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# Quality of life of patients on dialysis: understanding their needs, part two

## Editorial

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Last editorial issue, quality of life (QoL) of patients on dialysis was introduced and in this issue, more about QoL of patients is specified. Overall, there is a lack of information on the differences in health-related quality of life (HRQoL) between dialysis centers in the world, with center variability in mortality that related to improved survival. These are pre-dialysis care, center access to transplantation, non-profit vs. for-profit and others. Some determinants to measure the impact of QoL as age, gender, marital status, educational level, employment status and family support. Thus, the power of gender on QoL was often reported in dialysis. However, the differences in male and female scores on the QoL measures were paradoxical. Thus, by using SF-36; gender was not drastically different in determining QoL in some individuals. The physical dimension of QoL was higher in males. Women had lower QoL in all domains physical and mental health comparing to men except in the estimation of their general health which may be explained by women's multiple domestic tasks and responsibilities that, unlike men, they cannot avoid. The reasons for the differences between genders remained speculative and include biological factors, cultural conditioning or biases in the provision of care according to gender.

With regard to education, it usually increases access to paid work and economic resources that add the sense of control over life. The relationship between education and various indicators of subjective QoL as depression, anxiety, anger, pains and displeasure was look at. The well-educated patients have lower levels of emotional distress and physical distress but not lower levels of displeasure. Education reduces distress largely by way of economic resources that are associated with high personal control. The extent to which it reduces distress by way of marriage and social support is much more modest. With different QoL tools, patients with lower level of education have poor QoL scores. The overall total scores of the SF-36 in educational levels of patients on dialysis (no education, basic education and university graduates) are increased as educational status changed. Some linked high QoL scores with higher education level but others not associated with HR QoL. Nevertheless higher levels of education appear to positively affect and promote healthy. Educated dialysis patients could take some responsibility of their own health and would learn and employ strategies to cope with their disease and symptoms, leading to better QoL in all domains of physical health, while in mental health, patients with high educational level seem to have better QoL in vitality, emotional wellbeing and role emotional.

With the length of time on dialysis, an extension of suffering from the consequences of kidney failure, treatment-related stressors, changes in their life, self-confidence and family roles. The predictors of QoL in patients undergoing dialysis (hemodialysis or peritoneal dialysis) using SF-36, patients with short lengths of dialysis time had higher QoL scores compared to longer period of time. Co-morbidity and length of time on dialysis were the main predictors of physical QoL whereas socioeconomic issues especially determined mental QoL. Evaluating QoL of patients using the SF-36 three-monthly over two years, the number of months on hemodialysis had a significant inverse relationship with the changes in physical function, body pain and general health vitality subscales scores of the SF-36. Longer time on dialysis correlated with poor SF-36 scores and higher scores (SF-36) among patients who had been on dialysis for shorter lengths of time. Thus, patients who had been receiving hemodialysis for more than one year had better QoL scores than who had been on hemodialysis for less time. Some domains have some significant differences as general health domain as patients' perceptions of their general health will decrease as the duration of dialysis increase. Physical functioning and role emotional domains also had a significant difference as patients with more than 10years duration of dialysis had no problem with their physical abilities or their emotional role. This might be due to habituation and adaptation of the patients with their life extending condition. While patients mental health was better in patients with less five years of duration on dialysis. Patients with less than 5years of dialysis might experience less depression and better mental health comparing to patients with longer years under dialysis. Thus, kidney centers should think about QoL for dialysis patients and try to improve their QoL by understanding their needs, educating them about their disease, have professional people who can help patients to think positive about their sickness and to have better QoL.

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## Conflict of interest

Author declares that there is no conflict of interest.

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