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INTEGRATIVE REVIEW ARTICLE

EVIDENCES ON TRADITIONAL AND COMPLEMENTARY PRACTICES IN HEMODIALYSIS

EVIDÊNCIAS SOBRE PRÁTICAS TRADICIONAIS E COMPLEMENTARES EM HEMODIÁLISE EVIDENCIAS SOBRE PRÁCTICAS TRADICIONALES Y COMPLEMENTARIAS EN HEMODIÁLISIS

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ABSTRACT

Objective: to analyze the evidence on traditional and complementary practices implemented by health professionals to improve the quality of life and depression of chronic renal patients on hemodialysis. *Method:* this is a bibliographical study, type integrative, with original articles published from 2012 to September 2017 in the databases BDENF, LILACS, MEDLINE, Scopus and Web of Science. We analyzed 26 articles from figures. *Results:* quality of life was impaired by renal disease and hemodialysis and depression scores between 10.2 and 33.6; mind-body activities, physical therapy and other health practices, as well as the use of natural products, were implemented more frequently. Included among mind-body approaches were educational activities, music therapy, psychological therapy and others, which reduced depression and improved quality of life. *Conclusion:* it was found that traditional and complementary practices mainly understood mind-body approaches, that natural products deserve further investigation and such actions can improve quality of life, depressive symptoms and should be used to qualify care. *Descriptors:* Complementary Therapies; Chronic Renal Insufficiency; Quality of life; Depression; Mind-Body Therapies; Exercise.

RESUMO

Objetivo: analisar as evidências sobre práticas tradicionais e complementares implementadas por profissionais da saúde para a melhoria da qualidade de vida e depressão de pacientes renais crônicos em hemodiálise. Método: trata-se de estudo bibliográfico, tipo revisão integrativa, com artigos originais publicados de 2012 a setembro de 2017 nas bases BDENF, LILACS, MEDLINE, Scopus e Web of Science. Analisaram-se 26 artigos a partir de figuras. Resultados: evidenciaram-se qualidade de vida prejudicada pela doença renal e hemodiálise e escores de depressão entre 10,2 e 33,6; implantaram-se, mais frequentemente, atividades do tipo mente-corpo, terapia física e outras práticas para a saúde, além do uso de produtos naturais, respectivamente. Incluíram-se, entre as abordagens mente-corpo, atividades educativas, musicoterapia, terapia psicológica e outras, que reduziram a depressão e melhoraram a qualidade de vida. Conclusão: constatou-se que as práticas tradicionais e complementares compreenderam, principalmente, abordagens mente-corpo, que produtos naturais merecem mais investigações e tais ações podem melhorar a qualidade de vida, os sintomas depressivos e devem ser utilizadas para qualificar o cuidado. Descritores: Terapias Complementares; Insuficiência Renal Crônica; Qualidade de Vida; Depressão; Terapias Mente-Corpo; Exercício.

RESUMEN

Objetivo: analizar las evidencias sobre prácticas tradicionales y complementarias implementadas por profesionales de la salud para mejorar la calidad de vida y depresión de pacientes renales crónicos en hemodiálisis. Método: se trata de un estudio bibliográfico, tipo revisión integrativa, con artículos originales publicados de 2012 a septiembre de 2017 en las bases BDENF, LILACS, MEDLINE, Scopus y Web of Science. Se analizaron 26 artículos a partir de figuras. Resultados: se evidenció calidad de vida perjudicada por la enfermedad renal y hemodiálisis, puntajes de depresión entre 10,2 y 33,6; se implantó más a menudo actividades del tipo mente-cuerpo, terapia física y otras prácticas para la salud, y uso de productos naturales, respectivamente. Se incluyeron entre los abordajes mente-cuerpo actividades educativas, musicoterapia, terapia psicológica y otras, que redujeron depresión y mejoraron calidad de vida. Conclusión: se constató que las prácticas tradicionales y complementarias comprendieron principalmente abordajes mente-cuerpo, que productos naturales merecen más investigaciones y tales acciones pueden mejorar la calidad de vida, síntomas depresivos y ser utilizadas para calificar el cuidado. Descritores: Terapias Complementarias; Insuficiencia Renal Crónica; Calidad de Vida; Depresión; Terapias Mente-cuerpo; Ejercicios.

