

## **Letter to the Editor**

### **Self-care at Home Education Impression on the Quality of Life in Hemodialysis Patients Treated in Ardebil, Iran**

*To the Editor,*

End-stage renal disease (ESRD) has an increasing burden on health systems and is especially serious in developing countries where health resources are limited.<sup>1</sup>

According to the Management Center for Transplantation and Special Diseases report in Iran, in 2004–2009, the prevalent hemodialysis (HD) patients increased from number was from 24,000 to 40,000.<sup>2</sup>

Fortunately, recent decades, treatment methods such as hemodialysis (HD), peritoneal dialysis (PD), and kidney transplantation have lengthened the life of many patients and now widely accepted that quality of life promotion is an important outcome of health care.<sup>3</sup>

In a quasi-experimental study, we tried to determine the self-care education at home impression on the quality of life in HD patients treated in Ardebil, Iran in 2016.

The patients underwent HD. A total of 60 male and female HD patients were divided into two experimental and control group. The statistical society of this study age range was 18–65 who referred to HD wards, and at least six months have elapsed from their first dialysis. The data collection tools included a questionnaire about their demographic characteristics and another questionnaire about quality of life of the Kidney Disease Quality of Life Short Form of renal disease that was obtained by trained staffs. Quality of life scores was recorded as a pretest, and after the

intervention, quality of life questionnaire was completed again by a posttest by two groups and data were analyzed by Statistical Package for the Social Sciences (SPSS) software version 22.0 and using descriptive statistics and ANOVA methods.

The mean age of the patients was  $46.2 \pm 11.2$  years, and 30 (50%) of the patients were male. Mean duration of disease was  $34.8 \pm 18.2$  months, and all of the patients were on three times/week. The patients with lower level of education and economic status, long duration of illness, poor adherence of diet and drugs, having overweight and edema, and other diseases such as hypertension or diabetes suffered from a weak quality of life.

The results showed the positive effect of self-care education at home in improving the quality of life for HD patients. After the intervention, all dimensions of quality of life except social protection, patient satisfaction, and employment were significantly increased in the experimental group ( $P < 0.005$ ). Furthermore, the total mean of quality of life was promoted from 43.9% to 53.77% after self-care education at home and showed significant meaningfulness ( $P < 0.001$ ).

Other studies showed that the QoL in HD patients that were taught by health providers in hospitals is significantly better than the QoL of uneducated patients, particularly with respect to the physical, psychological, and social relationship domains ( $P < 0.05$ ).<sup>4,5</sup>

In conclusion, we believe that awareness of

patients on diet and medication through self-care education at home was found to be very effective in quality of life improvement in HD patients.

**Conflict of interest:** None declared.

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