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ORIGINAL ARTICLE

EVALUATION OF HEALTH IN RELATION TO TIME OF DIAGNOSIS AND HEMODIALYSIS FOR CHRONIC RENAL PATIENTS

AVALIAÇÃO DA SAÚDE NA RELAÇÃO COM TEMPO DE DIAGNÓSTICO E HEMODIÁLISE POR PACIENTES RENAI CRÔNICOS

EVALUACIÓN DE LA SALUD EN RELACIÓN CON TIEMPO DEL DIAGNÓSTICO Y HEMODIÁLISIS POR PACIENTES RENALES CRÓNICOS

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ABSTRACT

Objective: to analyze the perspective of patients undergoing hemodialysis in a Nephrology unit of a general hospital, concepts related to perceived health status by the time of diagnosis and hemodialysis. **Method:** quantitative, analytical, descriptive, cross-sectional research, with 77 patients. Data collected from May to July 2010, after approval by the Ethics Committee of the UFSM Opinion 02780243000-09 with sociodemographic instruments, related to ESRD, time of diagnosis, hemodialysis associated diseases, health assessment. **Results:** patients rate their overall health, currently between good and regular and independent of the time of diagnosis, 16.9% rating that it got worse compared to a year ago. **Conclusion:** time of diagnosis and hemodialysis interfere in the perception of respondents regarding the evaluation of their health. **Descriptors:** Chronic Renal Failure; Renal Dialysis; Nursing; Patient Care; Evaluation.

RESUMO

Objetivo: analisar, sob a ótica de pacientes que hemodializam em uma Unidade Nefrológica de um hospital geral, concepções referentes à avaliação da saúde segundo o tempo de diagnóstico e hemodiálise. **Método:** investigação quantitativa, analítica, descritiva, transversal, com 77 pacientes. Dados coletados de maio a julho de 2010, após aprovação do Comitê de Ética da UFSM, Parecer 02780243000-09, com instrumentos sociodemográficos, relacionados à DRCT, tempo de diagnóstico, hemodiálise, doenças associadas, avaliação da saúde. **Resultados:** pacientes avaliam sua saúde geral, atualmente, entre boa e regular e, independente do tempo de diagnóstico, 16,9% avalia que piorou comparada há um ano. **Conclusão:** tempo de diagnóstico e de hemodiálise interferem na percepção dos pesquisados referente à avaliação da sua saúde. **Descritores:** Insuficiência Renal Crônica; Diálise renal; Enfermagem; Assistência ao Paciente; Avaliação.

RESUMEN

Objetivo: analizar la perspectiva de los pacientes que hacen hemodialis en una unidad nefrológica de un hospital general, los conceptos relacionados con el estado de salud percibido por el momento del diagnóstico y la hemodiálisis. **Método:** investigación cuantitativa, analítica, descriptiva, transversal, con 77 pacientes. Los datos recogidos entre mayo y julio de 2010, tras su aprobación por el Comité de Ética de la Opinión UFSM 02780243000-09 con instrumentos sociodemográficos, relacionados con ESRD, momento del diagnóstico, enfermedades asociadas a hemodiálisis, la evaluación de la salud. **Resultados:** pacientes evalúan su salud, en general, en la actualidad entre el buena y regular e independiente del momento del diagnóstico, el 16,9% de calificación empeoró respecto del año anterior. **Conclusión:** el tiempo de diagnóstico y hemodiálisis interfiere en la percepción de los encuestados sobre la evaluación de su salud. **Descriptores:** Insuficiencia Renal Crónica; Diálisis Renal; Enfermería; Atención Al Paciente; Evaluación.

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INTRODUCTION

Chronic Kidney Disease is characterized by progressive and irreversible reduction of renal function. In its most advanced stage it is nominated for Terminal Chronic Kidney Disease (TCKD), can manifest slowly or abruptly.¹ It is recognized as a public health problem worldwide and in Brazil and it is a growing public health problem.^{2,3} Data census of the Brazilian Society of Nephrology show that 49,077 patients are currently on dialysis program in Brazil. As for the South, data are available for the 2009 census, ie, had 9,363 patients on dialysis.⁴

The causes of CRF are the primary renal diseases such as glomerulonephritis, pyelonephritis, systemic diseases, including hypertension, diabetes mellitus and congenital malformations.⁵ It is a disease classified according to the stages of severity, assessed by glomerular filtration rate (GFR), albuminuria and clinic.² These are predisposing diagnosis elements of TCKD are sex, age, body mass index, hypertension, diabetes mellitus, cardiovascular disease, heart failure, tobacco use, cholesterol.⁶ Seniors are 13 times more likely to die from any of these causes and are six times more prone to cardiovascular death than the progress of TCKD.⁵

