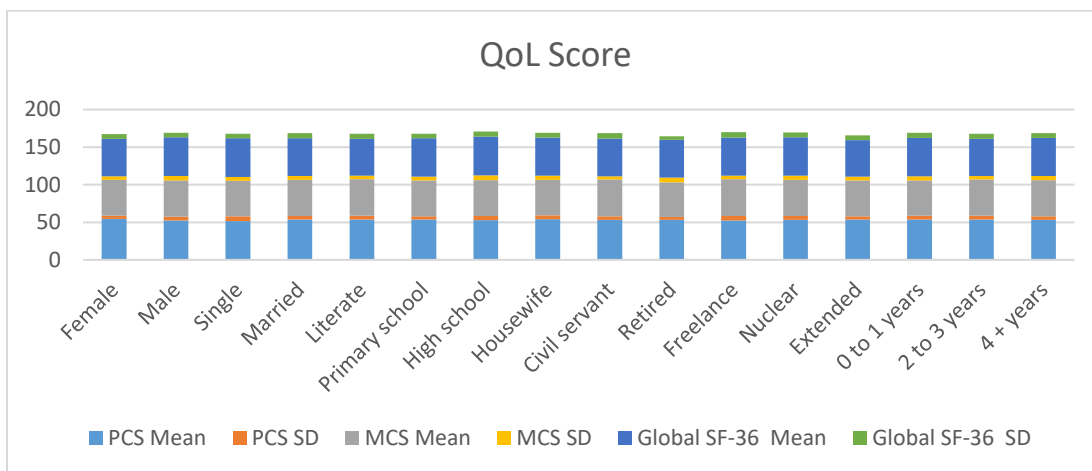
RESULTS:

A sum of 164 patients were the part of this research work. Total 51.20% patients of this case study were men; 79.30% were spending their marriage life; 43.90% found with only primary school education. Total 31.70 females were housewives; 72.60% were living in combine family system; 40.20% patients found with having periods of hemodialysis of 4 years and more. We found that that there was a positive association among the QoL and social support. The outcome shows that there was a clear disparity between the scores of the QoL of patients who were depending on their gender, profession, marriage status and type of family. The levels of the PCS of female & married patients was very high & levels of MCS were very low in case of retired patients.

The overall sum of the QoL in the patients living in a large family found as low (Table-1).

Table-I: Patients' quality of life scores according to personal characteristics (n=164).

| Characteristics | | PCS | | MCS | | Global SF-36 | |
|-----------------------|----------------|-------|------|-------|------|--------------|------|
| | | Mean | SD | Mean | SD | Mean | SD |
| Sex | Female | 54.36 | 4.61 | 47.66 | 4.56 | 49.63 | 6.52 |
| | Male | 52.56 | 5 | 48.3 | 5.83 | 51.23 | 6.35 |
| Marital status | Single | 51.65 | 6.15 | 47.53 | 5.11 | 51.35 | 6.07 |
| | Married | 53.91 | 4.4 | 48.11 | 5.29 | 50.21 | 6.57 |
| Education | Literate | 53.56 | 5.05 | 48.66 | 4.89 | 48.95 | 6.77 |
| | Primary school | 53.64 | 4.33 | 47.6 | 5.02 | 51.19 | 5.94 |
| | High school | 52.79 | 5.73 | 47.64 | 6.29 | 51.48 | 6.7 |
| Occupation | Housewife | 54.17 | 5.16 | 47.38 | 5.16 | 50.81 | 6.5 |
| | Civil servant | 53.29 | 4.65 | 49.04 | 4.29 | 50.24 | 6.98 |
| | Retired | 53.43 | 3.71 | 45.8 | 6.74 | 50.03 | 4.81 |
| | Freelance | 52.52 | 5.68 | 49.36 | 4.5 | 50.55 | 7.14 |
| Family type | Nuclear | 53.39 | 5.09 | 48.03 | 5.39 | 51.07 | 6.48 |
| | Extended | 53.58 | 4.34 | 47.87 | 4.88 | 48.8 | 6.21 |
| Hemodialysis duration | 0 to 1 years | 53.87 | 5.01 | 46.81 | 5.36 | 51.19 | 6.74 |
| | 2 to 3 years | 53.53 | 5.24 | 48.28 | 4.49 | 49.63 | 6.81 |
| | 4 + years | 53.24 | 4.71 | 48.26 | 5.53 | 50.58 | 6.23 |

