

Drug side effects a key factor in reduced quality of life for kidney transplant patients

November 23 2009

People who have kidney transplants need longer-term support than most friends, relatives or even healthcare professionals realise, according to a study of 160 patients published in the December issue of the UK-based *Journal of Advanced Nursing*.

Researchers surveyed 55 [patients](#) who had undergone surgery in the last year, together with 105 who had had surgery in the last one to three years at the Vanderbilt Transplant Center in Tennessee, USA. They wanted to see if there was any difference in how they perceived factors such as their health, the side effects of medication to prevent rejection of the new organ, [social support](#) and quality of life.

"We discovered that, in general, patients reported higher levels of social support in the first year after surgery than they did one to three years after their transplant" says lead researcher Dr Hongxia Liu, who is now based at the College of Nursing at the University of Cincinnati, Ohio, USA. "They also felt more positive about what they could achieve and their ability to cope in the first year after surgery.

"Our findings point to the need for more social support in the later transplant period, together with interventions to alleviate bothersome medication side effects and further research on how to manage them.

"We would also like to see further interventions by renal transplant nurses to help patients cope more effectively in the post-transplant period and make them feel more positive about their health and what

they can achieve."

All the patients had a functioning [kidney transplant](#) at the time of enrolment, which averaged 4.5 months since surgery in the first group and 26.3 months in the second group.

Participants averaged just under 48 years of age (range 18 to 75), 54 per cent were male and there were no statistically significant differences in age, gender, [marital status](#), race or education level between the two groups.

Sixty per cent of patients who took part in the study had received their kidney from a living donor. There were no statistically significant differences in types of dialysis before transplantation, duration of dialysis, donor type or immunosuppressive medications between the two groups.

However there was a statistically significant difference in the level of transplant-related hospitalisation, with 48 per cent of people in the one to three year group having been hospitalised, compared with 27 per cent of the people who had received surgery within the last year.

The patients' self-reported health-related quality of life was measured using the SF-36 scale, which ranges from zero to 100, with higher scores indicating a more positive result. This showed that people in their first year after surgery has a slightly higher overall physical quality of life (43.29 versus 42.46) and a slightly higher overall mental quality of life (50.94 versus 50.04) than people who were one to three years post transplant.

Although the overall scores did not show significant differences, researchers found more noticeable differences when they looked at the individual elements that make up the two categories.

The patients' average health-related quality of life declined in relation to emotional role (down 6.43), general health (down 5.31), physical function (down 5.81), vitality (down 4.48), mental health (down 3.03) and bodily pain (down 2.17). But it improved slightly when it came to physical role (up 1.01) and social functioning (up 0.31).

Other key findings included the fact that patients used coping strategies such as active coping, emotional support, positive reframing, acceptance and religion coping more in the early days than one to three years after transplant.

Overall average scores for the Perceived Health Competence Scale (30.23 out of a possible 40) and the Personal Resource Questionnaire (87.16 out of a possible 105) showed that people's perceptions of what they could achieve with their current health and the support they received was high.

However, both levels were higher in the year after surgery than one to three years post transplant, falling from 32.0 to 29.31 and from 90.33 to 85.58 respectively.

Transplant recipients who experienced a larger number of symptoms were more negative about their health and reported that their physical and mental health-related quality of life was lower than those with less symptoms.

The side effects of immunosuppressive medication had statistically significant effects on selected psychosocial variables, such as how they judged their health, what they felt they could achieve, how well they coped and their health-related quality of life.

"Renal transplant patients face many new challenges after transplantation and need to develop new coping strategies and renal transplant nurses

can play a key role in that process" says Dr Liu.

"Our research shows that they need to offer more social support to recipients in the later transplant period.

"They also need to provide patients with advice on post-transplant care, immunosuppressive medication and self-care skills, together with initiatives that enhance their positive appraisal of their health, their belief in what they can achieve and their ability to cope effectively."

More information: Effects of clinical factors on psychosocial variables in renal transplant recipients. Liu et al. Journal of Advanced Nursing. 65.12, 2585-2596. (December 2009)
[DOI:10.1111/j.1365-2648.2009.05111.x](https://doi.org/10.1111/j.1365-2648.2009.05111.x)

Source: Wiley ([news](#) : [web](#))

Citation: Drug side effects a key factor in reduced quality of life for kidney transplant patients (2009, November 23) retrieved 24 April 2024 from
<https://medicalxpress.com/news/2009-11-drug-side-effects-key-factor.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.