“QUALITY OF LIFE (QoL) IN CKD PATIENTS:-

Different Treatment Regimen”

BY- DR. SRISHTE SARAF
ROLL NO- 1628

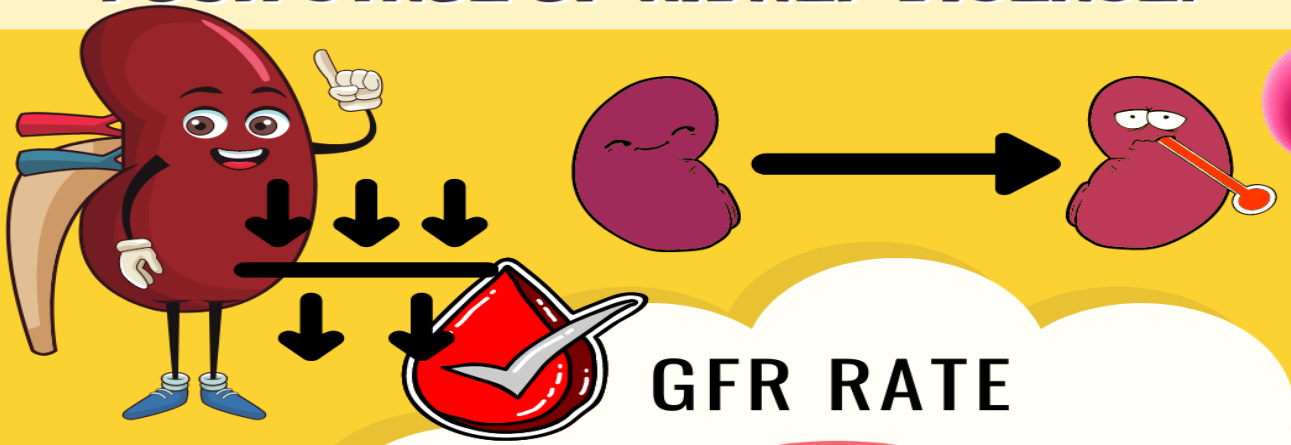
WHAT IS CKD?

- CKD is a serious disease process that, apart from shortening life expectancy, seriously worsens patients' quality of life. The objective of this study was to find out the quality of life of patients who received different modes of treatment: haemodialysis, peritoneal dialysis, and conservative treatment.

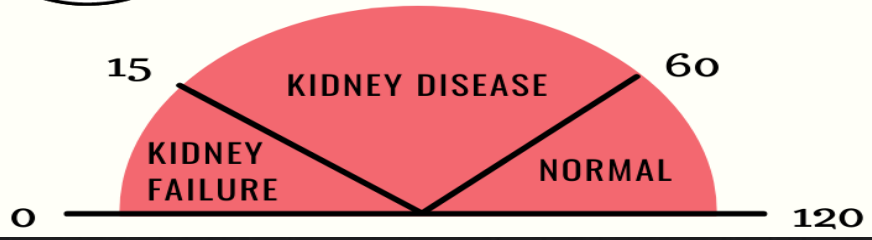
- In this study, many dimensions related to QoL will be evaluated at length, such as physical, emotional, social, and economic, to give insight into how various treatment modalities affect CKD patients' lives.

- CKD has a bearing on the patients' QOL. Hence, it provides adequate assessment of the different treatment modalities. QoL in patients with CKD undergoing haemodialysis, peritoneal dialysis, and those under conservative treatment have been explored in this thesis.

GLOMERULAR FILTRATION RATE IS A MEASURE OF HOW WELL YOUR KIDNEYS FILTER BLOOD AND DETERMINES YOUR STAGE OF KIDNEY DISEASE.



