

Quality of Life in Patients with Chronic Renal Failure and Peritoneal Dialysis: Analysis from Nursing Knowledge

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Abstract:- The main objective of this research was to determine the quality of life in male patients between 45 and 60 years old who have chronic renal failure and who are receiving peritoneal dialysis treatment. The study was carried out at the Dr. Roberto Nettel Flores ISSSTE Hospital Clinic, Tapachula, Chiapas, Mexico. It was developed under a methodology with a qualitative approach, exploratory scope, and positivist design. The development of the theoretical perspective was based on nursing theories and models. Among the main findings is the fact that patients perceive themselves as vulnerable; but also lack of knowledge of both the condition they present and the care they should take when treated with peritoneal dialysis.

Keywords:- Chronic Kidney Disease, Peritoneal Dialysis, Quality of Life.

I. INTRODUCTION

Chronic Kidney Disease (CKD) is a term used to refer to a group of heterogeneous disorders that affect the structure and function of the kidney; It presents diverse manifestations depending on the cause and severity. Specifically, Chronic Kidney Failure (CKD) is defined as the presence of a glomerular filtration rate (GFR) <60 ml/min/1.73 m² or evidence of kidney damage through markers that have been present for three months or more, markers such as albuminuria, urinary sediment abnormalities, altered electrolytes and other abnormalities due to tubular disorders, abnormalities detected by histology, structural abnormalities detected by imaging or history of kidney transplant (Zamora, 2020).

CKD is considered a pathology with no possibility of cure, rapid evolution and progressive, triggering various reactions for patients. According to the WHO (2020), quality of life is the appreciation that each person has of their health and life, which considers their characteristics, objectives, and concerns. This concept encompasses organic health, the emotional state, the level of autonomy, the social ties of the individual and their connection with the environment to

which they belong. In patients with CKD, quality is affected, considering both organic problems and the urgent adaptation of lifestyle habits.

In this regard, there are various living conditions, as well as the ways in which each person is linked to their environment and the people around them. To define it, it is necessary to consider culture, economic income, family structure, physical capacity, environment and working condition that will make your lifestyle attractive (Costa et al, 2016).

In recent decades, death from CKD increased by more than 50%, going from a rate of 294.25 per 100 thousand inhabitants in 1990, to a rate of 431.32 deaths per 100 thousand inhabitants in 2012, which represented 56.57% of all deaths for Mexico due to this cause (Alvarado, 2020).

Dialysis is defined as a replacement treatment, whose main function is renal clearance. Peritoneal dialysis is a home treatment, performed by the patient himself after a training period to achieve purification of the peritoneal membrane (Gómez, 2006).

In patients with peritoneal dialysis there is a decrease in the production of erythropoietin and because of this, patients can suffer from anemia, protein-calorie malnutrition and it is the most important cause of morbidity and mortality in these patients (Alarcón-Rosales, 2007).

Dialysis treatment and the chronic evolution of CKD expose the patient to complex situations that alter their daily life, leading to conditions of stress, social isolation, limitations in their locomotion, dependency, feelings of fear and insecurity in relation to their life (Costa et al, 2016).

Therefore, it is common for patients with peritoneal dialysis to present adaptation problems because one of the main functions of the kidney is the excretion of the final products of metabolism such as urea, creatinine, and uric acid, guanidine compounds, elimination, and detoxification

of medications, as well as the homeostasis and blood pressure of the body (Alarcón-Rosales, 2007).

Thus, the main objective of this study was to know the quality of life in patients between 45 and 60 years old who have chronic renal failure and who are receiving peritoneal dialysis treatment. The analysis of the results found was carried out from the theoretical perspective in nursing.

For nursing, the study of the individual's quality of life is important since it allows a comprehensive approach to patient care. To have knowledge of the quality of life, it is necessary to internalize the effect of CKD and therapy, elements that are useful for the search for the patient's well-being and genuine care for them.

II. METHODS

The present study was carried out in Tapachula, Chiapas, Mexico during the period January-August 2022. The research design is qualitative, since interview techniques were used to collect and analyze the information; transversal, descriptive, non-experimental, and field, explained because the variables considered on the perception in relation to the health condition and quality of life concentrate their value at the time of carrying out the research (Cvetkovic-Vega et al, 2021).

The inclusion criterion was to be male patients with CKD receiving peritoneal dialysis treatment, within the age range of 45-60 years, who were willing to collaborate in the research.

The structured interview technique was used, and the instrument was an interview guide with 11 items. The analysis of the results was qualitative, describing the statements of the interviewed patients in relation to their health condition and perceived quality of life.

III. DISCUSSION

From the interviews carried out, most patients comment that in general their health is fair (8 out of 10). When asked about their perception of their health compared to the previous year, only 7 out of 10 considered that they were in fair health and two stated that they perceived a real deterioration in their condition. Only one person continued to state that his health is good.

Now, in relation to the health they currently perceive, specifically if they perceive limitations in the development of their daily activities such as bathing or dressing themselves (8 out of 10); and the remaining two reliably affirm that it does not limit them in any way. These results coincide with what was found by Julián-Mauro and collaborators (2012) in their exploration of the patient with CKD.

Regarding the vitality perceived in each day of the last few weeks, the total number of patients interviewed only sometimes feel full of vitality; the majority say that in recent weeks they have felt demoralized and hardly cheer up (9 out

of 10). All those interviewed affirm that they perceive themselves as happy only sometimes and consider themselves mostly vulnerable in relation to other people (7 out of 10); These findings are like those found by Malheiro and Arruda (2012) in their study of perceptions in patients with this health condition.

Specifically in relation to peritoneal dialysis treatment, those interviewed claim to know only a little about the care that should be taken (7 out of 10), the other patients claim not to know how to take care of themselves in this regard. In addition to this, those interviewed do not know the causes of CKD. In this regard, Bonilla (2014) considers that it is necessary to include health education programs for the treatment of patients with CKD, as part of the comprehensive approach and as a mechanism in the search to improve the quality of life of these patients.

IV. CONCLUSION

The interviewed CKD patients perceived themselves to be in fair health and identified limitations in the ability to perform daily activities such as bathing and dressing themselves. But the most important finding is that all of them do not consider themselves happy, they perceive little vitality in themselves, and they consider themselves more vulnerable than other people without this condition.

In addition to the above and as a finding of relevance for improving care for patients with CKD, those interviewed claim to know little or nothing about the care they should take in their condition and specifically regarding treatment with peritoneal dialysis.

Improving this condition of lack of knowledge about the condition and its treatment will be reflected in improving the patient's condition in terms of the care they must have, which will have an impact on their quality of life.

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