

Assessment of health-related quality of life and associated factors in end stage kidney disease patients on haemodialysis of a tertiary hospital in Northern Sri Lanka

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Background: The current epidemic in Sri Lanka is seen with an exponential rise in the number of end stage kidney disease (ESKD) patients.

Aims: To assess health-related quality of life (HRQOL) and associated factors among ESKD patients undergoing haemodialysis at the Teaching Hospital, Jaffna, Sri Lanka

Methods: This cross-sectional study was conducted among all 108 patients who attended the Renal Unit of the teaching hospital over a period of three months. Their HRQOL was assessed using KDQOL-SF™, which has been validated for Sri Lanka. The questionnaire consists of 19 domains and a 100-point scale categorized into three components: physical component summary (PCS), mental component summary (MCS) and kidney disease component summary (KDCS). The PCS and MCS are generic SF-36 instruments, and the KDCS is a kidney disease-specific instrument. The score of each HRQOL question ranges from 0 to 100. Using the mean, HRQOL was categorized into three groups: >1 SD above the mean as 'good', mean \pm 1SD as 'fair' and mean score below 1 SD as 'poor'.

Results: According to the KDQOL SF-36 scores, 19.4% of the patients had poor HRQOL, 63.9% had fair HRQOL and 16.7% had an excellent HRQOL. Diabetes (40.7%) and hypertension (22.2%) were the leading causes for CKD among the patients. The mean systolic blood pressure was 166.14 (SD=27.95) while 93.5% had suboptimal haemoglobin. Advanced age ($p<0.001$), poor economic status ($p=0.01$), marital status ($p=0.028$), educational status ($p=0.02$) and absence of arteriovenous fistula (AVF) ($p<0.003$) significantly affected the QOL. Further, it was low among those having suboptimal haemoglobin ($p=0.05$). However, dialysis frequency ($p=0.16$) and duration ($p=0.24$) did not significantly affect their QOL.

Conclusions: Health authorities should focus on maintaining haemoglobin status, optimal control of blood pressure and early AVF creation in ESKD patients. Especially in developing countries, though challenging, measures to improve educational and economic status should be considered in view of improving HRQOL.

Key words: End stage kidney disease, Haemodialysis, Health related quality of life

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