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INTRODUCTION

Chronic Kidney disease (CKD) is a progressive, irreversible heterogeneous disorder with decreased renal function and / or kidney damage present for three months or more with systemic implications. It was found that, from 1990 to 2013, in the world, the deaths caused by the disease increased by 135%, mainly reaching the elderly and doubled in the age range of 15 to 49 years, totaling half a million only in the last period. However, it is identified that technological

advances in renal replacement therapies have

increased survival of patients undergoing

In Brazil, hemodialysis is the predominant substitutive therapy, and in 2016, 92.1% of individuals with CKD were undergoing this therapy.³ The aim of this modality is to maintain the hydro-electrolytic balance and of the patient. In some individuals, however, there were intercurrences during the sessions, including hypotension, hypertension, cramps, headache, vomiting and pruritus.⁴

It is understood that living with the disease and treatment is a challenge with an impact on quality of life (QoL). It is understood from a multidimensional concept, such as the subject's perception of their position in life, culture and value systems in which they are inserted, goals, expectations, concerns, level of physical independence, emotional state, social and economic conditions. In this sense, in a study with patients on hemodialysis, regular QoL was observed among the participants, with greater impairment in the physical, psychological and environmental domains, respectively. 6

It is observed that the difficulties of adaptation also predispose individuals with CKD to depression. The prevalence of depressive symptoms in 27% of them and the influence of mood, anxiety and depression on QoL and their adaptive capacity have been shown in research with hemodialysis users. 1 is understood, in view of this panorama, that conventional medicine is limited in terms of promoting the holistic care required by this that **Traditional** population and Complementary Medicine (TCM) can be added to therapy.

TCM, called Complementary also Complementary Medicine, Traditional characterized as the diverse set of care ways whose complexity challenges conventional health models. In this practice, different sociocultural subjectivity, emotions, values and visions are identified between users and professionals. lt is considered,

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approach, that each individual has particular constitution and psychosocial state and subjective reactions to symptoms, diseases and therapies.8 TCM, also called Complementary Traditional Complementary Medicine, is characterized as the diverse set of care ways whose complexity challenges conventional health models. In this practice, different sociocultural subjectivity, emotions, values and visions are identified between users and professionals. It is considered, in this approach, that each individual has a particular constitution and psychosocial state and subjective reactions to symptoms, diseases and therapies.9

The increasing demand for this type of medicine is related to health problems, the alleviation of pain, the search for well-being, the resolution of emotional problems, the dissatisfaction with conventional medicine, 10 to insomnia, depression, chronic-degenerative diseases. the search for listening and extended care, among other aspects.8 In studies, it has been shown that the use of TCM by chronic renal patients favors its well-being, particularly with physical therapies 11-2 and mind-body approaches. 13-4 In view of the foregoing, we understand the particularities of the renal patient, the challenges to adaptation, the need for holistic care and quality, in addition to that proposed by conventional medicine.

OBJECTIVE

• To analyze the evidence on traditional and complementary practices implemented by health professionals to improve the quality of life and depression of chronic renal patients on hemodialysis.

METHOD

bibliographical study, integrative review of the literature, which consists of the formulation of inferences, evaluation and synthesis of knowledge. It should be emphasized that this type of research facilitates the identification of knowledge gaps, the recognition of what has been produced, the updating and determination of scientific evidence for the resolution of care problems.¹⁵ The review was carried out in the steps: choice of topic and formulation of the research sampling; data collection (extraction of information); critical evaluation of included studies; interpretation and discussion results and synthesis of knowledge presentation of the review.16

The PICO strategy was followed for the formulation of the question: P (patients with

kidney patients on hemodialysis?"

particular condition) - chronic renal patients on hemodialysis; I (intervention) - traditional and complementary practices; C (comparison) - no comparison was made; O (outcome) - improvement of the quality of life and indicative of depression. It was defined, therefore, as a guiding question: "What has been evidenced about traditional and complementary practices implemented by health professionals to improve the quality of life and indicative of depression of chronic

Exclusion and inclusion criteria were identified in the sampling, descriptors were identified, the search in the databases was carried out and articles were selected. The inclusion criteria were: articles published 2012 to September 2017; information in the title or abstract that indicates the use of traditional complementary practices with repercussion in the quality of life and / or indicative of depression in patients on hemodialysis; available online; in English, Spanish or Portuguese and with level of evidence II or III. Theses were excluded from the study; dissertations; review articles; pilot studies; letters; editorials; articles on practices directed to comorbidity and not to CKD; research on children, animals and validation.