GFR RATE



World Kidney Day

Stage 1, can be normal or high GFR, GFR > 90 mL/min

Stage 2, this is Mild CKD, GFR = 60 to 89 mL/min

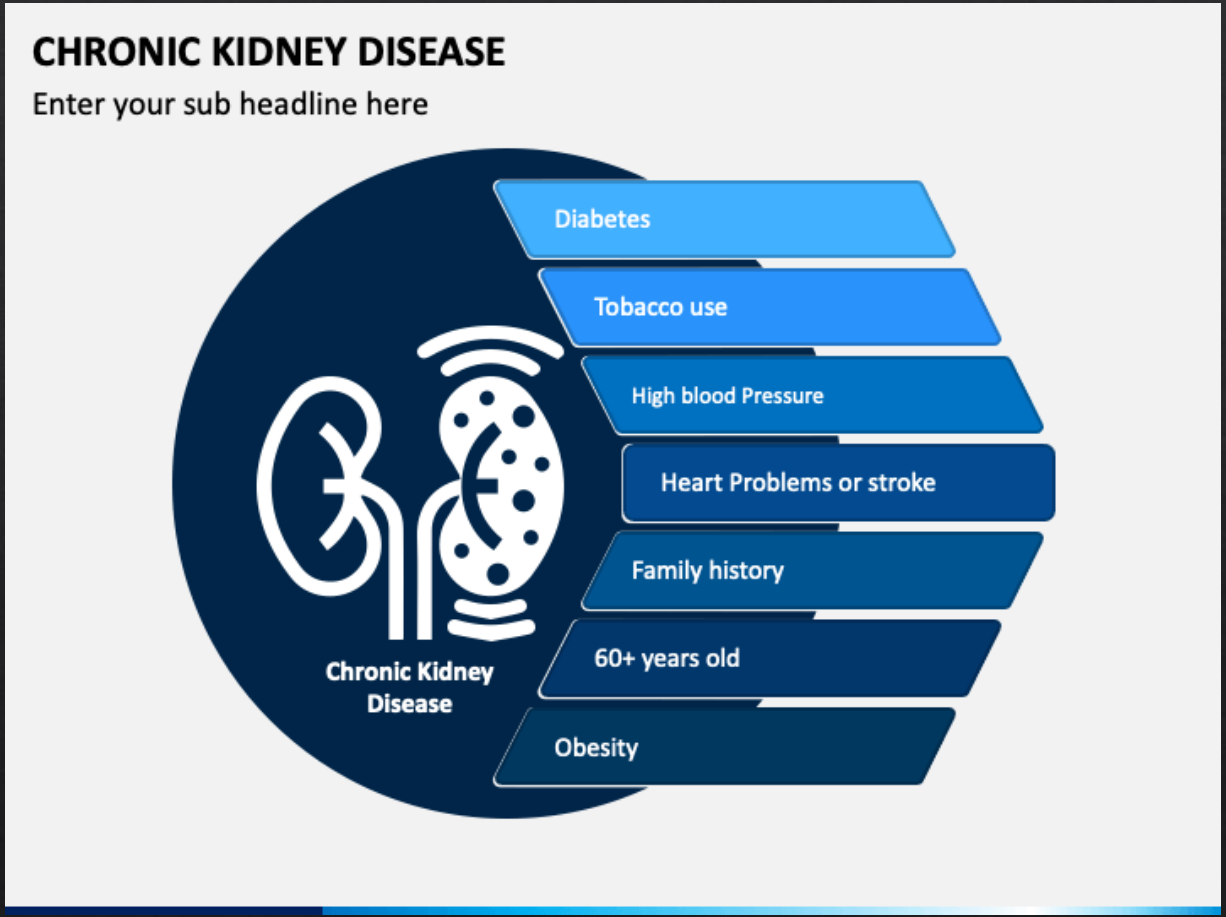
Stage 3- this includes Moderate CKD, GFR = 45 to 59 mL/min

Stage 3(B) here Moderate CKD, GFR = 30-44 mL/min

Stage 4 here severe CKD, GFR = 15 to 29 mL/min

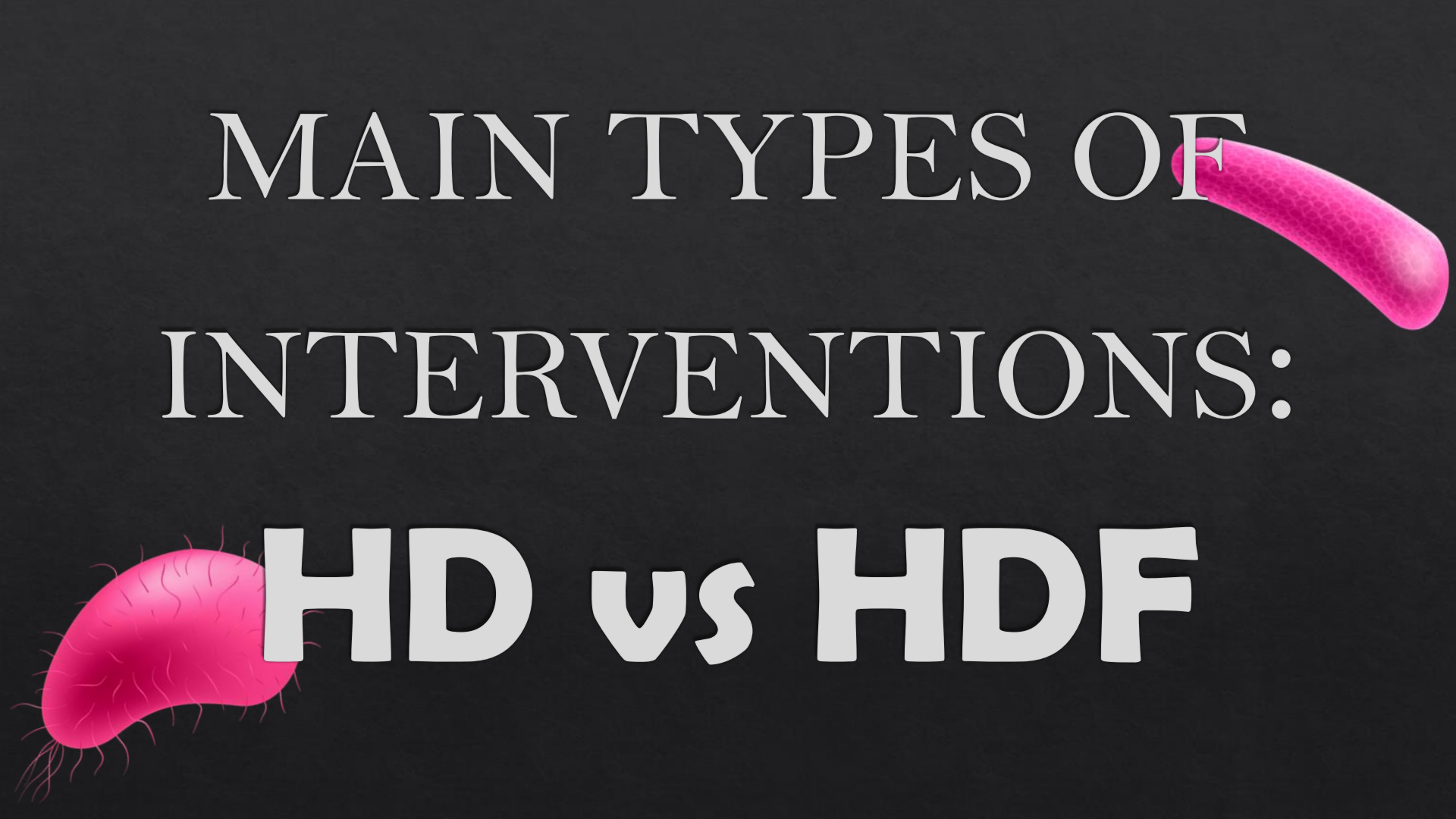
Stage 5 Last end Stage of CKD, GFR <15 mL/min)

