QUALITY OF LIFE OF PEOPLE IN PERITONEAL DIALYSIS
QUALIDADE DE VIDA DE PESSOAS EM DIÁLISE PERITONEAL
CALIDAD DE VIDA DE PERSONAS EN DIÁLISIS PERITONEAL

Deborah do Couto Nobre¹, Eduarda Rosado Soares², Juliana Graciela Vestena Zillmer³, Eda Schwartz⁴, Ângela Jaqueline Sinnott Dias⁵, Glaucia Jaine Santos da Silva⁶

ABSTRACT
Objective: to evaluate the quality of life of people undergoing Continuous Ambulatory Peritoneal Dialysis / CAPD. Method: quantitative, descriptive study, in which 35 people were interviewed in CAPD. Data collection was performed using a pre-coded questionnaire and the application of the SF-36 instrument. Statistical Package for Social Sciences (SPSS) version 13.0, from tables, was used for analysis. Results: it was found that the domains most affected refer to physical aspects, functional capacity and general health status. Conclusion: It is possible to verify the importance of developing actions directed to the singularities of each person with CKD in CAPD, with a view to completeness, and, consequently, to provide a better quality of life according to their health condition. Descriptors: Nursing; Renal dialysis; Chronic Renal Insufficiency; Quality of life.

RESUMO
Objetivo: avaliar a qualidade de vida de pessoas em tratamento por Diálise Peritoneal Ambulatorial Continua/CAPD. Método: estudo quantitativo, descritivo, em que foram entrevistadas 35 pessoas em CAPD. A coleta dos dados foi realizada a partir de um questionário pré-codificado e pela aplicação do instrumento SF-36. Para a análise, foi usado o software Statistical Package for the Social Sciences (SPSS), versão 13.0, a partir de tabelas. Resultados: constatou-se que os domínios mais afetados se referem a aspectos físicos, à capacidade funcional e ao estado geral de saúde. Conclusão: é possível verificar a importância de desenvolver ações direcionadas às singularidades de cada pessoa com DRC em CAPD, com vistas à integralidade e, consequentemente, proporcionar uma melhor qualidade de vida, de acordo com sua condição de saúde. Descriptors: Enfermagem; Diálise Renal; Insuficiência Renal Crônica; Qualidade de Vida.

RESUMEN
Objetivo: evaluar la calidad de vida de las personas en tratamiento por Diálisis Peritoneal Ambulatoria Continua/CAPD. Método: estudio cuantitativo, descriptivo, en que fueron entrevistadas 35 personas en CAPD. La recolección de los datos fue realizada a partir de un cuestionario pre-codificado y por la aplicación del instrumento SF-36. Para el análisis se utilizó el software Statistical Package for the Social Sciences (SPSS) versión 13.0, a partir de tablas. Resultados: se constató que los dominios más afectados se refieren a aspectos físicos, a la capacidad funcional y al estado general de salud. Conclusión: es posible verificar la importancia de desarrollar acciones dirigidas a las singularidades de cada persona con DRC en CAPD, con miras a la integralidad, y, consecuentemente, proporcionar una mejor calidad de vida de acuerdo con su condición de salud. Descriptores: Enfermería; Diálisis Renal; Insuficiencia Renal Crónica; Calidad de Vida.

* Nurses (egress), Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mails: deborahcnobre@hotmail.com; glauciajaine@gmail.com; *Student, Nursing Course, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: eduardarosado@gmail.com; ** PhD, Professor at the School of Nursing, Federal University of Pelotas, Pelotas-RS, Brazil. E-mail: juzillmer@gmail.com; * Nurse, PhD, Professor, School of Nursing, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: eschwarz@terra.com.br; * Nurse, Master's student, Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: angela.jsd@hotmail.com; *Nurse (egress), Federal University of Pelotas / UFPel. Pelotas (RS), Brazil. E-mail: glauciajaine@gmail.com
INTRODUCTION

Chronic diseases have multiple causes such as smoking, drinking, eating habits with high trans and saturated fats, excessive use of salt and sugar in addition to sedentary lifestyle, usually, with gradual onset, and require lifestyle changes and continuous care which do not, necessarily, promote cure. In this sense, Chronic Noncommunicable Diseases (CNCD) consist of the result of numerous factors, including social and conditioning determinants, with an impact on the quality of life of those who have them, being responsible for 72% of causes of death in the world.