Renal disease has no expectation of cure, but the maintenance of health through conservative treatment, which conditions the patient to adopt a form of renal replacement therapy. In the treatment modalities it is included the peritoneal dialysis, hemodialysis and renal transplantation. Among the methods used for dialysis treatment of TCKD, there is hemodialysis, which is the removal of toxic substances, nitrogenous wastes and excess fluid from the blood and other body tissues.⁷ In this modality of treatment, blood undergoes filtration bypass this through a dialyzing machine.

Kidney disease and complications of treatment induce the individual to quest and change his/her daily life.⁸ These tend to happen from diagnosis and extend throughout treatment with psychological disorders that interfere with social interaction and functional capacity of the patient. The patient's family also undergoes transformations. The authors emphasize the importance of making assessments of quality of life of patients and their families in order to better understand how the treatment affects the lives of them, and thus assist them in full.

Regarding the diagnosis of chronic kidney disease in the early stages of the disease the lack of symptoms requires attention, especially in patients with clinical or sociodemographic factors for TCKD.⁹ In this sense, the authors consider important the early diagnosis and immediate demand for health care by a specialist, such as significant steps in the knowledge about the treatment and prevention of renal disease progression.

The impact of time that the patient is on dialysis and the impact on quality of life issues are addressed in some research, which emphasizes the importance of further research on that topic, to favor strategies for qualifying care.¹⁰ In this context, a study on the perceptions of CKD about their disease results show that it is influenced by the lack of knowledge they possess and insecurity about the future, what do relate it to death and other complications of the disease.¹¹ The same study reinforces nursing care, so that it values the views of the patient about the disease coupled with information to assist in understanding from the reality experienced by him.¹¹

Based on the above, it is important for nurses to establish a therapeutic relationship with the patient, which enables the promotion of their well being. Another study meets this reflection, in stating that in addition to the requirements for the technical and scientific knowledge on hemodialysis, it is for nursing, the human care.¹² Thus, we seek to analyze this research, from the perspective of patients going through Nephrologic hemodialysis in a unit of a general hospital, their conceptions regarding the evaluation of health according to the time of diagnosis and hemodialysis.

METHOD

The article contains results of a quantitative, descriptive and transversal study. It was developed in a unit of a Nephrologic hospital IV size of a county in the northwestern region of Rio Grande do Sul, Brazil.

The study population was made up of 102 patients, who underwent Nephrologic hemodialysis in this Unit and of these, 77 agreed to integrate up to it. We listed the following inclusion criteria: be patient with chronic renal failure undergoing Nephrologic hemodialysis unit showing an interest in participating in the study after being informed about the objectives, being aged older than 18, accept and sign the consent form and not have cognitive deficit. Now, exclusion criteria was defined as follows: patients unable to understand or answer the research questions, aged less than 18 years and disagree to

participate in the research.

The stage of data collection occurred in the months of May, June and July 2010, shortly after the approval of the research project by the Ethics in Research UFSM under Opinion Embodied n° 02780243000-09. It was used as an instrument of data collection the Kidney Disease and Quality of Live-Short Form (KDQOL-SF™). The variables that comprised the study were identification and sociodemographic data related to TCKD at the time of diagnosis and hemodialysis associated diseases and subjects' perceptions regarding the evaluation of their overall health, now and a year ago.

The contact with patients occurred in the Nephrology Unit, when we explained the objectives of the research and we asked later whether they wanted to integrate the research. For those who agreed, we scheduled an interview of time and place consistent with preference and availability of each. Most were held in a room next to the Nephrology Unit and other patients in their own homes.

The analysis of the data obtained from the research was performed using descriptive statistics, using SPSS software and the data presented in the figure and tables. We emphasize that all the human ethical research aspects were met.¹³

RESULTS

As for the characterization of patients who joined the study, it is evident that the majority are male (70.1%). It was found that 37.6% of them are 50 to 60 years old (incomplete), 45.5% are elderly, 7.8% are less

than 40 years of age and 9.1% of 40 to 50 years of age.

Regarding marital status and offspring of those surveyed, the highest percentages in descending order, are: 59.7% married, 18.2% widowed, 11.7% were single and 10.4% divorced and 87% with children. It is evident that 42.8% of patients live with partner, 11.7% with children, 10.4% alone, 6.5% with parents, 16.9% with wife and children, and 11.7% other.

