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NOTE PREVIEW ARTICLE

QUALITY OF LIFE AND STRATEGIES OF TRAINING IN KIDNEY TRANSPLANTATION

QUALIDADE DE VIDA E ESTRATÉGIAS DE ENFRENTAMENTO EM TRANSPLANTADOS RENAIS

CALIDAD DE VIDA Y ESTRATEGIAS DE ENFRENTAMIENTO EN TRASPLANTADOS RENALES

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ABSTRACT

Objective: to investigate the correlation between quality of life perception and coping strategies in kidney transplant patients. ***Method:*** cross-sectional study, with a quantitative approach. The participants will be 150 kidney transplant patients who undergo outpatient follow-up in a university hospital, a reference in kidney transplantation in Rio Grande do Norte. Participants will be selected through voluntary acceptance. The instruments proposed to carry out this research are: Clinical and Sociodemographic Questionnaire, Scale of Modes of Confrontation of Problems and the instrument of evaluation of quality of life WHOQOL-Bref. Data analysis will be based on descriptive and inferential statistics. ***Expected results:*** it is intended to give visibility to the theme and, thus, to help health professionals to design ways of care that consider the patient beyond the organ survival, aiming at the emotional aspects and their possible correlations with QoL. ***Descriptors***: Kidney Transplant; Quality of Life; Coping Strategies; Adult.

RESUMO

Objetivo: investigar a correlação entre a percepção da qualidade de vida e as estratégias de enfrentamento em pacientes transplantados renais. ***Método***: estudo transversal, com abordagem quantitativa. Os participantes serão 150 transplantados renais que realizam acompanhamento ambulatorial em um hospital universitário, referência em transplante renal no Rio Grande do Norte. A seleção dos participantes se dará por meio de aceitação voluntária. Os instrumentos propostos para a realização desta pesquisa são: Questionário Clínico e Sociodemográfico, a Escala de Modos de Enfrentamento de Problemas e o instrumento de avaliação da qualidade de vida WHOQOL-*Bref*. A análise dos dados se baseará na estatística descritiva e inferencial. ***Resultados esperados***: pretende-se dar visibilidade à temática e, com isso, auxiliar os profissionais de saúde a traçarem modos de cuidado que considerem o paciente para além da sobrevida do órgão, visando aos aspectos emocionais e às possíveis correlações destes com a QV. ***Descritores***: Transplante Renal; Qualidade de Vida; Estratégias de Enfrentamento; Adulto.

RESUMEN

Objetivo: investigar la correlación entre la percepción de la calidad de vida y las estrategias de enfrentamiento en pacientes trasplantados renales ***Método:*** estudio transversal con abordaje cuantitativo. Los participantes serán 150 trasplantados renales que realizan acompañamiento en el ambulatorio, en un hospital universitario, con referencia en trasplante de riñón en Rio Grande do Norte. La selección de los participantes será a través de la aceptación voluntaria. Los instrumentos propuestos para la realización de esta investigación son: cuestionario sociodemográfico y clínico, la escala de enfrentamiento de problemas y la herramienta de evaluación de la calidad de vida de WHOQOL-Bref. Análisis de datos se basará en la estadística descriptiva y estadística inferencial. ***Resultados esperados:*** el objetivo es dar visibilidad y ayudar a los profesionales de la salud, para trazar maneras de cuidado consideradas para el paciente como más allá de la supervivencia del órgano, visando los aspectos emocionales y las correlaciones posibles con la QV. ***Descriptores***: Trasplante Renal; Calidad de Vida; Estrategias de Afrontamiento; Adulto.

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INTRODUCTION

Non-communicable chronic diseases are defined by an inaccurate and non-infectious etiology and involve periods of latency, multiple risk factors, and long duration. Among the most frequent chronic diseases, Chronic Kidney Disease (CKD) is a progressive loss of renal function, a process that can lead to End-stage Kidney Disease (ESKD).[1]

Patients who progress to End-stage Kidney Disease, present progressive and irreversible damage to kidney function, and require some type of renal replacement therapy, and modalities are available: hemodialysis, peritoneal dialysis and kidney transplantation. Transplantation has been highlighted as the most advisable option for patients with (ESKD) who meet the criteria established by the national health protocols.[2] After being considered successful, kidney transplantation may prolong life and reduce morbidity.[3]

Kidney transplantation aims to offer a better Quality of Life (QoL) to patients. As a quality of life, the individual's perception of his position in life, in the cultural context and value system in which they live and in relation to their goals, patterns and apprehensions is defined.[4] The QoL, touches on psychological conditions, well-being, social interactions, socioeconomic factors, religious and/or spiritual conditions, and a set of other aspects widely mentioned in scientific literature.[5]

After a successful transplant and as long as the renal graft is healthy, the patient will no longer need to undergo dialysis, the volume of water intake may be greater and the diet, although still needing to be moderate, tends to be less restrictive.[2,6] However, the transplant does not present a permanent healing character, it is considered as a modality of treatment that aims to relieve symptoms and preserve life.[7]

The chronic kidney patient in the period before the transplantation sees the expectation of cure and improvement of the QoL, but, after the procedure, the perception that there is no definitive resolution for this disease occurs. The need for continued care, characteristic of chronic disease, remains.