RISK COMPONENTS: -

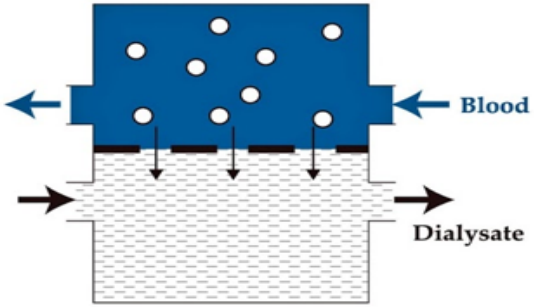


MAIN TYPES OF INTERVENTIONS:

HD vs HDF



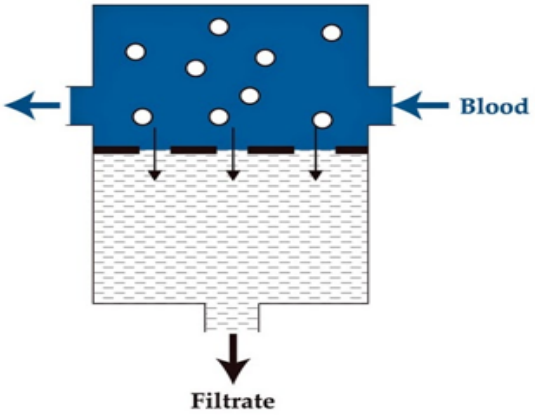
Haemodialysis



Uses semi-permeable membrane

- An intermittent process – e.g. 3 short sessions per week.
- Fast flow rate using a pump enabling processing of big blood volumes.
- Rapid clearance of low molecular weight solutes by diffusion. Comparatively little loss of fluid.
- Speed and clearance of solutes determined by molecular size, osmotic pull across membrane and flow rate.

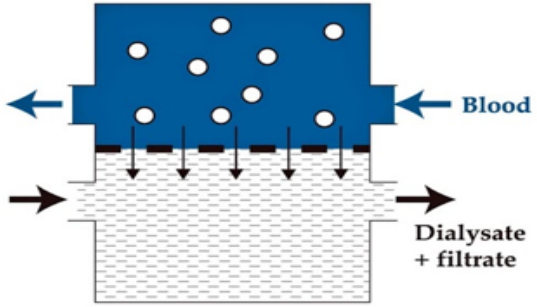
Haemofiltration



Uses highly permeable membrane

- Slow flow rate of blood but a continuous process therefore large volumes of fluid removed.
- Solute removal by filtration ("sieving").
- Pump not needed if blood is supplied from an artery and feeds back to a vein. A pump is used if blood originates from a vein.
- Larger pores in the membrane than in haemodialysis so clears comparatively more medium molecular weight solutes.