Regarding education, 2.6% are illiterate, 66.2% attended the elementary school, 10.4% completed elementary school, 15.6% completed high school and 5.2% higher education. Regarding income of respondents, 79.2% are retired, 14.3% receive disability compensation / pension, and others maintain own work and other forms of livelihood. With regard to health care, the vast majority (84.4%) claims to be users of SUS.

The percentage for the existence of relatives with kidney disease are of 70.1% of respondents say they have no family with kidney disease. In Figure 1, it is clarified that the degree of kinship of them and it is evident that the highest percentage are made up of parents, followed by brothers, uncles, and others.

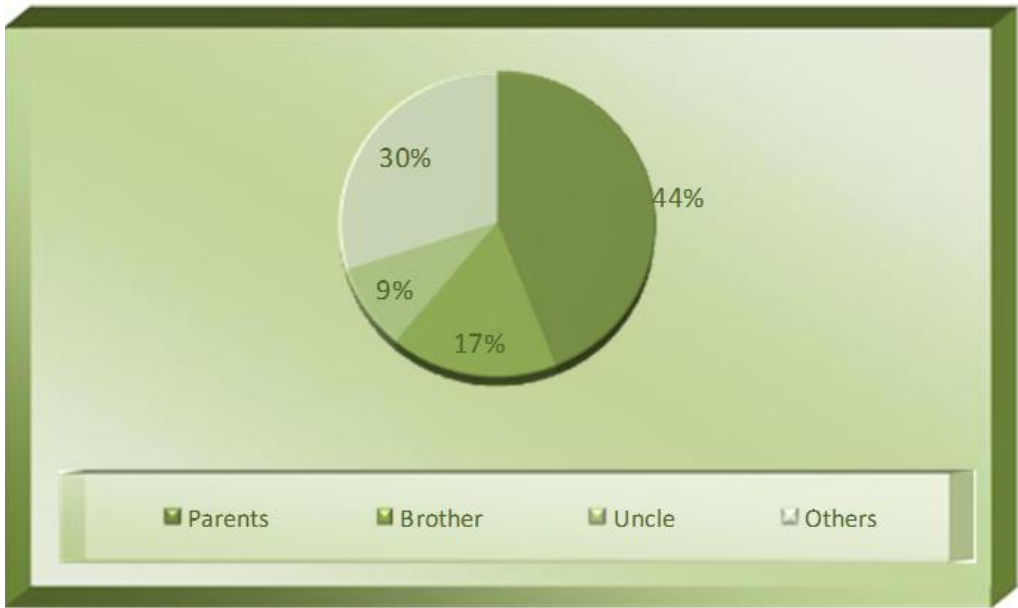


Figure 1. Degree of relatedness among relatives of patients with kidney disease

Sequentially, Table 1 shows the characteristics of patients surveyed for time of diagnosis of TCDK and treatment. We identify that the highest percentage (32.5%) are patients who have a diagnosis of the

disease, are 2-5 years of age, followed by 11 years or more and less than two years.

Regarding the classification of respondents for the time they are on dialysis, it is observed that 41.6% are less than two years

and 39% 2-5 years of age and 19.5% five years or more. Importantly, 74% of patients who participated in the survey began hemodialysis with catheter insertion.

Also in relation to the data contained in Table 1, it appears that more than 80% of

patients said they did not choose hemodialysis as a dialysis method and 2.6% of them underwent renal transplantation, one living donor and the other related to donor corpse.

Table 1. Characterization of users surveyed. Nephrology unit of a hospital in the northwest region of the State of Rio Grande do Sul, from April to July 2010.

Characteristics	n	%
Time of IRC diagnosis		
Less than 24 months	15	19,5
24 --- 60 months	25	32,5
60 --- 96 months	9	11,7
96 --- 132 months	12	15,6
132 months or more	16	20,8
Time standing in hemodialysis		
Less than 24 months	32	41,6
24 --- 60 months	30	39,0
60 --- 96 months	7	9,1
96 --- 132 months	5	6,5
132 months or more	3	3,9
When initiating treatment, catheter was placed		
Yes	57	74,0
No	20	26,0
Chose hemodialysis		
Yes	12	15,6
No	65	84,4
Had renal transplantation		
Yes	2	2,6
No	75	97,4
Donor		
Living	1	1,3
Corpse	1	1,3

Carrying on with the presentation of results from this research, Table 2 refers to the occurrence of diseases associated with renal failure.

