Mental Characteristics of Hemodialysis Patients

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Abstract

The enormous evolution that has been established in the use of dialyses has enabled the patients with chronic kidney disease to have suitable health conditions for a long time. The quality of life of the patients has turned into a more frequently raised matter. The psychosomatic aspects related to the treatment have many characteristics that need awareness to like temper decline or acceptance approach. The indicators that generally arise in depression achieve special implication in patients under dialyses. Lack of appetite in these patients may take to a rapid incidence of metabolic disorders. Temper diminution may result in motivation to renounce treatment. Depression signs are a considerable untimely suggestion of bad prediction as to survival of patients under dialyses. Prior to an absence of universal theoretical structure, it is hard to simplify and deduce the data, particularly in the case of cause and effect correlation. Additional investigations are necessitated to appraise how patients with end-stage renal disease manage dialysis-allied stress. A meticulous importance should be on the research of experimental surveys and clinical trials with an elongated follow-up.

Keywords: *depression, psychological pressure, hemodyalisis patients*

1. Introduction

The aim of this article is to present an issue of addiction between mental and somatic conditions in patients with end-stage renal disease (ESRD) under dialyses. The big improvement that has been made in the use of dialyses lets the patients with chronic kidney problems live in adequate somatic condition for many years. However, the next purpose of influence for this group of patients is to get their psychosocial comfort better. The quality of life in people with chronic somatic diseases has turned into an often raised concern in current years (1-5). The patients that get a dialysis treatment have to deal with the burdens of long-standing disease and the related stressors (6).

2. Mental and Social Issues

The psychological and social issues that go along with dialyses application have several features to reveal. The primary one is decline and acceptance approach. The depression indicators obtain a big importance in patients treated with dialyses (7,8). Metabolic problems are noticed as a consequence of the lack of appetite, while the decrease of strength may lead to neglect the recommendation of the doctor.

It was demonstrated by Brownbridge and Fielding (9)a big reliance of the most important somatic condition markers amid dialysed patients (blood pressure, the level of potassium, urea, weight increase between dialyses, etc.) on mental aspects, mostly on the stage of depressive status and anxiety.The temper implication for detecting the doctor's counsel related to the diet, is stressed by numerous authors (10-14).

Humor diminution may even motivate the patients to quit the cure. Witorzeñæ (15) has expressed in her study that as many as 52% of the patients thought to renounce dialysing. Current data from McDade-Montez et al (14) have shown that, in the phase of up to 4 years from the incidence of depression signs, 18% of patients have left dialyses.

Nevertheless, depression indicators are an important early indication of bad prognosis as to continued existence of patients under dialyses (15-17). Another panel of investigators examined the association among chronic pain, depression

[1] *Authors contribution: Both authors have the same contribution in the article and have to be considered as first authors.*

and the predisposition to stop treatment (18). The patients that had moderate and harsh pain often demonstrated depression signs. They were also more predisposed to leave treatment. The patients under dialyses express a loss feeling. It may be recognized as a shock related to being denied of a significant external or inner worth.

The failures of patients that take dialyses frequently are connected with the professional and social situation. As a consequence of the decrease of their economic condition the patients experience additional defeats, like the need to modify the lifestyle or customs. Furthermore, the problems related to people's perception of self in addition to alterations in their idea of self and self-assurance may be similarly essential. This has to do with an impairment of self-esteem (19).

Usually, the loss is an adequate aspect which may induce to depression, however, the contribution of personality features is stressed as they may take to substitute sadness with depression (20). The logic of extreme reliance on the health professionals and family, plus on medical machinery is an additional adverse component. This is the reason of disagreeable transformations concerning self-worth connected with the absence of freedom and impossibility of self-government (15, 17).

A harmful influence on performing social tasks has derived from the restrictions resulting from the cure method and an individual insight of the situation. Parkerson and Gutman (10) point toward the depression and anxiety as crucial issues that contribute to the incidence of disability more than the gravity of somatic disorder (the study was based on dialysis patients). Frustration and violent behavior are normally observed results, having a depressing collision on having a purpose in the society (13-15).

The main causes for retaining the pleasure of life between patients (15, 16, 18) are the recognition of the disease, the constraints associated to it and the rejection of pessimistic emotions). A further key topic is the significance of notifying the environment about the health conditions of the people with chronic sicknesses. The individuals with chronic sicknesses, if possible, do not express their incomplete proficiency to their colleagues, collaborators and prospective employers (21,22).

Regarding the authors of the articles the patients conceal the information about physical conditions because of the terror of make ashamed the others, the panic of stigmatization, to preserve an optimistic representation in the view of other people, Other reasons are the alarm of turning into an object of rumor and the trepidation of worsening the interpersonal relations at work.

Commonly, the problem about keeping secret or revealing the health status is resolved by telling others of the point of circumstances (23-26). The greater part believes that it helped to more genuine interpersonal relations amid those who select such a solution.

On the other hand, one fifth of them assumed that this avoided them from specialized support. They also protest that when they exposed the information about their health, they were seen like a different, worse kind of people.

