

Quality of life in the treatment of chronic kidney disease: a challenge

Qualidade de vida no tratamento da doença renal crônica: um desafio

Authors

Cristiane Lara Mendes Chiloff¹

Ana Teresa de Abreu Ramos Cerqueira¹

André Luís Balbi¹

¹ Universidade Estadual Paulista Júlio de Mesquita Filho (UNESP), Faculdade de Medicina, Botucatu - SP, Brazil.

In the last decades, an evaluation of the quality of life has been of increasing importance in health care, increasing its relevance in medical practice, especially without category of chronic noncommunicable diseases. However, there is still no consensus on the definition of quality of life, observing more theoretical and more operational concepts.¹ Some authors consider the psychological phenomena as adaptation to the disease, coping strategies, self-image, life projects, affective and cognitive components, the main parameters of the evaluation of quality of life. However, this type of evaluation requires an individualized instrument, making its application and evaluation of the parameters of its validity more complex. From a practical point of view, quality of life can be understood as the formal and standardized quantification of the impact of illness on daily life and on the well-being of the individual, through objective measures of the consequence of symptoms in people's daily lives. In order to establish guiding principles for a better understanding of this construct, as early as 1995 the World Health Organization (WHO) defined quality of life as "the individual's perception of his position in life in the context of the culture and value system in which he lives and in relation to their objectives, expectations, standards and concerns."² According to this proposal, quality of life is due to multifactorial processes, present in the health-disease process, relating economic, sociocultural aspects to personal experience and lifestyles. Subjectivity is added to the complexity of this conception, since quality of life is measured by the individual's own assessment of

his/her personal situation in each dimension related to his daily life.³

As the prevalence of chronic non-communicable diseases (NCDs) increased, the challenge was raised for public policies aimed at promoting health care, as well as raising people's quality of life. Among chronic non-transmissible diseases, chronic kidney disease (CKD) stands out, whose terminal patients are submitted to renal replacement therapy.

In this issue of the Brazilian Journal of Nephrology, Oliveira *et al.* present a cross-sectional study that appraised quality of life assessment and its association with mortality rates, hospitalization and adherence to treatment. The authors identified impairment of quality of life, particularly in the physical and emotional domains, that corroborate data from the literature. Their analysis verified that higher hospitalization rates had a negative correlation with quality of life assessment. In addition, low assessment in the distinct domains that constitute quality of life indicated a need for patient adaptation to the drastic changes in lifestyle that occur when referred to dialysis treatment.

The others factors already identified in the literature, associated with worse quality of life were: female sex, older age, worse socioeconomic level and schooling, no regular occupation, malnutrition, anxiety and depression symptoms, treatment and greater number of physical symptoms and comorbidities.⁴⁻⁵

It is important to note that the prevalence of depressive symptoms among patients with chronic kidney disease in dialysis is high, and the symptoms have

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Correspondence to:

Cristiane Lara Mendes-Chiloff.
E-mail: cris.mendeschiloff@gmail.com

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been, in several studies considered as an important predictor of poor quality of life, compromising all the domains evaluated, and negatively influencing the individual's subjective assessment of their condition, which requires that these symptoms be identified and treated.

The impact of dialysis treatment on quality of life is an important criterion for evaluating this and other interventions in the health area, as well as analyzing the impact of chronic diseases on people's daily lives. Technological and therapeutic advances in the area of dialysis were initially concerned with evaluating the survival and signs of chronic kidney disease. Subsequently, it was recognized the need to evaluate and understand the psychosocial consequences of treatment in the life of these patients and necessary adaptation to treatment.

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