Among the CNCDs, Chronic Kidney Disease (CKD) stands out, which consists of loss of renal function causing an imbalance in the organism, as well as complications in other organs, thus increasing the risks of mortality. Such a disease is considered a problem of public health in the world, due to its social, economic and health impact.

One of the treatments available for CKD is Peritoneal Dialysis (PD), which can be performed in the ambulatory continuous mode (CAPD) or automated (APD), through an intra-abdominal implanted catheter where saline solution is introduced with dextrose, so that this solution, in contact with the peritoneum, allows blood filtration. Therefore, from the diagnosis of CKD, it is essential to investigate the quality of life of people in order to plan intervention strategies directed to the needs of each person.

It is considered, as a quality of life, the individual's perception of himself and his position within the inserted context, permeating personal values, expectations and concerns. This definition also includes physical and psychological health, the level of independence, social relations and with significant aspects of the environment, in addition to their own beliefs.

Numerous studies describe the quality of life of people considering hemodialysis, others have evaluated HD and DP, however, few have analyzed the quality of life of people with PD. In view of the above, this study aimed to evaluate the quality of life of people under treatment by Continuous Ambulatory Peritoneal Dialysis / CAPD.

METHOD

A quantitative, descriptive and cross-sectional study with 35 people, aged 18 years or older, with RCT and under treatment for CAPD, for at least, six months. Data collection was performed from October 5th to November 16, 2010 in a nephrology service of a hospital in the southern region of Rio Grande do Sul. The interviews occurred in the service itself, in a reserved room, between a consultation and another, by means of a pre-coded instrument and a generic instrument SF-3619, which has been adapted and used for the analysis of people's quality of life.

From this, the questionnaires were coded and, later, a database was built in EpiData software (version 3.01), with double typing, being the processing and analysis carried out by the software Statistical Package for the Social Sciences (SPSS) version 13.0, in a descriptive way, with measures of central tendency and dispersion of the quantitative variables, as well as by means of the simple frequency distribution for the categorical variables.

For the presentation of the data, descriptive tables were used, with the frequencies in absolute numbers and percentages. In this study, the ethical aspects were respected and the objective of the research was clarified, for all participants, who signed the Free and Informed Consent Term in two ways, and was complied with resolution no. 196/96, of the National Health Council of the Ministry of Health, which deals with research involving human beings, obtaining approval number 84/2010.

RESULTS

The sample consisted of 35 people undergoing CAPD treatment. Table 1 shows the sociodemographic variables. In it, it was identified that there was a prevalence of female sex (54.3%); the age ranged from 22 to 82 years, with a mean age of 58 years (SD: 13.51), and the age group with the highest percentage was 53 to 69 years old (45.7%). Regarding skin color, white (54.3%) predominated; in terms of schooling, the majority had primary education (65.7%) and, in terms of marital status, 60% had a partner.
Table 2 shows the distribution of people in CAPD, according to socioeconomic characteristics. It was evidenced that the majority of respondents did not work (85.7%). More than half (57.1%) retired with an individual income of up to one minimum wage and with a prevailing family income of two to three minimum wages regional authorities. The number of people who depend on this family income is concentrated, mostly, around three to five people (48.6%), and, in a very close percentage (45.7%), up to two people.

Table 3 presents data related to CAPD treatment. Regarding the time in treatment, most of the interviewees performed this therapy in the period of 12 to 24 months (42.9%). However, it is worth mentioning that a considerable percentage is in CAPD in a period greater or equal for 93 months (5.7%), which corresponds to, approximately, eight years. Regarding the age at which treatment began, more than half (57.1%) started to perform this dialysis modality after 50 years of age.
This study provided an analysis of the quality of life related to the sociodemographic and clinical profile of people in CAPD from a single dialysis service in the South of Brazil. From the results, a predominance of the female sex (54.3%) was observed, which corroborates a study that aimed to characterize the profile of patients in CAPD in a municipality in the South of Brazil. However, in another study, in which people were interviewed in different places in Brazil, it was shown that more than half of those undergoing dialysis, are men.

Given this, there is no way to affirm a population pattern in CAPD as to sex. As for the color of the skin, the majority are white, a fact that is also observed in the literature.21 Regarding the marital status, it was observed that the sixth of the interviewees are married, which is also evidenced by a study that observed the QOL in people on dialysis.22

It was observed that the age group with the highest prevalence was 53-69 years, with a mean of 58 years, which corroborates with the domains. The most affected domains were physical aspects, functional capacity and general health status.