Articles were searched for during the months of September and October 2017 on the Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online via the National Institutes of Health (MEDLINE / PubMed), Nursing Database: Brazilian Bibliography (BDENF), Web of Science (main collection) and SciVerse Scopus (SCOPUS).

The following combinations of descriptors and synonyms were used: ((("Chronic kidney diseases" OR "chronic kidney insufficiency" OR

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"chronic kidney disease" OR "chronic renal disease" OR "chronic renal failure" OR "chronic kidney failure" OR "chronic renal insufficiency" OR "end-stage kidney disease" OR ESRD)) AND (hemodialysis OR hemodialysis OR "renal dialyses" OR "renal dialysis")) AND ("health-related quality of life" OR "health related quality of life" OR "quality of life") e ((("Chronic kidney diseases" OR "chronic kidney insufficiency" OR "chronic kidney disease" OR "chronic renal disease" "chronic renal failure" OR "chronic kidney failure" OR "chronic renal insufficiency" OR "end-stage kidney disease" OR ESRD)) AND (hemodialysis OR hemodialysis OR "renal dialyses" OR "renal dialysis")) AND (depression OR "depressive symptom" OR "depressive symptoms" OR "depressive disorder"). Terms were derived from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH). We chose not to use the descriptor complementary therapies synonyms because many authors did not describe their practices as complementary therapy and, therefore, some studies would not be found.

A total of 8,771 articles were obtained with the first combination, and, with the second, 2,851. The preliminary selection was done by a researcher, from the reading of the title and / or summaries of the articles, with the application of the selection criteria. For the full reading, 36 articles were selected whose critical evaluation and categorization of evidence occurred together with another reviewer. The analysis was composed of 26 articles, 18 from the first combination LILACS=1; MEDLINE/PubMed=6: (BDENF=0: Web of Science=6; SCOPUS=4) and nine in the (BDENF=0; LILACS=0; MEDLINE/PubMed=3; Web Science=2; of SCOPUS=4), as can be seen in figure 1.

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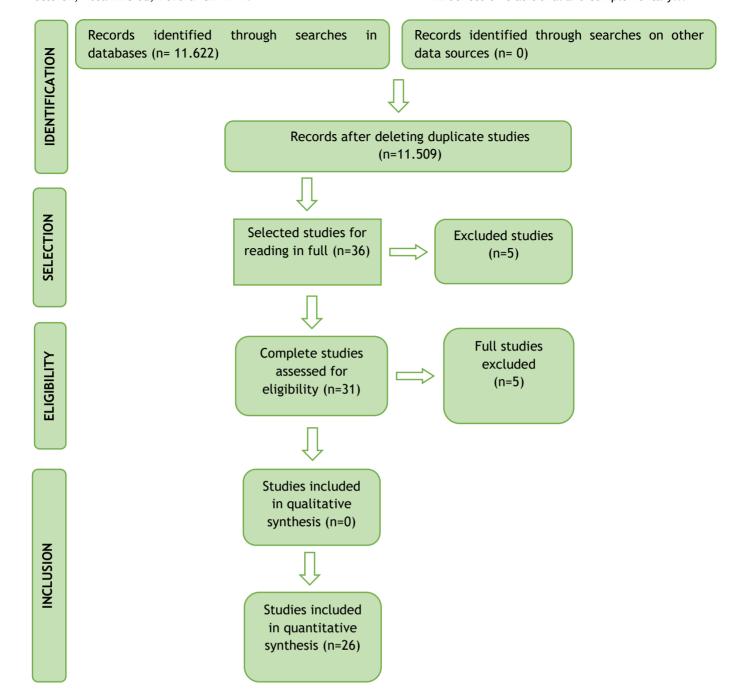


Figure 1. Flowchart of the process of identification, selection and eligibility of the articles that made up the review. Ijuí (RS), Brazil, 2017.

In the third stage, the following information was extracted from the articles: title, objective, method (place of study, sample, design, intervention, research instruments), level of evidence, results, conclusion / limitations.

