

Renal Failure and Quality of Life Indicators in Kidney Transplantation

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1. Abstract

Health-related quality of life (HRQL) contains many aspects of patients' health such as physical, psychological, social functioning and general well-being. Progress in renal transplantation and immunosuppressive therapies have increased significantly in recent decades, resulting in allograft survival rates at one year is now over 90%. Numerous clinical trials have established the importance of quality of life in a variety of diseases, and it is extremely popular to evaluate quality of life in clinical trials as a measure of patients' subjective state of health. The purpose of the study was to identify factors associated with quality of life after renal transplantation.

2. Introduction

Kidney transplantation is the treatment of choice in end-stage renal failure. The transplantation may be the focus for increasing survival and to maximize quality of life. However, there are certain factors that may affect the quality of life after transplantation, such as side effects from highly immunosuppressive drugs, the presence of common disease states and the possibility of rejection. The main goal of transplantation is to achieve maximum quality and longevity while minimizing the impact of disease and health care costs. HRQL is also progressively being recognized as an important outcome measure after organ transplantation. Along with other indicators related to patient improvement and graft survival, quality of life has been assessed as a valid outcome measure. Research on quality of life aims to lead to a broader view of subjective health, as they consider health to be a puzzle of general well-being. It is generally accepted that patients with a functional kidney transplant have an improved quality of life compared to patients undergoing dialysis. Specific tools in assessing the quality of life in a

kidney transplant are: the kidney transplant questionnaire (KTQ), the quality of life in kidney disease (KDQOL), and the transplant unit's end-stage renal disease (ESRDSC-TM) checklist. The ESRDSC-TM was developed specifically to evaluate the effects of immunosuppressive drugs on quality of life. The authors screened more than 400 transplant patients and evaluated the re-screening correlation in a subset of 88 patients over a one-year period and found sufficient validity. General tools are used for comparisons between groups and studies and to assess the impact of different diseases on quality of life (QOL). These tools are used in research and are as follows: Sickness Impact Profile (SIP), the 36-item modified medical Outcomes Survey (SF-36), and the Nottingham Health Profile (NHP). With more than 200 publications, the SF-36 is one of the most widely used tools for assessing quality of life [1-16].

3. Results

There is evidence for the use of the SF-36 in patients with chronic renal failure. The EQ-5D is favored among the preferred measurements, as there is more evidence, but this ratio is applicable to the above. Since multidimensional specific renal disease measurements in KDQOL include most evidence. Given this overlap between the SF-36 and KDQOL, there is some benefit when used in the same survey, unlike the combination of EQ-5D and KDQOL provides additional information about the perception of patients for kidney disease. While the idea of using a short questionnaire based on severity would be very good, the main benefit would only control or recognition of symptoms. The SF-36 is the only general measurement with good properties and functional characteristics. Further more psychometric criteria can be reproduced when administered as autonomous as possible, and when used in conjunc-

tion with KDQOL questionnaire. The EQ-5D appears to have a favorable use, since three of the four studies that used the EQ-5D were conducted in the UK. The evidence shows high response rates.

4. Conclusion

In general, quality of life improved after a successful kidney transplant compared with dialysis patients, and the effect was more pronounced in men than in women. These studies clearly show that kidney transplantation is not only the cheapest long-term replacement therapy, but is also associated with lower mortality and better quality of life for patients.

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