It appears that the majority of respondents (70.1%) reported having hypertension, 36.4% diabetes mellitus and an approximate

percentage (28.6%), visual impairment. The other diseases were explained in the table mentioned by patients, although in smaller percentages.

Table 2. Occurrence of diseases associated with renal failure in the patients studied. Nephrology Unit in Hospital Region Northwest State of Rio Grande do Sul-April to July 2010.

Diseases	n	%
Hypertension	54	70,1
Diabetes mellitus	28	36,4
Visual impairment	22	28,6
Hearing deficit	7	9,1
Heart failure	6	7,8
Myocardial infarction	3	3,9
Cerebrovascular disease	2	2,6

Table 3 shows the time of diagnosis and hemodialysis patients surveyed according to the way they assess their health in general. It is observed that of a total of 52% of under 5 years of diagnosis, 26% rate their current health as "good," 23.4% as "average" and 2.6% as "bad."

Patients diagnosed with TCKD 5 years or more, totaling 48%. Of these, it appears that 22% evaluate their health as "good", 23.4% as "fair" and in the same manner as in the former

category, only 2.6% of the evaluated as "bad". As for the time in which the subjects are on hemodialysis, it was found that 5.2% rate their health currently as bad and under hemodialysis for less than five years. Others, regardless of the duration of hemodialysis, assess their health currently as fair, good or very good.

Table 3. Time of diagnosis and time on hemodialysis of patients surveyed according to the evaluation of their overall health (currently). Nephrology unit of a hospital in the northwest region of the State of Rio Grande do Sul - April to July 2010.

Period	Health assessment (currently)				
	Very Good n (%)	Good n (%)	Regular n (%)	Bad n (%)	Total n (%)
From diagnosis					
Less than 24 months	2(2,6)	6(7,8)	7(9,1)	-	15(19,5)
24 --- 60 months	1(1,3)	11(14,3)	11(14,3)	2(2,6)	25(32,5)
60 --- 96 months	-	7(9,1)	2(2,6)	-	9(11,7)
96 --- 132 months	-	3(3,9)	7(9,1)	2(2,6)	12(15,6)
132 months or more	-	7(9,1)	9(11,7)	-	16(20,8)
In hemodialysis					
Less than 24 months	2(2,6)	11(14,3)	18(23,4)	1(1,3)	32(41,6)
24 --- 60 months	1(1,3)	14(18,2)	12(15,6)	3(3,9)	30(39,0)
60 --- 96 months	-	6(7,8)	1(1,3)	-	7(9,1)
96 --- 132 months	-	1(1,3)	4(5,2)	-	5(6,5)
132 months or more	-	2(2,6)	1(1,3)	-	3(3,9)

Concluding the presentation of data obtained from this research, Table 4 shows the time of diagnosis and hemodialysis patients surveyed according to the evaluation of health in general now compared to a year ago. We can observed that patients on hemodialysis for less than 5 years (80.6%), 33.8% rate their health in general, compared to a year ago, as "much better now," 27.3% as

"a little better now "and estimates that 11.7% worsened.

From the total participants of this research that are on hemodialysis for more than 5 years (19.5%), 5.2% rate their health as "much better now", 6.5% as "somewhat better now" and 5.2 % refers to worsen. It is evident that, regardless of the time of diagnosis of TCKD, 16.9% of respondents rate their health as worse now than one year ago.

Table 4. Time of diagnosis and time on hemodialysis of patients surveyed according to the evaluation of their overall health (currently) compared to a year ago. Nephrology unit of a hospital in the northwest region of the State of Rio Grande do Sul, April-July 2010.

Period in months	Assessment of their general health (currently), compared to a year ago					
	Much better now n (%)	A bit better now n (%)	Aproximately the same n (%)	A bit worst now n (%)	Much worse now n (%)	Total n (%)
From diagnosis						
Less than 24 months	7(9,1)	4(5,2)	1(1,3)	3(3,9)	-	15(19,5)
24 --- 60 months	13(16,9)	8(10,4)	3(3,9)	0(0)	1(1,3)	25(32,5)
60 --- 96 months	2(2,6)	4(5,2)	1(1,3)	1(1,3)	1(1,3)	9(11,7)
96 --- 132 months	4(5,2)	4(5,2)	-	3(3,9)	1(1,3)	12(15,6)
132 months or more	4(5,2)	6(7,8)	3(3,9)	3(3,9)	-	16(20,8)
In hemodialysis						
Less than 24 months	14(18,2)	10(13,0)	1(1,3)	5(6,5)	2(2,6)	32(41,6)
24 --- 60 months	12(15,6)	11(14,3)	5(6,5)	2(2,6)	-	30(39,0)
60 --- 96 months	2(2,6)	2(2,6)	2(2,6)	0(0)	1(1,3)	7(9,1)
96 --- 132 months	1(1,3)	1(1,3)	-	3(3,9)	-	5(6,5)
132 meses ou mais	1(1,3)	2(2,6)	-	-	-	3(3,9)