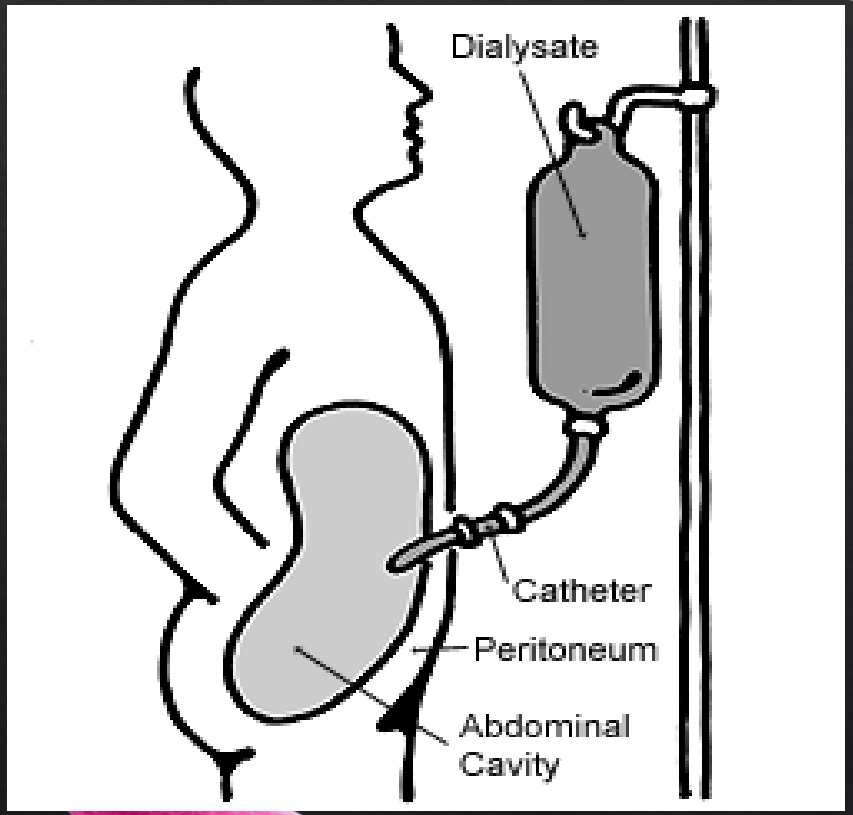
Haemodiafiltration



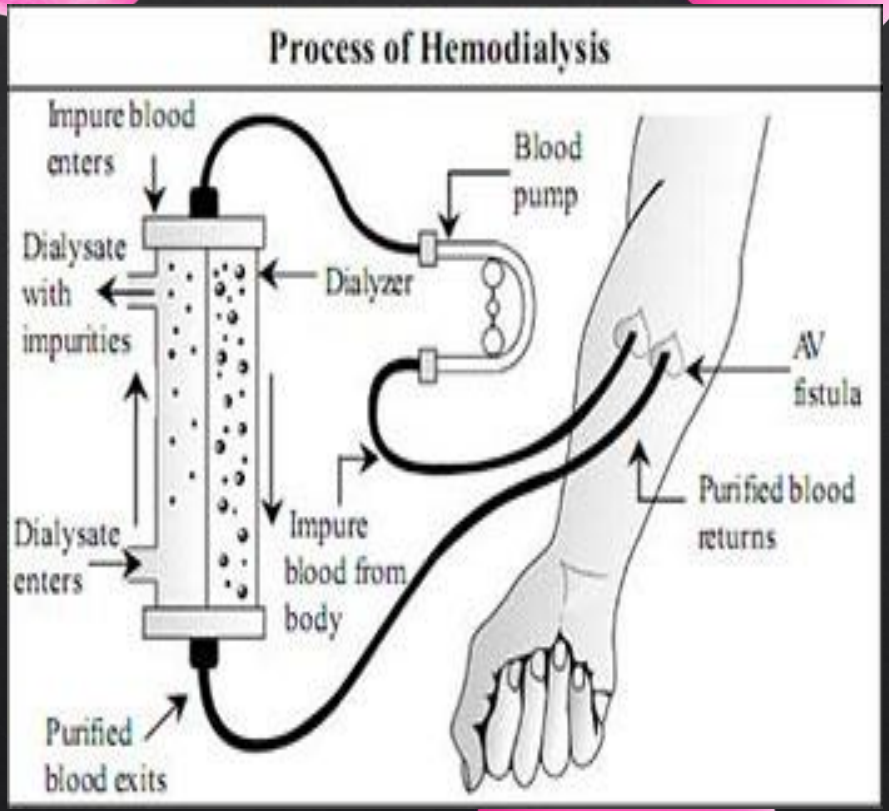
Uses permeable membrane that allows diffusion (various techniques are used to achieve this)

- Adopts elements of dialysis and filtration.
- The membrane allows both dialysis diffusion and filtration.
- It is a continuous process in a critical care setting.
- Blood is pumped if a venous-venous connection is made, but not if there is an arterio-venous connection (less common).
- It is the most effective at removing solutes.

- **PERITONEAL DIALYSIS**



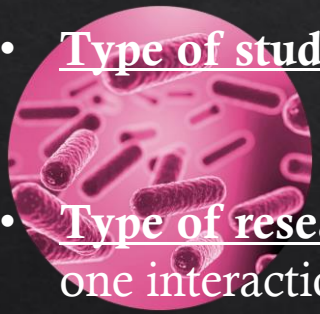
- **HAEMODIALYSIS**



RESEARCH QUESTION

1) **What is QoL for patients suffering from CKD?**
2) **Why is quality of life so important and how can we increase it.**

- **Study design** –The study design of this research paper is quantitative in nature Data will be collected from a representative sample of participants using a structured questionnaire consisting of 15 questions.



- **Type of study**: It is a type of *Cross-sectional*, descriptive study in nature.

- **Type of research** – The type of research done is primary research using mainly one to one interaction with the patient and by the patient records.

- **Study tool-** A questionnaire was formed and asked to patient and their relatives using various parameter related to the treatment they are undergoing and about its significance & awareness to the patient.

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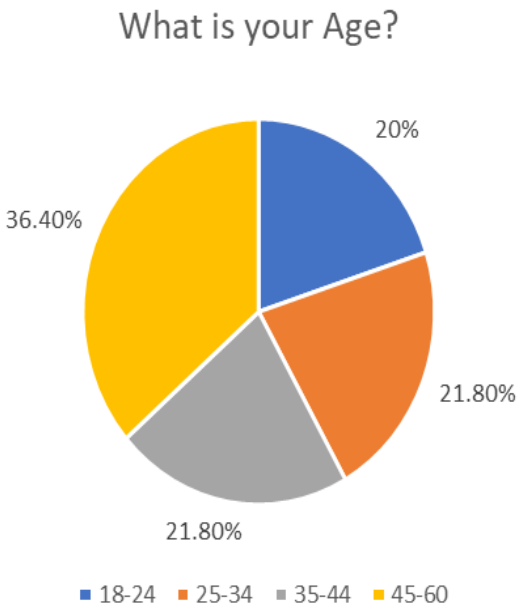
- **Study population-** Individuals having CKD stages between *Stage 3 to End stage* between 18-60 years of age were considered for the survey.

