Caregiver’s quality of life and its predictors in hemodialysis patient

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Objectives: When patients with end-stage renal disease start hemodialysis (HD), it is well known that their quality of life (QOL) is impaired. However, compared to the number of studies on HD patients, relatively few studies have been conducted on QOL in caregivers of HD patients. The aim of this study was to assess QOL and identify the patient’s and caregiver’s factors influencing QOL of caregivers of patients on HD.

Methods:

Eighty-five HD patient-caregiver dyads participated in this study. QOL was measured using the World Health Organization Quality of Life Questionnaire—Brief Version (WHOQOL-BREF). Psychological distress in patients and caregivers was measured using the Hospital Anxiety and Depression Scale (HADS). Patients’ and caregivers’ socio-demographic and clinical variables were also measured. Univariate and multivariate analyses were used to identify the predictors of QOL in caregivers.

Results:

The most caregivers were female (64.7%), and their mean age was 51.5±13.6 years. caregivers were younger than patients (59.3±11.2 years). The QOL scores in each domain for physical health, psychological, social relationships and environmental domain (0-100) were 51.5±18.6, 45.6±17.2, 50.8±16.2 and 46.5±16.2, respectively. In all the four WHOQOL-BREF domains, the QOL of caregivers was reduced as much as the QOL of patients and impaired social support and QOL of patients were significantly associated with lower QOL of caregivers (p<0.05). In caregivers’ domains except psychological domain, there was a significant correlation between QOL and anxiety and depression of caregivers (p<0.05). In caregivers’ social relationships and environmental domains, there was a significant correlation between QOL and age and socioeconomic status of patients (p<0.05).

Conclusions:

Caregivers’ QOL was closely associated with the factors of patients and caregivers. Clinicians should consider the factors influencing QOL in caregivers and make efforts to improve their QOL through intervention programs for improving the QOL of HD patients and their caregivers.