DISCUSSION

The age range of the population resides in approximate percentage of adults 50-60 years of age and older. This result differs from the study that found that knowledge of chronic renal failure on hemodialysis. Of all participants, 12% were elderly and 30% were between 40 and 60 years of age. In this context, we can state that the incidence of TCDK is higher in the elderly.⁹ It is important, from these results, to highlight the attention of the health team, with emphasis on nursing, regarding the adoption of preventive and promotional measures to individuals from 40 years of age, in order to monitor, prevent and reduce the occurrence of TCDK.

The majority of study participants were men, married, with children and users of the Unified Health System (SUS). In this context,

quantitative study with 29 patients in a clinic for chronic renal patients in Guarapuava, Paraná, has also shown that most patients were male (58.70%) and married (62%).³

It is evident that more than half of the patients participating in the research lies with a partner and children. In this sense, a study aiming to identify and characterize patients on dialysis and identify their perceptions and knowledge regarding CKD and treatments come to the meeting of that research. The results show that 70% of patients lived with family.

The family plays an important role in renal patient care, which includes emotional support, assistance in daily activities, medication administration, hygiene, care with AVF (arteriovenous fistula), among others. Accordingly, each patient faces a unique way of treatment, based on their individuality and

is influenced by a number of events in the course of its existence, the support they receive from family and other people with whom they live.¹⁴

This study evaluated the quality of life of patients on hemodialysis, in which 19.4% of respondents did not have children, a result that differs from the present research.¹⁵ With most exclusively using SUS, this result is in line with the Census of the Brazilian Society of Nephrology, 4 which shows that 85.8% of CKD on dialysis also are.

The low educational level of patients surveyed reaches out to study that measured the prevalence of non-pharmacological treatment and evaluated the reasons cited by patients.¹⁶ The majority of respondents were illiterate or had education as high as elementary school.

A study conducted to identify learning situations to base the practice of health education, with 6 patients on hemodialysis, of whom 1 underwent renal transplantation, a result that meets the present pesquisa.¹⁷ Other research corroborates that patients with TCKD dreams of renal transplantation, but has the knowledge of the complications of waiting in line for a donor, among other difficulties.¹⁸

According to the income of the patients surveyed, it appears that most are retired, a result that meets the study to assess quality of life in patients with chronic renal failure undergoing hemodialysis.¹⁹ This result shows that 86.66% of respondents were retired or on sick leave.

In a study for characterization and etiology of chronic renal failure in a nephrology unit in the state of São Paulo revealed that 70.5% of patients had arteriovenous fistula, a result that comes from meeting with the said survey, in which 74% of respondents began treatment with insertion of cateter.²⁰ Regarding time on hemodialysis, the authors point out that 86.6% of patients surveyed were from less than one to five years, consistent with the data of that survey.

An investigation in which the authors sought to identify the most prevalent etiologies of a sample of 80 patients with ESRD on hemodialysis in a dialysis clinic in the city of São Paulo, showed that the etiological factors associated with ESRD, 72.5% of respondents were hypertensive diabetics and 32.5%, similar to that found in research.²¹ They point out that hypertension can be both an etiological factor as a consequence of renal failure. Importantly, 28.6% of patients who joined the study had visual impairment among

the diseases. This result is similar to the study with elderly TCDK patients, showed that 25% of seniors surveyed had such a condition.²²

Regarding the assessment of respondents concerning their health in general, shows up with this research that, when related to the time of diagnosis of TCDK, patients with less than five years of diagnosis, with more than 5 years, had percentages approximate, ie both rated their health currently as good and regular. Study that characterized the profile of individuals with TCDK on hemodialysis and assessed the quality of life. The results agree with those of that study, in which 79% of patients rated their overall health as "the best", 19% as "medium between best and worst" and 3% considered it as "the worst possible". Regarding patients who perceived their health as the "worst possible", are similar to the results of that research, which, regardless of the time of diagnosis of TCDK, rated their health as poor.²³