One of the outcomes of hiding the problem of disability is the unfeasibility of using official protection to which people with the refereed degree of disability are permitted. Researchers of this matter believe it obligatory to guarantee admission to the specialist psychosomatic and skilled consultancy. The professionals could assist to settle the aforesaid dilemma and make people conscious of the fact that they may achieve new abilities which are reliable with their professional preferences (22, 25-27).Therefore, a chronic somatic sickness would not have to suggest the conclusion of a dynamic life, but rather it could be a motivation to start a new path of carrier consistent with the potential that the individual looking for advice has.

3. Awareness of Disease

At present, the methods allied to dealing with the anxiety that is a consequence of a somatic disease is associated with personal aspects like the awareness of the circumstances, own actions of the individual, human resources and their capacities and skills. Their task in preserving good physical condition and managing the disease and its outcomes is accentuated.

For that reason, one may challenge to place the troubles in question, regarding dialyzed patients, in the framework of the Lazarus stress archetype. Consistent with his theory of stress, a cognitive estimation, which is a individual analysis of relations among a human being and the environment as well as evaluation of the opportunity of fulfilling by the person with prerequisites posed by the environment, plays an significant role in the process of adjustment to a complicated state of affairs.

An individual, during the process of appraisal, may adapt stressors which exist neutrally, and this is articulated by strengthening or decreasing the result induced by objective issues. A conclusion of cognitive actions as an estimation of the circumstances establishes supplementary action of the human being (28-30). This thing accentuates the main role of

individual situations in dealing with stress. The researches that have been accomplished up to now demonstrate that a hard situation may involve various outcomes, depending on a cognitive evaluation. More quietness is occurred by people who recognize the situation as a confront rather than a risk and affect more productive approaches of managing stress. According to the concept of Lazarus, depression disorders among patients treated with dialyses result from their negative interpretation of their life situation. Hence, it is possible to assume that a change in the interpretation of the situation they are in may positively affect their comfort of life.

4. Managing End-Stage Renal Illness and the Emotional Results

It is commonly acknowledged that the prevalence of depression is eminent in patients on hemodialysis, than in the general population (31-33). Risk factors for depression include deficiency of social support, earlier depression, and what the patient notices as control shortage over the situation (33,34). Depression is the outcome in an elevated prevalence of peritonitis in CAPD (continuous ambulatory peritoneal dialysis) in addition to a more distinct alteration in interdialytic weight achievement and shorter survival in HD (35).There is a strong correlation among depression and mortality but the motives for such a strong correlation are ambiguous.

The adjustment of anemia by means of erythropoietin cure does not diminish the indicators of depression, which recommends that in various patients these two methods are autonomous to some

coverage (36). It is not obvious if a depressive reaction to dialysis is often pathological (34). The beginning of RRT(renal replacement therapy) stimulates numerous high concentration stressors. Diet constraint, continuous revelation to dialysis procedure and panic of death are ordinary causes of sorrow in ESRD patients (33,37,38). A primary reaction to this attack of stressors engages amplified anxiety, confusion, rejection and depression (39,40). Is it probable to distinguish amid the usual adaptive depression in reply to RRT and the pathological one? The lasting survival, the capability to convert main ESRD shared stress into incentive to better held to treatment, and constructive biochemical factors are the identifiable characteristics of suitable modification to RRT.

5. Final Statements

However, do the recent studies actually permit us to appraise the psychological impact and to propose involvements aimed at developing psychological comfort in this set of patients? A frequent dilemma is that the greater part of these surveys are cross-sectional. Therefore, any insinuation of which procedure is a cause and which is an effect is provisional. The clinical trials or longitudinal surveillance can only respond to these issues. Medical trials may be unprincipled, whereas longitudinal surveys entail strong effort and a follow-up.

There are good motives for establishing a depression prevention program for dialyzed patients. The program should entail a cognitive and behavioral intervention and comprise entertainment components to assist patients in accomplishing a relaxation condition.

Another goal should be to allow the patients to perceive those area fields of their lives which are liberated of the power of the disease; to discover, among appointments in the dialysis center, a individual gap in which they can enjoy liberty and change the harmful understanding of their life state all together. The suggestion of developing methods for a path of action in dialyzed patients is the consequence from studies of several researchers (5,33). In 2005, an outline of such a plan was distributed (34). It implies individual reunions with a analyst once a week, at which the aforesaid aims are recognized. The program was supposed to continue for 8 weeks.

Meanwhile, the researchers in Taiwan brought out the assessment results of an adjustment plan which they had built up and intended for dialysed patients (35). This plan is focused on healing effort in small clusters. The principle of this plan is to assist patients in handling stress . The instruction plan was focused on the transactional assumption of stress and managing, cognitive-performance psychotherapy.

The majority of surveys do not apply a conceptualized approach to explain psychosomatic procedures. In the area of health psychology, the aspects like motivation, stressor, involvements, emotion, policies, conclusions are often allied by means of a hypothetical notion. An outstanding pattern is the assumption of handling with the sickness created by Lazarus. Other models of examining the theoretical structure can be discovered in any standard manual on health psychology.13 This structure permits us to better recognize the cause and effect association. There is a scarcity of data that investigate the effect of different intrusions on psychosomatic conclusion. The position of a nurse, psychologist, or social employee has to be highlighted and obviously described in phrases of psychological result. Furthermore, studies tackling the task of subsidiary health contributors in advancing psychological reactions to RRT may provide

supplementary insights into the instruments that are the cause of the consequences of RRT on psychological health of the dialyzed patient.

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