

Quality of Life of Patients on Renal Replacement Therapy across the Globe

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About the Study

Renal replacement therapy and quality of life varies worldwide. The literature has shown studies where renal transplantation provides a good quality of life compared to haemodialysis and peritoneal dialysis. Other studies show varied outcomes, while some have not explored other factors besides mode of therapy that may attribute to a good quality of life. In a utility meta-analysis, it was shown that renal transplantation had a higher utility compared to dialysis, with no differences between patients on haemodialysis and peritoneal dialysis. Another meta-analysis revealed no statistically significant differences in quality of life between haemodialysis and peritoneal dialysis patients. Cameron et al. showed successful renal transplantation is associated with greater well-being and lesser distress than persons on dialysis [1-9].

There are also entities specific to a patient population that influences quality of life. The diversity of elements affecting patients' health status on renal replacement has all contributed uniquely to research around the world throughout the years. Even in instances where transplantation provides a good quality of life, studies have shown other societal factors among this subcategory that significantly contribute to better scores [10,11].

Wilson and Cleary appreciated the deeper pillars of the foundation in constructing a good quality of life for patients, calling the concept of quality of life, "difficult and complex." In their model, quality of life involves the interplay of numerous factors, extends into all aspects of an individual's functioning and starts at a cellular level that progresses to the individual interacting with society. In our study, biological factors like comorbidities and socioeconomic influences affect a patient's quality of life. We have shown that peritoneal dialysis is an alternative option to transplantation in our resource-limited setting as it still provides a good quality of life for patients. We have discovered that despite state funding for the majority of patients receiving haemodialysis, there is a great struggle with achieving acceptable quality of life scores among this subgroup [12,13].

An article from 1995 comparing data reported from registries on renal replacement therapy around the world by Giuseppe D' Amico stated that "Comparison of the data shows that the quantity and quality of renal replacement therapy is variable and depends to a considerable extent on the different political and socioeconomic background with the consequent differences in the health care systems existing in the various countries."

In a study based at Walsgrave National Health Service Trust Hospital, on ethnicity influencing perceived quality of life of patients on dialysis and following renal transplant, it was found

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that Asians had a lower quality of life when compared to White Europeans. In Brazil, unmarried and male patients presented better physical quality of life scores and among transplant recipients, the transplantation centre influenced quality of life. Other research has shown that the introduction of home dialysis, erythropoietin and vitamin D made quality of life of dialysis patients comparable with kidney transplant recipients [14,15].

Robinson et al. studied the factors affecting outcomes in patients reaching end stage kidney disease worldwide and the differences in access to renal replacement therapy. The authors said "Data illustrates disparities in access to renal replacement therapy and in the use of transplantation or home dialysis."

Countries providing data in this study were Central and Eastern Europe, Eastern and South Eastern Asia and the United States of America. The main type of renal replacement therapy in Japan and Norway is renal transplantation. In Asia and Eastern Europe; transplantation is done in less than five percent of patients receiving renal replacement [16].

In small island states and lower resource environments in larger countries, resource allocation is a continuously moving target. The study on quality of life of patients on renal replacement therapy in Trinidad and Tobago provides novel West Indian data that will assist patients in our setting with strategies that can improve their health status. Research on quality of life of patients on renal replacement therapy and access to resources in specific settings should be encouraged and utilized to tailor management of these patients.

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