In the post-kidney transplantation, the patient needs to adapt to the new routine of immunosuppressive medications, constant assessments of health status and medical appointments, as well as, living with the fear of graft rejection. The cited experiences are potential triggers of feelings such as sadness and disappointment and order the patient, to adapt to the demands of the treatment itself.[2]

Like other treatments and interventions, kidney transplantation may present complications. It is possible that the prospect of improving QoL by this therapy may become frustrated by the possible intercurrences that may appear during the course of the post-transplant patient.[5-6]

Among the most common complications include rejection, surgical, vascular, metabolic and urologic complications and various infections, all of which can be hospitalized.[9] It is understood that these possible stressors require the patient's strategies to deal with the condition.

The way each person reacts and tries to overcome a stressful situation is called coping. Coping strategies are cognitive and behavioral efforts aimed at controlling the individual's responses to internal or external situations that are overwhelming or exceeding personal resources.[10] Coping strategies are considered effective when they soften unpleasant sensations and related feelings to threats or losses.[11]

In the chronic patient, coping strategies play a moderating role in disease and health adjustment.[12] Considering chronic illness and treatment-related factors as stressors, coping strategies are focused on each stage of the disease, as each one requires adaptations.[13]

In the context of illness, the modes of confrontation refer to the control strategies used to mediate the relation between the demands established by the disease and the responses that each person stipulates in their presence.[13] Considering the above, there is a need to understand aspects related to QoL and coping strategies based on the perception of renal transplant patients.

OBJECTIVES

- To investigate the correlation between quality of life perception and coping strategies in renal transplant patients.
- To evaluate the quality of life in kidney transplant patients.
- To Identify coping strategies in the kidney transplants surveyed.
- To investigate potential relationships between quality of life and clinical and socio-demographic conditions in the patients studied.
- To investigate if there is a relationship between the time variable of kidney transplantation and the coping modes used by the patients studied.

METHOD

The design chosen to reach the proposed objectives was to carry out a transversal study, with quantitative characteristics. The research is underway at the Nephrology outpatient clinic of a university hospital located in the city of Natal / RN. The institution is part of the complex of hospital schools of the Federal University of Rio Grande do Norte (UFRN), being the reference of Rio Grande do Norte in the program of Kidney Transplants.

Participants will be kidney transplant recipients who perform clinical and routine outpatient follow-up. The calculation of the sample was based on the sample size determination formula for finite populations based on the estimation of the population proportion. As a result, the sample of 150 post-kidney transplant patients.

The project was submitted to the Research Ethics Committee of the Federal University of Rio Grande do Norte (UFRN) and Hospital Universitário Onofre Lopes (HUOL), obtaining approval from institutions under CAAE 56191516.0.0000.5537 and opinion 1,599,728. The research will follow all procedures recommended for studies involving human beings, in compliance with Resolutions nº. 466/12 and no. 510/16 of the National Health Council.

The participation of kidney transplant patients occurs voluntarily, through the signing of the Informed Consent Term. The invitation to participate and collect data for the research takes place in the Nephrology clinic, at a time convenient to the patient, before or after the appointments. The data will be collected individually in a reserved place and destined for this purpose.

The instruments proposed for this research are adapted and validated for the Brazilian reality and have characteristics that allow us to ascertain the aspects referred to in the study objectives. The instruments of collection are: Clinical and Sociodemographic Questionnaire, WHOQOL-Bref and Scale of Modes of Confronting Problems.

The Clinical and Sociodemographic Questionnaire aims to obtain sociodemographic, psychosocial and health data. The instrument will follow a structured interview script and prepared for this study.

The WHOQOL-Bref quality of life assessment instrument. It is an instrument produced by the World Health Organization (WHO) that aims to evaluate the perception of QoL. The version presents 26 Likert-type questions and evaluates four domains: Physical, Psychological, Social Relations and Environment.14

The Problem-Scale Modes Scale - EMEP consists of 45 items that compose four factors, which investigate problem coping strategies. Factor (1) corresponds to the problem-focused coping (18 items); Factor (2) corresponds to emotion-focused coping (15 items); Factor (3) is equivalent to the search for religious practices / fantastical thinking (7 items); The factor (4) mentions the search for social support (5 items) .13

Data analysis will be based on descriptive and inferential statistics. The data will be stored in a spreadsheet (Microsoft Excel®) and, later, analyzed using a statistical data processing software for social sciences (SPSS).

The following inclusion criteria will be adopted: be a kidney transplant patient; be between the ages of 20 years to 59 years old, which refers to the adult population according to the WHO; have undergone kidney transplantation for at least three months, minimum time Of surgical recovery, as recommended by the Brazilian Association of Organ Transplantation (BAOT) and within the range of patients with a maximum of ten years of transplantation. After the mentioned period, chronic renal graft grafts and rejections can reach almost all of them Of the transplanted patients, negatively impacting the survival of the organ, which, at the time, approximates 72.1% .15

The established exclusion criteria were: kidney transplants presenting with clinical complications that make it impossible to participate in the research; patients with a previous history of severe psychiatric illness, and patients who lost the kidney graft.

EXPECTED RESULTS

This research has its relevance based on the need of a look aimed at identifying the predominant coping strategies in said patients and their relationship with the perception of QoL. Emphasis on these aspects seeks to promote changes in professional practices. It is believed that attention and understanding of the psychological aspects and coping process of kidney transplant patients by the health team may help these patients to use coping strategies favorably.

It is hoped to reach the proposed objectives by obtaining the QL assessment and the identification of the coping strategies of the studied population and, with this, contribute with the scientific knowledge in order to add and give visibility to the theme,

seeking to assist the health care professionals in the development of care strategies that aim not only at clinical aspects but at a global level that takes into account the emotional aspects involved in the coping process and their possible correlations with quality of life.

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