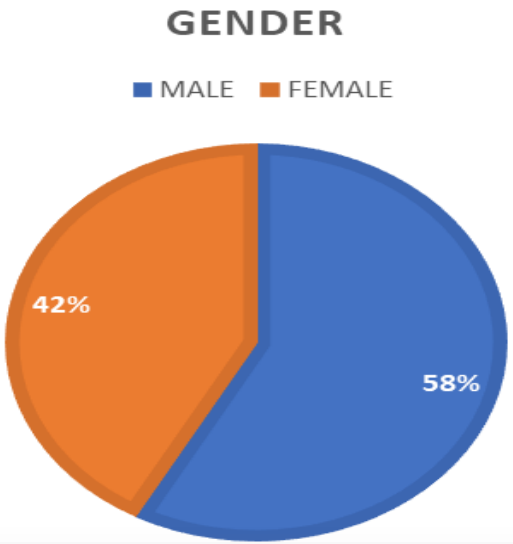
- **Inclusion Criteria**: All females and males between 18-60 years were included for the study of the survey circulated.

- **Exclusion Criteria**:
  1) Males & females below 18 years or above 70 years of age were excluded for the study of the survey circulated.
  2) Patients who were having eGFR greater than 30/ml/min.
  3) Serum creatinine level less than 2mg/dL.