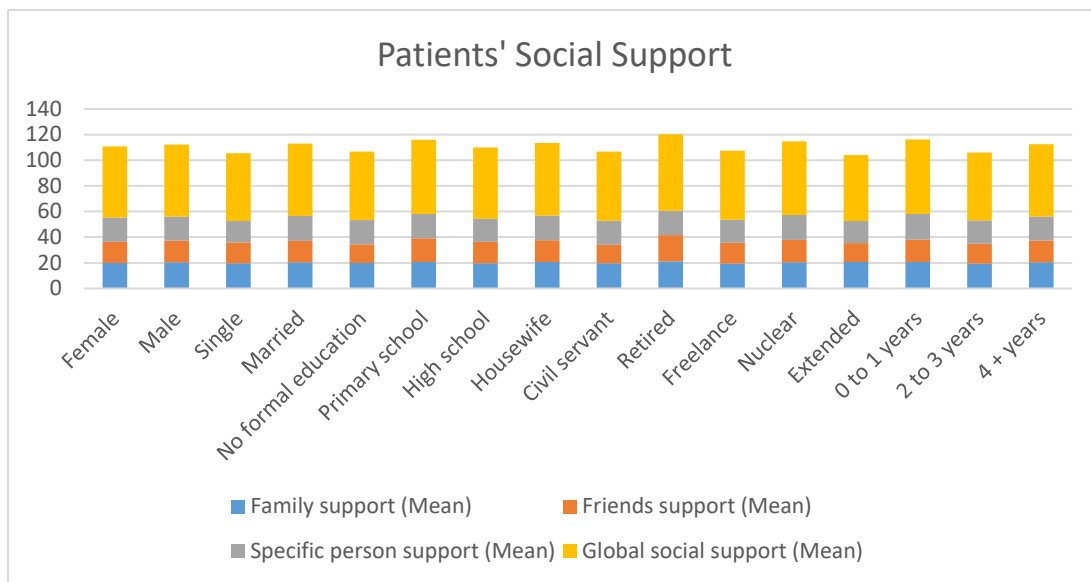


The findings shows that there was an important disparity present among the scores of the social support of patients in accordance with their marriage status, qualification, profession and type of family. The married patients found with the large support from

their family member & retired persons found with the large support from their friends. The level of friends support in educated patients & total level of the support in the patients spending their lives in extended family system were present as low (Table-2).

Table-II: Patients' social support scores according to personal characteristics (n=164).

| Characteristics | | Family support (Mean) | Friends support (Mean) | Specific person support (Mean) | Global social support (Mean) |
|-----------------------|---------------------|-----------------------|------------------------|--------------------------------|------------------------------|
| Sex | Female | 19.94 | 16.35 | 19.04 | 55.33 |
| | Male | 20.43 | 16.98 | 18.62 | 56.14 |
| Marital status | Single | 19.74 | 16 | 16.88 | 52.88 |
| | Married | 20.31 | 16.85 | 19.33 | 56.5 |
| Education | No formal education | 19.81 | 14.63 | 18.97 | 53.42 |
| | Primary school | 20.74 | 18.33 | 19.07 | 57.79 |
| | High school | 19.67 | 16.7 | 18.03 | 55.45 |
| Occupation | Housewife | 20.71 | 16.79 | 19.25 | 56.75 |
| | Civil servant | 19.55 | 14.55 | 18.84 | 53.67 |
| | Retired | 21.23 | 20.3 | 19 | 59.66 |
| | Freelance | 19.36 | 16.33 | 17.97 | 53.69 |
| Family type | Nuclear | 20.46 | 17.46 | 19.41 | 57.42 |
| | Extended | 20.74 | 14.58 | 17.27 | 51.31 |
| Hemodialysis duration | 0 to 1 years | 20.74 | 17.29 | 20 | 58.06 |
| | 2 to 3 years | 19.28 | 15.49 | 18.19 | 52.95 |
| | 4 + years | 20.43 | 17.02 | 18.72 | 56.28 |

**DISCUSSION:**

The treatment of dialysis is the reason of a great change in life for the patients. In recent case study, we found the low QoL of the patients. Various research works also showed the same results in their studies [14, 15]. The research work displayed that QoL of the patients of hemodialysis is very low and it is even lower than the patients who are undergoing the

transplantation of kidney [14, 15]. The results of this case study found as consistent with those outcomes. The scores of PCS were high in the female patients. Previous research work showed the opposite results. Acaray & Pinar discovered no disparity related to gender between the QoL of men and women patients of hemodialysis, but the scores of QoL of the women were high in comparison with men [12]. Tel

discovered the QoL and score of PCS as low in females in his work [16]. Suet-Ching stated that the QoL of the males was better as compared to females [17] and Yang discovered that the scores of the QoL of the females were lower as compared to the men [18].

In this case work, there was a strong association between the QoL and social support. There is an advantageous part of social support on the mental and physical condition of the patient [9]. Patel discovered that the QoL increases with the increase of the social support [7]. The outcome of current study is similar to the finding of this study. The social support & the relationship with the marriage partner are the source of the good quality and strength of life [19]. Tel discovered in his case work that the QoL of the patients living in an extended family system was very low [16]. Acaray & Pinar stated the high QoL among the patients living in an extended family system [12].

We found the low scores of MCS for the retired patients and the scores of the friend support were very high. Because such patients spent a less active time after the retirement and turn themselves towards friends for the social support. The qualification of the patient also perform an important part for the expression of oneself and relationship with the surroundings. But it is reality that the level of social support from the close friends is very low among the educated patients. We found no important disparity between the QoL and the scores of the social support in accordance with their periods of hemodialysis. In some other research works, the results showed that there was no important association among the QoL and period of dialysis of the patients [16, 18] but Acaray & Pinar were opposite from this finding [12].

CONCLUSION:

Regardless the hindrances due to treatment of hemodialysis, increasing the QoL of the patients and make them enable to utilize the social support sources are very vital features in the administration of this disease. So, at the time provision of the medical care to the patients of hemodialysis, it is the duty of nephrologists to assess the QoL of the patient and sufficient social support sources. Increasing the awareness of the patients suffering from hemodialysis & effectual utilization of the social support resources may provide them support to enhance their QoL.

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