The following classification levels proposed for intervention studies were considered for the categorization of the evidence: Level I - systematic review or meta-analysis; Level II - randomized controlled trials; Level III - controlled studies without randomization; Level IV - case-control or cohort studies; Level V - systematic review of qualitative or descriptive studies; Level VI - qualitative or descriptive studies and Level VII - opinions or consensuses. ¹⁷ It was preferred to use levels II and III publications because this research is a review, developing only primary studies and, mainly, to ensure greater evidence.

During the critical evaluation, the methodological suitability of the articles was verified. The Critical Appraisall Skills Program

(CASP), 18 was used to classify the articles into: 6 to 10 points - good methodological quality and reduced bias; minimum 5 points satisfactory quality and increased risk of bias. Only those with good methodological quality were evaluated in the analysis. Data was from the identification analyzed similarities, differences and critical evaluation of the repercussion of the intervention on quality of life and depressive symptoms. The results were synthesized in a descriptive way to favor the discussion. Inference was also mades.

It should be pointed out, as far as ethical aspects are concerned, that, since this was a review, it was not necessary to approve the Research Ethics Committee. The ideas and definitions of the authors of the analyzed productions were respected.

RESULTS

Twenty-six articles were analyzed, of which 19 (73.1%) had level II of evidence and

the rest, level III, which guarantees a strong level of evidence. It was verified that 12 were carried out in Iran (46.2%); three (11.5%) in Brazil; three (11.5%) in Taiwan and eight (30.8%) in different countries. The impact of interventions on QoL was evaluated in 15 publications (57.7%) and, concurrently, in QoL and depression, in three (11.5%). It was evidenced from these that the QOL of hemodialysis patients is impaired by kidney disease and / or dialysis, verified in the general score¹⁹⁻²² or in some dimensions such as health,²⁰⁻¹ functional capacity,²²⁻³

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energy/fatigue,¹² sleep quality,^{12,25} socioeconomic performance and family happiness.²⁰

The repercussion of traditional and complementary interventions in depression was explored in eight studies (29.6%), in which the depression scores ranged from 10.2 to 33.6, ^{14.26-30} with a mean of 21.8, which indicates a moderate level. The prevalence of mind-body (57.7%) and the low use of natural products (11.5%) were verified in relation to the implemented practices, according to table 1.

Table 1. Traditional and complementary practices implemented by health professionals to improve quality of life and depressive symptoms in patients on hemodialysis. Ijuí (RS), Brazil, 2017.

Traditional and Complementary Practice	Intervention	Number of publications (%)
Mind-Body Therapy	Muscular relaxation, music therapy, acupressure, Tai Chi, Pilates, counseling, educational activities, psychotherapy, combined techniques, multi-professional rehabilitation.	15 (57.7)
Physical therapy and other health practices	Physical exercises (aerobic / flexibility / strength).	8 (30.8)
Use of natural products	Nutritional supplementation, herbal granules and aromatherapy.	3 (11.5)
Total		26 (100.0)

It is noted that mind-body approaches benefited patients on hemodialysis with varied interventions, either in person or at a distance. These include, among others, educational activities, music therapy, psychological therapy, concentration exercises and others, with reduction of depressive symptoms and improvement of QoL, according to figure 2.

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Intervention	Main result
Progressive muscle relaxation	Decreased anxiety, fatigue, and improved sleep quality. ²⁵
Music Therapy	Reduction of stress, respiratory rate and severity of adverse reactions. ³¹
Listen to the Qur'an be recited	Reduction of depressive symptoms. ²⁸
Acupressure	Reduction of symptoms of depression, anxiety, stress and somatic. ²⁹
Tai Chi	Improvement of functional performance and dimensions of QoL: symptoms and problems, disease burden, disease effects and mental health. ¹³
Pilates	Improvement of general health (physical symptoms, anxiety, depression, social dysfunction). ³²
Counseling / educational activities (lifestyle, self-care, concepts, healing doubts)	Improvement of QoL, ^{19,21,33} higher in the psychological, physical, behavioral and social domains. ³³ Improvement in health status. ²¹
Telephone educational approach	Decreased anxiety, depression and stress. ²⁷
Cognitive Behavioral Therapy	Reduction of depression and increase in QoL. 14
Cognitive Behavioral Therapy via the internet	Increase of 80% in confidence for symptom management, improvement of depression, anxiety and QoL. ³⁴
Cognitive-existential therapy	Increased levels of hope and reduction of depressive symptoms. 26
Psychological approach combined with education and relaxation	Decreased depressive and anxious symptoms. ³⁰
Multiprofessional Rehabilitation	Improvement of QoL, 50% of semi-desirable to desirable. ²⁰

Figure 2. Results of mind-body approaches implemented to improve the quality of life and depressive symptoms of patients on hemodialysis. Ijuí (RS), Brazil, 2017.