Q-1

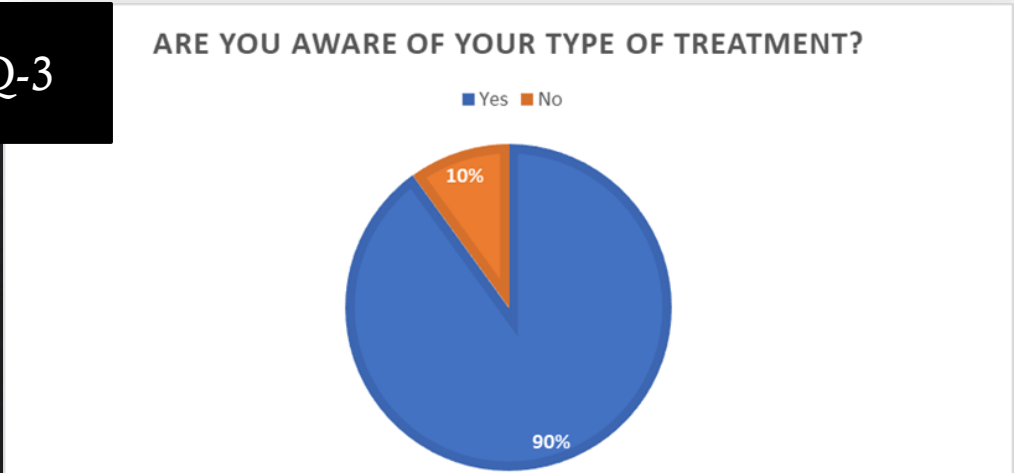


Q-2

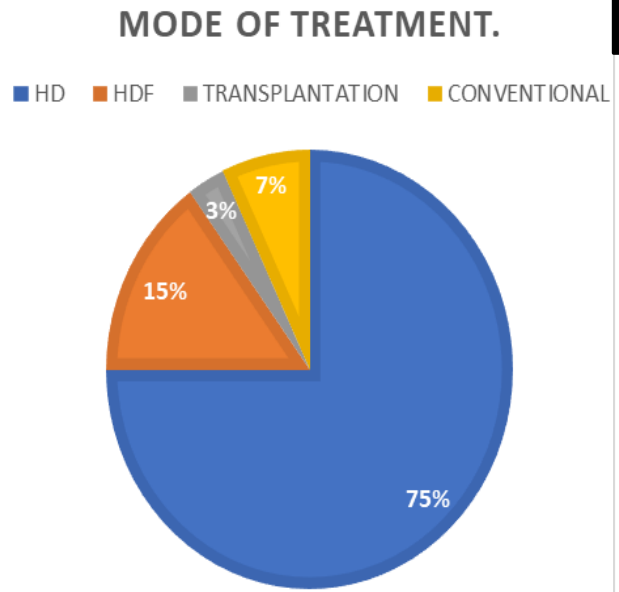


RESULTS: -

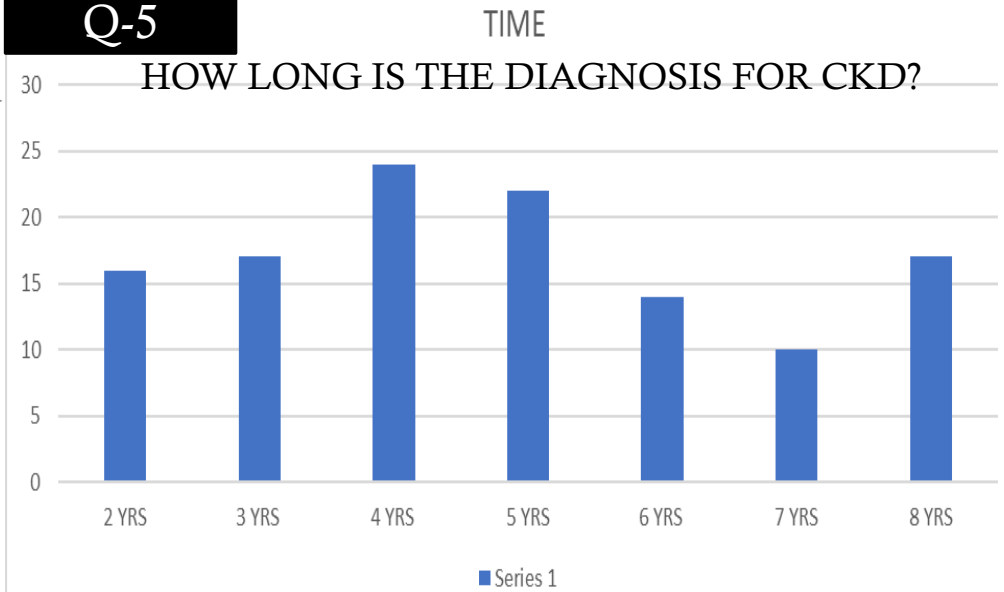
Q-3



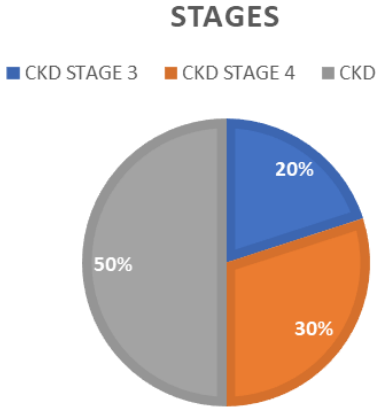
Q-4



Q-5

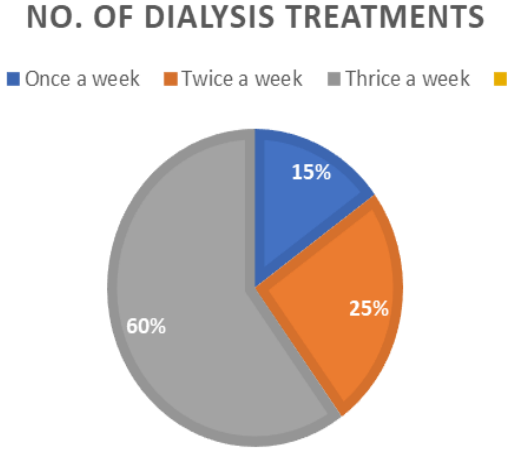


Q-6

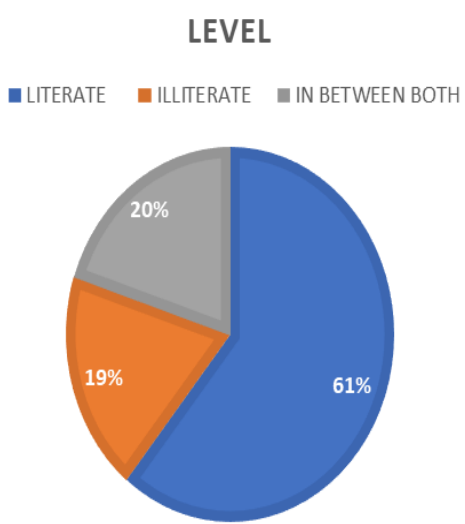


RESULTS:-

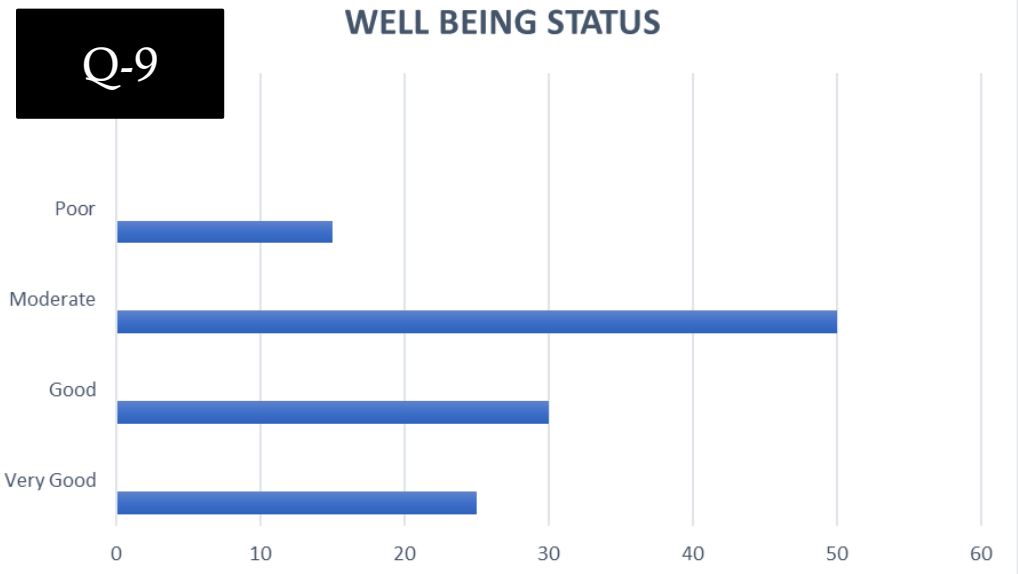
Q-7



Q-8

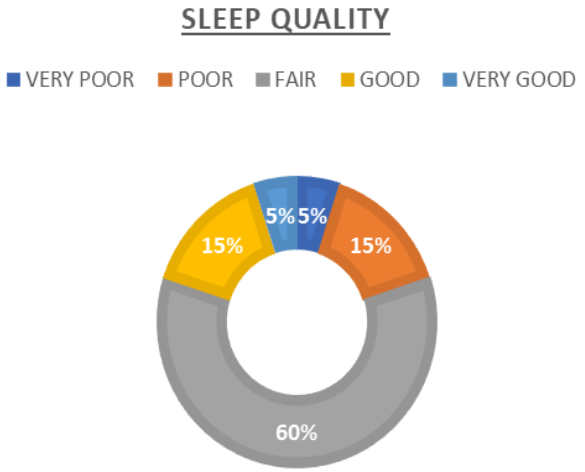


