FACTORS ASSOCIATED WITH QUALITY OF LIFE AMONG HEMODIALYSIS PATIENTS IN THE GAZA STRIP USING SF-36 QUESTIONNAIRE

HAMMODA ABU-ODAH

Master Public Health-Epidemiologist, European Gaza Hospital, Palestinian Ministry of Health, Gaza
E-mail: hamm_oda@hotmail.com

Abstract- Background: Quality of life (QoL) has emerged as a distinctive, consistent, and strong parameter for assessing and measuring the quality of health-care for patients with renal disease. Patients with end-stage renal disease (ESRD) face physical, psychological and social problems that trigger reduced QoL. The QoL of hemodialysis patients in the Gaza Strip (GS) has not been studied previously. The aim here was to assess QoL and its determinants among hemodialysis patients in the GS, using the Short-Form-36 (SF-36) questionnaire. Methods: Descriptive, analytical, cross-sectional study has been performed on 100 patients aged 18 years or more on follow-up at two hemodialysis centers; Al-Najjar Hospital and Nasser Hospital, in 2014.A convenience sample of all prevalent hemodialysis patients was recruited. Patients with neurological problems and severe comorbidities were excluded.After the participants' socioeconomics, demographics and disease characteristics had been recorded, they filled out the Short Form-36 questionnaire and the relationship between various variables and the quality of life score was evaluated.

Findings: Seventy-one patients (64.5%) were men, 75 (68.2%) were married, 74 (67.3%) were older than 41 years, and 85 (77.3%) were on dialysis for more than 1 year. The overall QoL for hemodialysis patients was rated low (49.5 ± 13.7) when self-assessed using the SF-36. What is more, the QoL scores were 53.1 ± 32.0 for social functioning, 51.78 ± 29.31 for physical functioning, 50.5 ± 14.8 for mental health, and 45.9 ± 12.2 for the general health. Additionally, the older patients had statistically significantly reduced QoL and female patients had better QoL scores. The QoL scores revealed a decreasing trend with decreasing level of education; they were elevated among employed patients. Moreover, the QoL scores revealed a decreasing trend with presence of chronic diseases history; they were elevated among patients attending units more than three sessions.

Conclusion: We sum up; QoL is reduced in all the health domains of HD patients. Older age, male gender, unemployment, and duration of dialysis adversely affected the QoL scores. Enough management of some of these factors could influence patient outcomes.