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3rd International Conference on

Psychiatry & Psychosomatic Medicine

December 05-06, 2016 Dubai, UAE

Associations among psychosocial factors, medical factors and quality of life in patients with end-stage renal disease

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Purpose: Patients with end-stage renal disease have a significant impairment in quality of life (QoL). Most previous studies have focused on medical factors mainly. The aim of this study was to identify the associations among psychosocial factors, medical factors and QoL in patients with end-stage renal disease (ESRD).

Method: The study included 101 patients with ESRD who were undergoing HD (55 males with mean age 57.1±12.1 years). Psychosocial factors were evaluated using the hospital anxiety and depression scale, multidimensional scale of perceived social support, montreal cognitive assessment and Pittsburgh sleep quality index. In addition, for evaluating caregivers' burden in part of psychosocial factors, HADS and Zarit burden interview of main caregivers were administered. We also assessed medical factors (Kt/V and URR as markers of dialysis adequacy, normalized protein catabolic rate and duration of HD) with laboratory results. The quality of life was evaluated using WHO quality of Life-BREF (WHOQOL-BREF). Canonical correlation analysis was used to investigate the patterns of associations.

Results: The canonical correlation between psychosocial factors and QoL was significant. The first canonical correlation was 0.673 (proportion=60.6%, p=0.001) and the second was 0.519 (proportion=26.9%, p=0.006). However, the canonical correlation between medical factor and Qol was not significant (the first: p=0.586, the second: p=0.713).

Conclusion: The QoL of patients with ESRD was not associated with medical factor, but psychosocial factor in canonical correlation analysis. This finding may suggest that medical workers should recognize and treat psychosocial problems as well as clinical problems

Biography

Jonghun Lee has completed his PhD from Keimyung University and MD from Chun-Ang University School of Medicine. He is the Director of Department of Psychiatry, Daegu Catholic University, South Korea.

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