Q-9

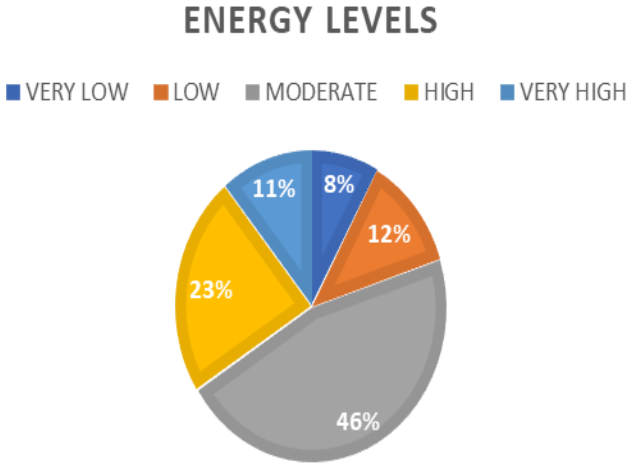


RESULTS: -

Q-10



Q-11



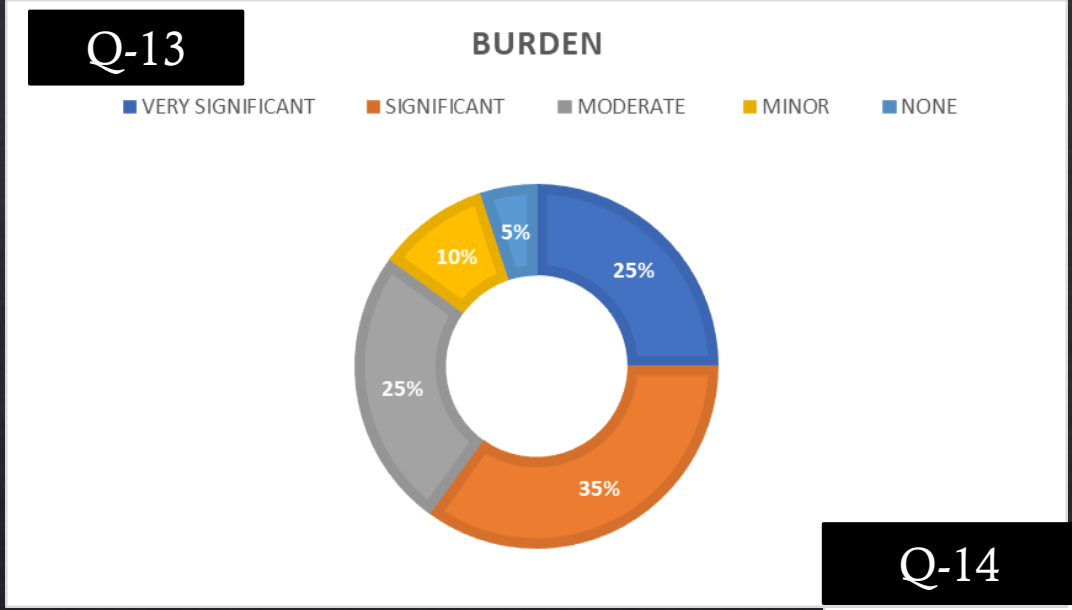
Q-12

Do you feel you have access to adequate support services (e.g., social worker, therapist) to help you manage your CKD?

YES: - *70%*
NO: - *30%*

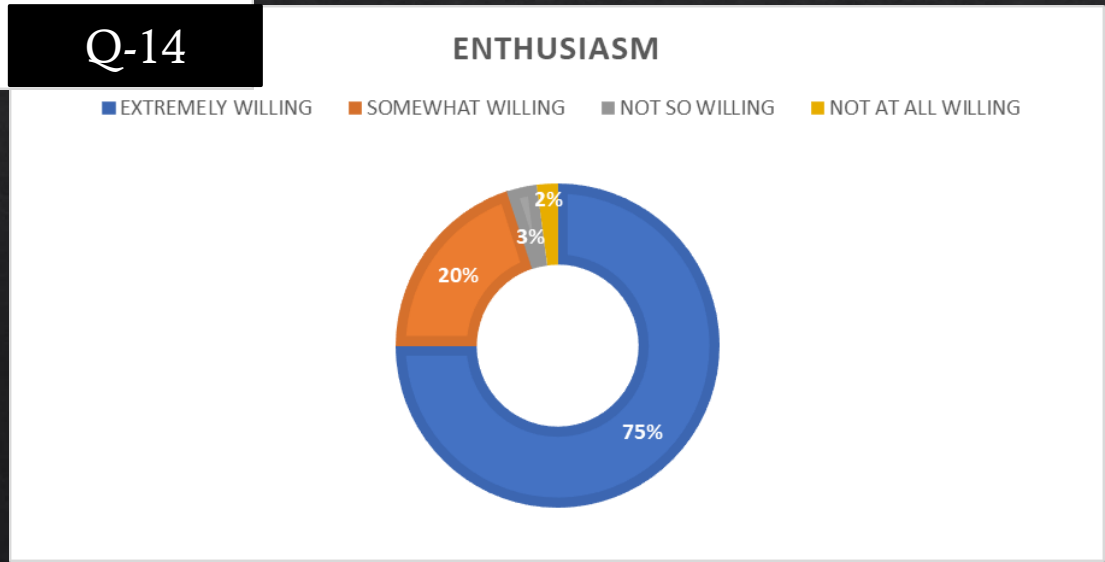
RESULTS: -

Q-13



FINANCIAL BURDEN

Q-14



LEVEL OF ENTHUSIASM

"CONCLUSION & RECOMMENDATIONS"

