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Quality of life in chronic hemodialysis patients**Imane Failal, S Ezzaki, N Mtioui, S El Khayat, M Zamed, G Medkouri, MR Benghanem and B Ramdani**

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Objective: The evaluation of quality of life is a new approach to the patient with ESRD. The goal of this work is to investigate the QOL of patients by KDQoL-SF 36 scale Tm and objectify factors influencing this quality.

Method: This is a cross observational study conducted between July to September 2019, including 78 chronic hemodialysis patients assessed by a specific questionnaire kidney disease translated and validated in Arabic dialect: KDQoL-SF36 Tm. The socio-demographic and clinical data that may influence QOL were collected from the patient's medical record. The search for predictors of QOL was conducted by a united analysis and multi varied.

Results: The average age of patients was 45.78+/-15.20 with a sex ratio 0.92. Over 50% of patients did not have their bachelor's degree and 85.9% unemployed 4% having a stable job and 2.6% more students; causal nephropathy was undetermined in 52.6% of cases. The average length of hemodialysis was 8.34+/-6.07 years and the majority of patients enjoyed three sessions/week. 47% of our patients had anemia. In univariate analysis, the comparative study of the various components of the score found statistically significant association between the mental component of the scoring and age, le niveau study and the socioeconomic level of quality dialysis (Kt/V). For cons, the length of the MR and anemia were associated with greater weight in the RM and the physical component. In multivariate analysis, the presence of CVD has increased the risk of poor QOL on Plan symptoms and consequences of MR and age >60 years has increased the risk of poor QOL. On the contrary, having a profession is a good QOL factor in terms mental and seniority in HD >5 years was positively impacted QOL physically. QOL is a complex concept which results from an interaction of several components, which explains the multiplicity of scales and assessment scores.

Conclusion: This study provides an understanding of the factors that are associated with quality of life in HD patients. Low QOL among HD patients is closely associated with a higher risk of morbidity and mortality.

Biography

Imane Failal is a Nephrology Resident at the ibn rochd university and hospital center in Casablanca, Morocco