Table 4 presents the results for the SF-36 domains, in which the minimum and maximum values are described; medium values; standard deviations and quartiles for each of the domains. In this way, low purchasing power finances. A study indicates that people with lower purchasing power have less knowledge findings in which the average was 57.8 years. As for schooling, a considerable portion of the population (65.7%) and a minority had higher education (8.6%), as found in the literature. In this sense, a study indicates that knowledge about one pathology can prevent the appearance of others and, positively, influence the search for treatment when disease is already established. Another showed that schooling is related to knowledge and to self-care practices. In this way, low schooling can affect QOL, and, consequently, cause difficulties in understanding the disease, symptomatology, treatment and self-care, being, in this context, it is essential the health team’s action regarding health education, in an objective and understandable way, to the person with CKD.

In this study, it was also evidenced that the majority of the interviewees have, as main income, the retirement and benefits related to their clinical condition, being predominant two to three minimum wages per family and three to five people dependent on these finances. A study indicates that people with lower purchasing power, have less knowledge...
about renal replacement therapies and specialized access with nephrologists. Such facts certainly contribute to the worsening of CKD and consequent decrease in QoL.  

It was verified that the majority of the participants have little time in treatment of CAPD, between 12-24 months. However, it is noteworthy that a considerable portion of the population performs DP at 93 months, which is equivalent to approximately eight years. A study indicates that 11% of the interviewees did the same modality mentioned more than five years. It was also possible to verify that the highest age indices related to the start of treatment refer to the elderly; this is explained by the fact that being old is a risk factor for CKD from other comorbidities such as hypertension and diabetes mellitus.  

Regarding the domains evaluated, the three most affected were physical aspects, functional capacity and general health status. In this sense, findings in other studies, that had lower scores regarding physical aspects, evidenced lower QoL. Due to this, they correlate this fact with advanced age because the fragilities of the treatment are accentuated by the aging process itself, being also a possibility for this study, since the age group from 53 to over 70 years represents 57.1% of the total of respondents.  

Another multicenter prospective study showed that the groups that presented worse QoL, with scores of physical aspects also not satisfactory, were the groups of people with diabetes mellitus and elderly, which reinforces the importance of giving special attention to these groups, because it treats of a baseline disease in people who undergo dialysis, because it is a risk factor for CKD.  

In view of this, a study showed that the lowest score in the evaluation of the QoL of diabetics was related to the general state of health. However, an educational program, was developed in a BHU which achieved positive results in which all the scores had discrete improvements; (63.96 ± 19.03) and after (70.59 ± 17.82), the statistically significant difference was de t (50) = -2.16, p <0.05, that is, primary health care is fundamental in improving the quality of life of people affected by chronic diseases.  

Another domain with low score was related to functional capacity, which is assessed based on the development of daily activities such as climbing stairs, dressing, bathing etc. In this sense, another study also observed that the domain of functional capacity was affected in 64.71%. Therefore, it is necessary for the person with CKD to have access to a multidisciplinary team with physicians, nurses, psychologists, physiotherapists, nutritionists and physical educators, in order to, each in their area, work towards improving the QoL of the person in question. CAPD.

CONCLUSION

This study made it possible to evaluate the quality of life of people with CKD in CAPD at a nephrology service in the southern region of Rio Grande do Sul. This way, a predominance of women with a mean age of 58 years, white, low schooling level and CAPD time between 12-48 months. In addition, it was evidenced that the domains most affected were physical aspects, functional capacity and general state of health.  

Thus, it is emphasized the importance of active primary care, capable of assuming the educational function, promoting groups and wheels of conversations that encourage self-care and respond to the questions of people affected by chronic diseases. In addition, it is necessary multiprofessional service, aimed at the integrity of these people, with the aim of improving their quality of life. Therefore, it is important to highlight the need for new studies that consider people with CAPD, both in quality of life aspects and in their own therapeutic demands.

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Submission: 2016/12/01
Accepted: 2017/09/14
Publishing: 2017/10/15

Corresponding Address
Eduarda Rosado Soares
CEP: 96010-430 – Pelotas (RS), Brazil