It can be seen, still in relation to figure 2, that interventions with listening problems and health education can provide greater self-care on the part of the patient from the expansion of knowledge and ability to solve conflicts.

The results are presented regarding the implementation of physical therapies and

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other practices for health in figure 3. As physical interventions, programs of physical exercises, whether aerobic, strength, resistance or endurance were verified.

Intervention	Main result
Weathered physical exercise	Elevation of creatinine, reduction of urea and glycemia, increase in strength and QoL. ¹¹
Muscle strength-endurance exercise	Weight reduction, diastolic pressure, increased muscle strength, improvement of functional capacity and physical component. ³⁵
Endurance and endurance	31% improvement in physical function and increase in QoL. ²³ Improvement in cholesterol and triglyceride levels, physical and mental components of QoL, decreased anxiety, depression and the risk of falls. ²⁴
Aerobic exercise, flexibility and strength	Improvement of physical, functional capacity, symptoms and list of problems, burden and effect of renal disease. ³⁶
Aerobic exercise	Improved restless legs syndrome, QoL and decreased depressive symptoms. ³⁷
Aerobic and strength training	Improvement of physical function, physical functioning, body pain, general health and emotional well-being. 12
Strength versus Aerobic Exercise	Aerobic activity favored the clearance of urea and physical functioning, pain dimensions, symptoms, sleep, sexual function and energy / fatigue. Strength exercises increased mean social support, patient satisfaction, and overall health. ³⁸

Figure 3. Results of physical therapies and other health practices implemented to improve quality of life and depressive symptoms of hemodialysis patients. Ijuí (RS), Brazil, 2017.

It was found in publications that physical exercises promoted an improvement in the functional capacity and QoL of patients in several dimensions. With some programs, symptoms of depression and anxiety have been reduced, improving biochemical patterns.

Interventions with the use of natural products in patients with CKD were also evidenced in the literature analyzed, but these occurred to a lesser extent. The effects of its use are explained in figure 4.

Intervention	Main result
Ômega 3	Improvement of QoL, increase in HDL cholesterol and decrease in serum levels of vascular adhesion molecules. ³⁹
Ren Shen Yang Rong Tang	Improvement of physical, psychological, social and environmental health and anti-inflammatory effect. 40
Aromatherapy	Aroma of Cichorium Intybus improved overall health and overall QoL score. ²²

Figure 4. Results of the use of natural products to improve the quality of life and depressive symptoms of patients on hemodialysis. Ijuí (RS), Brazil, 2017.

It can be seen, also in figure 4, that the natural products, used in diverse conformations, whether in the form of supplement or aroma, have positive repercussions on the QoL, health and psychic state of the chronic renal patient.

DISCUSSION

In the results of this investigation, it is clear that, among the traditional and complementary practices applied to improve the quality of life and indicative of depression in hemodialysis patients, the mind-body prevailed. One works with the mind, however, there are bodily repercussions and physical symptoms. Part of the concept of harmony between mind and body for health.⁴¹ As

examples of this type of activity, psychotherapy, meditation, listening to music, dancing⁴¹, yoga, tai chi, qigong and others that use physical movements associated with training attention or progressive relaxation.⁴²

In a study that implemented a program of progressive muscle relaxation for eight weeks, a decrease in anxiety and an improvement in sleep quality of patients the were demonstrated.²⁵ Music therapy was also perceived as an activity that provides relaxation. The decrease in cortisol levels was observed when listening to instrumental music, from 60-80 beats / min, during one week, with the reduction of stress, the severity of adverse reactions and the improvement of the saturation of hemodialysis

patients.³¹ He associated the lowest cortisol level at the highest rate of cardiovascular survival at five years in the Kaplan-Meier estimate.³¹ It was also observed, in this sense, that listening to the Qur'an, recited in the first 20 minutes of dialysis, for a month, "Ya-Sin" chapter, with the voice of Shateri, promoted the decrease of depression in Muslims.²⁸ It is noticed that simple actions, such as stimulating relaxation or listening to sounds in calm tones, can provide the patients' well-being.

improvement the of functional performance of the patients and dimensions of the QoL symptoms problems, disease overload, disease effects and mental health were verified with the execution of Tai Chi in the dialysis unit and at home for 12 weeks. 13 Pilates was shown in three sessions per week for eight weeks, with better overall health (physical symptoms, anxiety, depression, social dysfunction and overall score).32 From this, we understand the physical and mental benefits that bodily practices that require concentration can provide.

