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Perspective

A Systematic Review and Meta-Analysis of Quality of Life in Patients Receiving Hemodialysis and Peritoneal Dialysis

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PERSPECTIVE

The increased survival rate of patients with chronic renal failure as a result of replacement treatment motivates an examination of their Quality Of Life (QoL), a critical metric for evaluating chronic disease treatment results. A systematic meta-analysis was conducted to assess whether hemodialysis or peritoneal dialysis provides a higher quality of life. For many developing countries, the global epidemic of Chronic Kidney Disease (CKD) and the resulting End-Stage Renal Disease (ESRD) continues to be a severe concern. ESRD has a detrimental influence on patients' Quality Of Life (QoL) through affecting their social, financial, and psychological well-being. In addition to physical, functional, metabolic, social, and emotional issues, the disease can harm patients' body image and overall quality of life. The two most prevalent types of dialysis therapy for ESRD are Hemodialysis (HD) and Peritoneal Dialysis (PD). The topic of whether PD or HD dialysis is the best option for you is still up for debate.

Because of the significant burden of comorbidities and difficulties associated with ESRD, it is thought that dialysis patients' Health-Related Quality Of Life (HRQOL) is often lower than that of age-matched participants from the general population. Patients with ESRD have a lower quality of life than the general healthy population, according to a study conducted by Drennan and Cleary, who found that patients with ESRD have a lower quality of life than the general healthy population due to the intrusiveness of the treatment required; on the other hand, patients with depression and social-related poor quality of life have a 1.7-fold risk of having a decreased glomerular filtration rate. Patients with ESRD who receive maintenance dialysis therapy have a much higher mortality rate than the general population (approximately 20% per year in the US and 10%-15% in Europe), owing mostly to cardiovascular disease. Numerous observational studies have looked into the mortality of ESRD patients treated with the two modalities, although it is unclear which dialysis modality performs better in terms of extending ESRD patients' lives. Some studies revealed that HD had better outcomes, while others found that PD was comparable to HD or even better in specific subgroups. HRQOL has become more significant as an outcome measure in the evaluation of dialysis treatments as survival rates for patients with ESRD have increased. QoL has become a major outcome metric in the treatment of chronic illnesses like Chronic Kidney Disease (CKD), where the goal is to help patients adjust to physical limits, lifestyle adjustments, and medical therapies rather than eradicating the disease.

Improvements in key laboratory values, cognitive and emotional functioning, mortality and hospitalisation rates, and improved adherence to therapy have all been linked to improved QoL and self-efficacy in dialysis patients. Previous research on HRQOL and ESRD has found that treatment method is a factor that influences ESRD quality of life. Hemodialysis patients typically visit dialysis clinics two or three times per week for three or four hours each session, which can have an impact on both their work and personal lives. Peritoneal dialysis, on the other hand, can be done at home, at work, or in any other clean location, either alone or with the assistance of a caretaker. This treatment can be done numerous times per day, every 4-5 hours, with a longer gap at night (using the CAPD manual approach), or constantly throughout the night 8-10 consecutive hours (with the APD automated method). The primary hypothesis proposes that obtaining a home dialysis modality, such as peritoneal dialysis, improves quality of life and self-efficacy more than standard in-center dialysis. The KDQOL (Kidney Disease Quality of Life) questionnaire is a useful instrument for assessing the quality of life of dialysis patients.

The initial edition of the KDQOL was the KDQOL Long-Form, which comprised of 134 items across 11 different scales for kidney illness. This strategy, however, frequently results in lower levels of reaction. The KDQOL-Short Form Version 1.3 comprises of 36 general physical and mental health questions, as well as 43 specific questions about renal failure. The kidney failure-related items on the KDQOL-SF 1.3 questionnaire Symptoms/problems, impact of kidney disease on daily life, and renal failure are some of the concerns that dialysis patients face. Weight, work position, cognitive performance, social interaction quality, sexual function, and sleep are all factors to consider. The KDQOL-SF version 1.3 has also been developed in a shorter version called KDQOL-Short Form 36, which consists of the Short Form-12 scale and 24 disease-specific items.

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