- For patients with CKD, **awareness and comprehension of the treatment procedures** are very important in their quality of life.
- The stage and length of CKD are very determinant in-patient experiences and outcomes.
- Better health outcomes and quality of life can be achieved through **improved education and support of these patients.**
- Identification of **demographic patterns aids in targeting interventions better.**
- Patients who are **more educated and employed tend to have a greater understanding of their disease and treatment.**
- **Continuous assessment with individual care** is an essential step to achieve maximum wellness among patients with CKD.
- **Emotional and psychic support should be provided** for reducing the stress of CKD.
- It has been discovered that the **greater a patient's knowledge about the condition and treatment options, the better job employment rate among the educated patients**.

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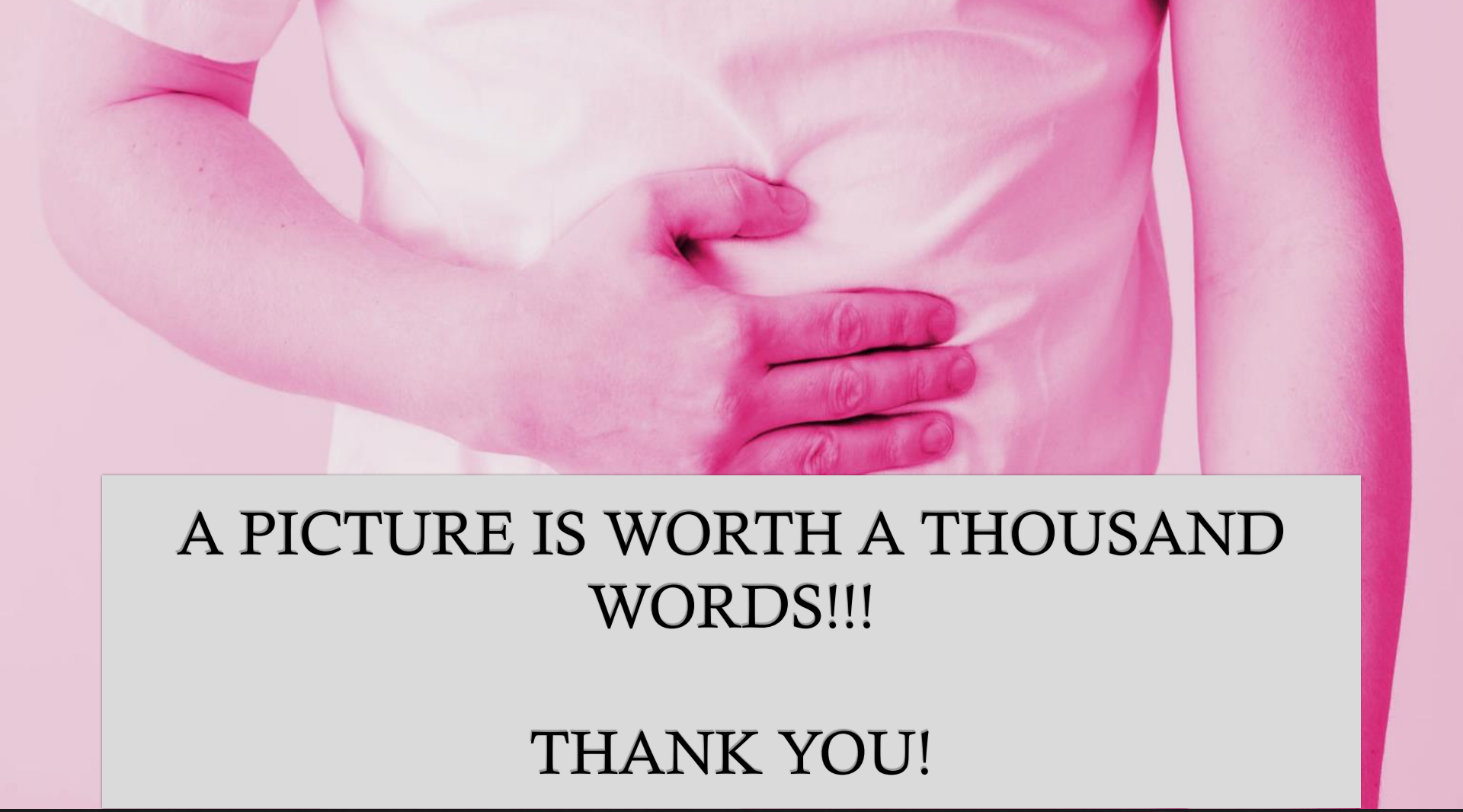

A PICTURE IS WORTH A THOUSAND WORDS!!!

THANK YOU!