

Anxiety management in the transition to dialysis

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Abstract

Background

According to the Portuguese Society of Nephrology¹ the prevalence of individuals in stage 5 chronic kidney disease (CKD) requiring some form of Renal Function Replacement Therapy (RRT) is high. The transition to dialysis may be considered as the experience of a set of anxiety-inducing situations, responsible for the rupture of balance, requiring treatment through medical intervention and/or psychotherapeutic interventions, with positive results on anxiety levels and anxiety control.^{2,3}

Aim

To -Know the anxiety levels of renal patients admitted to the Nephrology and Renal Transplantation Unit starting hemodialysis and, implementation of a psychoeducational intervention.

Method

Cross-sectional, quantitative study, carried out at the Renal Transplant Unit, in a University Hospital Center in Greater Lisbon, from January to 2022. Thirty patients with stage 5 CKD with indication for dialysis induction were included. A sociodemographic questionnaire was applied, and clinical data were extracted from the clinical file. The levels of knowledge about KD were assessed using the Knowledge Kidney Disease Survey (KiKS)⁴ in the process of validation and transcultural adaptation into Portuguese at the unit where the study took place. To assess anxiety levels, the Hospital Anxiety and Depression Scale (HADS) was used, validated for the Portuguese population.⁵ The subscale that assesses anxiety (HADS-Anxiety) was used. Ethical issues for conducting research on human beings were considered. The study was approved by the Nursing Department of the institution and the protocol was prepared for the Hospital Ethics Committee. Each sample participant was asked to give informed consent before starting the study. This document explains the objectives of the study, the data collection process, access to results and confidentiality. Verbal clarification is also carried out by the researchers when the informed consent is given.

Results

It was found that 70% of the participants were female and the mean age was 62.5 years. 60% of the participants had the first cycle of schooling and the literacy level (assessed by KiKS) was low for most questions related to general knowledge about kidney and kidney disease and about the causes of kidney disease. In the item referring to treatment options for kidney disease, 78% could not answer. The same occurred in the item regarding CKD stages, 86% could not answer. As for anxiety, 70% of the participants registered high levels of anxiety (48.9%). Based on the results obtained in KiKS and HADS, a psychotherapeutic intervention was carried out in terms of counseling and education on CKD. Two individual counseling sessions and three health education sessions were held. After the sessions, KiKS and HADS were applied again, with an improvement in anxiety levels (48.9% to 42.3%). As for knowledge, there were improvements in some of the items (the item on the causes of the disease improved slightly (62% to 56.8%) unlike the item regarding the stage

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of the disease, (from 86%to 84,8%).

Conclusions

The high prevalence of anxiety in this population group shows the importance of studying this variable. The sample studied has a lack of resources to successfully face the stressful situations resulting from the transition to dialysis. It is concluded, therefore, the relevance of KiKS and HADS - anxiety for the characterization of stress-inducing situations and the psychotherapeutic intervention performed by mental health and psychiatry nurses as an essential tool in the recovery of psychological and emotional balance.

Keywords

Anxiety; Chronic Kidney Disease; Psychotherapeutic Interventions; Mental Health and Psychiatric Nursing; Transition.

References

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