Is quality of life among hemodialysis patients different in various countries?

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Hemodialysis (HD) and quality of life (QoL) are the important subjects of dialysis patients. The article entitled “Quality of life in dialysis patients” by Ayoub and Hijjazi (1) focused on evaluating QoL in HD patients by applying and comparing 36-item short form health survey (SF-36) and the QoL index dialysis version questionnaire in their country. It is interest of that Ayoub and his colleague (1) showed gender had no effect on HD patients’ QoL, while we showed in a study on 6,930 HD patients (2) by using SF-36 questionnaire (general core) and kidney disease component summary (KDCS, disease specific core) that males had better QoL than that of females. Zender and Olshansky (3) have also reported a lower QoL in women compared to men; in addition, they showed a high prevalence of psychological disorders with more severity that it can lead to lower QoL in females. However, it seems many factors such as perception of social support, healthy behaviors and outlooks, religious conviction etc. are different among countries between both genders.

Although Ayoub and Hijjazi (1) reported advanced age had no adverse effect on QoL, we showed that the elderly patients had significantly lower scores of all QoL scales, except for social supports that no significant difference was observed (2). Moreover, they showed no significant correlation between age and the total scores of the SF-36, while in our study staff encouragements was significantly better among middle-aged patients (45-60 years old) and patients’ satisfaction was significantly increased with older age (2). It may due to expectations which decrease with increasing age.

In addition, Ayoub and Hijjazi (1) reported that there was no significant relationship between educational level and QoL in both questionnaires, while we found a significant association between the higher educational level and better scores on all domains except for the quality of social interactions, dialysis staff encouragement and patients’ satisfaction that were decreased in patients with high educational level. Maybe using short volume of patients is reason of this difference between two studies. It is important to be noted that in the current study, patient with duration of dialysis more than three months was excluded from the study. Bayoumi et al. showed that dialysis duration was a negative predictor for QoL (4). We have also found that there was a significant correlation between QoL and dialysis duration so that more dialysis duration had lower QoL. Thus, it seems to be better that Ayoub and Hijjazi included the patients with at least three months dialysis duration to interference this important factor.

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All authors contributed to paper equally.

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