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# PATIENT-REPORTED OUTCOMES IN CHRONIC MAINTENANCE HAEMODIALYSIS PATIENTS: A CROSS-SECTIONAL MULTI-CENTER STUDY

Tatiana Talya Fleishman<sup>1,2</sup> Jacob Dreihier<sup>2,3,4</sup> and Pesach Shvartzman<sup>2,3,4</sup>

<sup>1</sup>Ministry of Health, Israel

<sup>2</sup>Ben-Gurion University of the Negev, Israel

<sup>3</sup>Clalit health services, Israel

<sup>4</sup>Soroka university medical centre, Israel

**Background:** Maintenance haemodialysis (MHD) does not always elevate dialysis symptoms. Information about symptoms' burden and control can be useful for developing adequate MHD patient's services.

**Objectives:** To characterize and examine the presence and burden of dialysis symptoms among MHD patients, and their correlations with age, time on dialysis, daily function, co-morbidity, depression and quality of life.

**Methods:** A multi-center, cross-sectional study of 336 MHD patients was done. The study tools included: dialysis symptom index (DSI); kidney disease quality of life short form (KDQOL-SF); mini international psychiatric interview (MINI); functional independence measure (FIM); Karnofsky performance status scale (KPS); Charlson's co-morbidity index (CCI); montreal cognitive assessment (MoCA) for screening. Data were collected using patients' and nephrologists' interviews.

**Results:** The burden of symptoms was found to be positively and consistently associated with time on dialysis >24 months and the presence of major depression, and inversely associated with daily function and the quality of life. In multivariate quantile regression models, time on dialysis >24 months was associated with an increase in the OBS and OSSS by 2.3-3.1 points and 8.6-11.6 points, respectively. Depression was associated with an increase in the OBS and OSSS by 7.3-7.5 and 30-40 points, respectively. An increase in the burden of symptoms was associated with a decrease in daily function and in quality of life metrics.

**Conclusions:** In addition to providing haemodialysis treatments, clinical and research resources should be directed at controlling of symptoms in MHD patients. Controlling symptoms, while providing multidisciplinary personalized care, may contribute to the patient's quality of life.

talya.fleishman@moh.gov.il  
fleishmantalya@gmail.com