

Original Research Reports

Interplay of Anxiety and Depression With Quality of Life in Endstage Renal Disease

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Background: Endstage renal disease (ESRD) is increasingly being recognized as a major public health issue globally. Planning of intervention measures is preferably hinged on what is known about outcome parameters. **Objectives:** This study investigated the influence of anxiety with depression and psychosocial- and treatment-related correlates on quality of life (QOL) in ESRD. **Methodology:** Overall, 100 eligible individuals with ESRD were recruited by systematic random sampling technique. They were initially interviewed using the sociodemographic/clinical profile questionnaire, followed by assessment with the Hospital Anxiety and Depression Scale. Subsequently, subjective QOL of participants was assessed using the World Health Organization QOL-BREF. **Results:** The mean age of participants was 41.9 ± 10.9 years, and males (55.0%) were preponderant. A total of 29 (29.0%) participants had diagnosable anxiety with depression

psychopathology based on Hospital Anxiety and Depression Scale scores ≥ 8 . Different degrees of impairment across domains of QOL were observed. Factors like being employed, married status, younger age, and spending less on treatment correlated positively with good QOL across specific domains, whereas comorbid anxiety with depression, history of dialysis, monthly income less than ₦50,000 (\$300), and having up to 50 dialysis sessions correlated negatively with good outcome in specific domains of QOL ($p < 0.05$). However, only age, anxiety/depression, employment, and history of dialysis were independently related to QOL following logistic regression analyses. **Conclusion:** The care of ESRD should be matched with need-based mental health services, and psychosocial support across important illness trajectories is indicated for best outcome. Further research among people with ESRD is also warranted.

(Psychosomatics 2015; 56:67–77)

INTRODUCTION

The number of individuals with endstage renal disease (ESRD) (defined by glomerular filtration rate < 15 mL/min) is growing rapidly worldwide, and in particular across the developing countries. This is partly linked to better case identification, considerable improvement in the physical health, and longer life expectancy among individuals with ESRD owing to advancement in their care.^{1,2} The trend in common socioeconomic and health factors that are related to ESRD across most developing

countries (shown for Nigeria in [Table 1](#)) is likely to compound the burden and management of ESRD.

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TABLE 1. Profile of Key Public Health and Social Factors in Nigeria

Factors	Value
Population estimates of Nigerians (2013)	
Total	174,507,539
Urban	49.6%
Life expectancy (2013), y	
Total	52.46
Male	49.35
Female	55.77
Burden of common health conditions, %	
Obesity in adults (2008)	6.5
Malnutrition	4
Hypertension	24.8
Diabetes	4.9
National Health Insurance coverage, %	
National coverage (2013)	8
Coverage varies across different states	
Five causes of deaths in Nigeria (2010), %	
Malaria	20
Lower respiratory infection	19
HIV/AIDS	9
Diarrhea diseases	5
Injuries	5

http://www.indexmundi.com/nigeria/demographics_profile.html. Accessed February 12, 2014.

<http://www.punchng.com/news/life-expectancy-in-nigeria-17th-lowest-globally-report/>. Accessed February 12, 2014.

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http://www.africanjournalofdiabetesmedicine.com/articles/november_2012/AJDM%20Nov%20pp%2033-35.pdf.

Isezuo et al: 2011 Prevalence, associated factors and relationship between prehypertension and hypertension: a study of two ethnic African populations in Northern Nigeria. *Hum Hypertens* 2011; 25 (4):224–230. doi:10.1038/jhh.2010.56.

As obtainable in other chronic diseases, the focus of intervention in ESRD is preferably broadened beyond the traditional health indicators of reduction in mortality³ to include measures that are focused on its effects on daily activities, functional status, and perceived health measures like quality of life (QOL) among others.⁴ In this regard, QOL is an important measure of the global effect of diseases like ESRD on the affected individuals because it captures their relationship to the environment (which corresponds to “functional status” and “environmental living conditions” in its definition in modern times).^{5,6} In addition, QOL is recognized as a useful predictor of

hospitalization as well as mortality in individuals with ESRD.⁷

A review of literature from the developed world suggests poorer QOL and higher emotional burden among individuals with ESRD in comparison with the general population.¹ Despite the paucity of literature, there are a number of reasons to suggest that people with ESRD in the developing countries would suffer poor QOL and significant psychiatric morbidities. Such reasons include lack of government funding, poor health insurance coverage, and inequitable distribution of renal dialysis as well as transplantation services, among others. In places where these renal services are available, they are predominantly urban-based and generally inaccessible.^{8,9}

Regarding psychiatric comorbidities, anxiety along with depression disorders seems very common among individuals with ESRD,^{10,11} and in particular, those on hemodialysis contributing up to 3-fold more hospitalizations in comparison with individuals with ESRD without psychiatric disorders.¹² Beyond the foregoing, anxiety with depression in ESRD negatively affects the clinical course, morbidity, and outcome^{13,14} as well as constitutes independent associated factor of QOL in ESRD, based on existing literature.¹⁵

Generally, there seems to be relative improvement in ESRD care across Africa, albeit slow. However, development of holistic care for people with ESRD appears daunting across most African populations owing to dearth of information, poor infection control, poverty, delayed referral, and the fact that only approximately 5% of Africans with ESRD end up having renal transplant, among others.^{16–21} Overall, the dismal projection for ESRD burden coupled with the aforementioned factors underscores the role of population-based preventive interventions as well as research into the emotional experiences of individuals with ESRD.⁸ To this end, this study aims to investigate the profile of QOL and its relationship with anxiety, depression as well as other psychosocial correlates among individuals with ESRD.

METHODOLOGY

Study Location and Population

This is a cross-sectional study from the 2 foremost government hospitals (Lagos University Teaching Hospital and Gbagada General Hospital) providing care for individuals with ESRD in Southwest Nigeria. The hospitals provide health care services for people in Lagos

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