The total score of Depression Anxiety Stress Scales-21 (DASS-21), from 34.37 +22.61 to 27.04 +20.3, was reduced in research with undergoing hemodialysis patients acupressure at points Yin Tang, Shenmen and Taixi for 15 minutes three times a week for four weeks. The decrease in the mean values of psychological stress, from 26.93 + 13.75 to 18.96 +11.9, as well as the decrease in somatic symptoms, insomnia / anxiety and severe depression.²⁹ It is understood that acupressure may be a technique used as an alternative for the care of physical and emotional symptoms.

With 12-week face-to-face education, the participants' knowledge increased, their health status improved, the consequences of CKD were reduced, and the mean QoL scores increased.²¹ In a similar intervention, directed to self-care, and in another with counseling, solving family problems and stimulating coping and individualized education, with benefits in all aspects of QoL: health and functionality; social and economic; mental and spiritual and family. 19,33 Among the results of a telephone educational approach, the participants' anxiety, depression and stress reduction were presented for 30 days.²⁷ It is inferred that such interventions stimulate the self-care, the confrontation of problem, the responsibility of the patient for the own health and that are effective even the distance.

In a study that evaluated the application of Behavioral Cognitive Therapy during

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hemodialysis, a significant decrease in the prevalence of depression was observed with the course of the sessions. It was verified, in six months, the increase of the mean of the subjects' QoL around 11-12 points.14 It was also analyzed its efficacy via the internet and it was observed that in eight weeks, the patients' confidence in the management of symptoms increased by 80%, improving depression by 34%, anxiety by 31%, by 26% the distress, in 12% to QoL, and reducing, by 30%, the perception of losses related to renal disease.³⁴ Based on these data, we think about the importance of the application of this therapy as part of the care for patients with CKD, when considering the reduced QoL, the prevalence of depression and the risk of suicide among them. It is added that distance does not seem to be an obstacle to the effectiveness of the intervention when considering technology as an ally.

The use of multiprofessional techniques (psychotherapy, nutritional education and self-management program) with improvement of the QoL of the participants was also demonstrated among the mind-body therapies, with 50% moving from the semidesirable level to the desirable level.²⁰ In combined (psychoeducation, problem management and muscle relaxation), a significant reduction in depressive symptoms was identified from 10.22 ± 3.40 to 8.33 ± 3.72 after the intervention.³⁰ It is inferred that combined techniques or the performance of different professionals can guarantee the effectiveness and completeness of the care required by the chronic kidney patient.

It can be affirmed that the results of interventions with mind-body therapies evidenced the promotion of mental well-being with physiological repercussions and bodily sensations. Interventions that empower individuals to understand illness, treatment, feelings and feelings, extend their ability to solve problems and adapt to situations, with repercussions on physical, psychological and survival symptoms.

It is important to note that, in relation to the use of natural products, few studies have evaluated the impact on QoL and the depressive symptoms of the chronic renal patient. Among these herbs, vitamins, minerals and probiotics are easily accessible to consumers. It is understood that use in CKD is restricted because many active compounds are unknown, as well as the potential for toxicity, although they appear to act to decrease disease progression. 43

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It was evidenced, in study, that omega 3, after six months of use, promoted an increase in the QoL score from 54.0 to 65.5; of HDL cholesterol, from 33.3 to 42.5, and the decrease in serum levels of vascular adhesion molecules, which confirms vascular protection and well-being. It was identified, in intervention with supplementation, from herbal granules with Ren Shen Yang Rong Tang (RSYRT), consisting of Radix Astragali, RadixGlycyrrhizae Rhizoma Atractvlodis Macro-cephalae, among others, common in Chinese traditional medicine, improving QoL of patients in the physical, psychological, social, and environment dimensions. There was also an improvement in albumin levels, a decrease in interleukin-6 and a tumor necrosis 40 which confirms its inflammatory properties and the improvement of QoL.