Regarding the assessment of health nowadays compared a year ago, according to the time on hemodialysis, research has shown that patients who are on hemodialysis for less than five years rated their health as "much better now" and "a little better now". Already, patients are no longer, the results are in approximate percentages, the following responses: "much better now", "now a little better" and "worse". Research has shown that the assessment of patients regarding their current health compared a year ago, was as follows: 18% considered their health "much better now than a year ago", 39% "a little better now"; 13%, "about the same" and 22% "somewhat worse".²³

According to the results of this survey, 8% of patients rated their health as much worse now, a result that also in relation to previous research diverges from now analyzed as independent of the time of diagnosis of TCDK, 16.9% of them assessed in this way²³. An investigation shows that this result is in line with this, 27.8% of respondents stated that their health was about the same and much better now than one.¹⁵

The analysis of variables "diagnostic time" and "time on hemodialysis" shows that both interfere with the assessment that patients make of your health, both today, as in years. This is further corroborated by the authors assert that hemodialysis favors a positive assessment of the patient and their health and exemplifies the minimization of some symptoms of the disease itself, which took place before the adoption of a dialysis method.¹⁵

Other research also shows a result which follows to the present study, ie, they claim that there is improvement in functional capacity of the individual and also their perception concerning the well-being after one year of peritoneal dialysis or hemodialysis. Results of a multicenter study, adults with chronic renal failure on dialysis in eight clinics in Australia, does not corroborate these results, finding that patients coming to the final stage of the disease are willing to negotiate reduced life expectancy if you can decrease the load restrictions due to dialysis.²⁵

In a study to verify changes in the quality of life of patients with TCDK on hemodialysis for 12 months and to identify factors associated with worsening or improvement in quality of life, revealed that the limitation of emotional and mental component showed improvement in one year.²⁶ Now, patients who had "worsened" mental component were there less time on dialysis.

These results come from meeting with the present research regarding the health assessment of chronic renal failure in relation to time on hemodialysis. The authors point out that the influence of time on dialysis results in improvement of the mental aspects of quality of life. Another study, exploratory, descriptive study conducted in a Hemodialysis Clinic in São Paulo, with the goal of verifying the reliability of the Kidney Disease Quality of Life Short Form and correlate the scores on each dimension with sociodemographic and clinical variables, the results showed that the longer hemodialysis, better cognitive function.²⁷

In line with these findings, a study aiming to assess the quality of life of patients with chronic renal failure undergoing hemodialysis outpatients in a public hospital in Belém-Pará showed that individuals undergoing dialysis for more than a year had best levels in the field of social and occurred positive link between time on dialysis and functional capacity.²⁸ Another study that evaluated the quality of life of 28 patients with chronic renal failure undergoing hemodialysis treatment in western Santa Catarina, showed that there are limitations in functional capacity and need for changes in lifestyle, which interferes with daily life.²⁹

Based on the findings of this research, combined with the positions of the authors mentioned, it can be stated that the time in which the research participants are patients on hemodialysis, as well as the diagnosis of TCDK influences their evaluation regarding its overall health.

CONCLUSION

The TCDK leads to changes in the lifestyle of patients from both the clinical conditions, coexisting diseases, as the modality of dialysis treatment adopted, the actual coping with the disease, among other aspects. It can be argued that it influences their perception regarding the quality of life, hence the need to build or improve family support - your associates, to meet their needs, both physical and psychic.

The characterization of patients together with the literature shows that health professionals, in particular nurses, need to direct promotional and preventive actions in relation to chronic diseases such as diabetes mellitus and hypertension, based on the high incidence the same, together with the growing elderly population and the prevention of the very TCDK. In this context, it is these professionals evaluate both the health of patients and family members to identify potential situations that require specific interventions.

The construction of this research shows that the time of diagnosis and hemodialysis interfere in the assessment of the overall health of patients, both today as a year ago and is supported by the literature. This interference is due to adaptation, changes in routine, and the gap between the living condition and life expectancy. In other words, this result allows us to infer that hemodialysis acts to ease the symptoms of chronic kidney disease, but as time goes on, gradually, the patient realizes that this dialysis method is indispensable for it to stay alive, however it is not resolute regarding the evolution of the disease.

It is considered that the results of this research can be important in order to instigate researchers, health professionals and students, to develop more research on that topic, yet little explored, including new looks. Regarding specifically the nursing, the results may provide support to qualifying assistance to patients with chronic renal failure and direct actions to improve adherence to hemodialysis own assessment and that patients make of your health.

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