Among the uses of natural products, the application of aromatherapy with essential oil of Cichorium Intybus (chicory) was evaluated. The use of wipes with the essence for hand and face cleaning three times a day for four weeks was implemented. There was an improvement in the overall QOL score, particularly in the general health dimension.²²

It is understood that natural products are still rarely used by hemodialysis patients; they can present in different ways (essential oil, supplement and others) and deserve further investigation, however, as well as other traditional and complementary therapies, favor the perception of QoL.

Results of physical therapy and other health practices have also emerged, and these constitute, respectively, approaches with physical movements⁴¹ and actions that reduce the individual risk of developing diseases.⁹ In the studies analyzed, , various physical exercise programs, during or after hemodialysis.

In eight weeks, resistance to exercise was observed for eight weeks, elevation of creatinine, reduction of urea and glycemia, and improvement of strength and QoL. ¹¹ A decrease in body weight and diastolic pressure by 5.7%, improvement of the physical component by 18.4%, and functional capacity by 5.7% was identified, in a study with strength-endurance exercises, the same duration.³⁵

In another study with combined resistance and endurance training over a period of six months, 31% of physical function and QoL gain of the participants were revealed. In a similar practice, for four months, improved physical capacity, blood pressure, HDL cholesterol, LDL, triglyceride, and physical

and mental components of QoL, and decreased anxiety, depression, and risk of falls from 35% to 0 %.

It was found in a program with aerobic exercise, flexibility and strength, allied to case management, in the home and dialysis center, for 12 weeks, improvement of functional capacity, symptoms and list of problems, burden and effect of renal disease.³⁶ The effects of aerobic exercise, the use of dopamine and placebo on the symptoms of restless legs syndrome were compared in a study, showing that six months of interdialytic exercise or dopamine use also improved symptoms and QoL the physical component. The reduction of depressive symptoms and the severity of the syndrome were obtained with exercises, which is negatively related to QoL.³⁷

In another investigation, the exercise of strength in relation to aerobic was analyzed, and training with either of them during six weeks improves respiratory muscle weakness and exercise tolerance. It was identified, however, that aerobic activity favored the cleanceance of urea and QoL, physical functioning, pain, symptoms, sleep, sexual function and energy / fatigue and that strength exercises increased the scores of social support, satisfaction of the patient and general health.³⁸

perception The of patients under hemodialysis treatment inserted in an exercise program was highlighted. participants' positive perception was shown in research: improvement in interpersonal relationships; cheerful atmosphere; disposition; good mood; welfare; increased cardiopulmonary and decreased cramps and improved sleep.44

With the data analyzed, it can be understood that physical exercise, both during hemodialysis sessions and at other times and environments, whether strength, aerobic or resistance, can improve physical condition and functional capacity, with reduction of physical symptoms, particularly fatigue, and psychic, with positive implications in daily activities, biochemical levels, health and QoL of patients undergoing hemodialysis.

It should be noted that the studies analyzed also clarify that impaired QoL in chronic renal patients is related to decreased functionality, ¹⁹ to reduce muscle mass, ¹¹ fatigue, ²⁵ to sleep disorders, ³⁷ loss of hope, wrong beliefs, ²⁶ to anxiety and depression. ^{27,32} In the literature, the high prevalence of depression and the association with the risk of suicide, are evidenced, ²⁹ complications, mortality and reduced QoL. ^{14,30} It is noticed

that the identification of the association between QoL, depression and other related factors in CKD reinforces the need for therapies with diversified, holistic approaches that go beyond conventional health practices.

It is understood that this research provides the visualization of effective innovations in the care for the chronic renal patient, other known and simple application, with important repercussions on the life and health of the subjects. On the other hand, it is identified as a limitation the non-incorporation of qualitative studies that, in turn, could reflect more clearly the patients' perception of the impact of the interventions in their living, as well as the small number of publications found relative to the use of natural products.

CONCLUSION

It is concluded that the traditional and complementary practices most implemented for the hemodialysis patient were mainly mind-body approaches, which promoted wellphysiological repercussions being, empowered the subjects to face problems and to adapt. It was also identified the use of physical therapies and other health practices, which reduced physical, psychic symptoms, physical condition, capacity, health and QoL. To a lesser extent, natural products were used which, although worthy of further investigation, proved to be beneficial for QoL. It is understood that this study brings innovative possibilities to take care of the patient in hemodialysis with quality and stimulates new researches.

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