

Abstract 1397

COMPARISON BETWEEN WORKING AND NON-WORKING CHRONIC DIALYSIS PATIENTS

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The aim of the present study is to compare two groups of chronic dialysis patients, one that maintains their work activities (42.4%) and another group of non-working patients (57.6%). Sixty-six participants (62.1% males), ages between 22 and 72 years, from Lisbon, Portugal, were deemed to be an appropriate cohort for this study. The questionnaire used was the Portuguese version of The Kidney Disease Quality of Life Short Form (KDQOL-SFTM) from Hays, Kallich, Mapes, Coons, Amin & Carter (1995). The questionnaire comprises 91 items, including questions related to demographic and disease characteristics. Items can be grouped in 19 dimensions. The first step consisted on the adaptation to Portuguese, including translation, discussion with experts (medical staff and psychologists) and cognitive debriefing. Results show significant differences between the two groups with better results for the working group in eight of the 19 dimensions. No differences were found based on sex, marital status and education.

Abstract 1424

LONGITUDINAL VALIDATION OF A DIALYSIS-SPECIFIC HEALTH MEASURE (KDQOL-SF)

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A dialysis specific HRQL instrument is the KDQOL-SF, which encompasses both generic and disease specific elements. The aim of this study was to determine the longitudinal construct validity of the KDQOL-SF. The KDQOL-SF is a self-report measure containing the SF-36, supplemented with 10 dimensions measuring dialysis specific health outcomes including social support and dialysis staff encouragement. Clinical and HRQL data were collected 3- and 12-months after the start of dialysis. We defined longitudinal construct validity as the relationship between changes in index and external measures over time. 375 new Dutch ESRD-patients, all 3-months on chronic dialysis therapy, were consecutively included. Of these 375 patients, 304 completed the questionnaire also at 12-months. So, 71 patients did not complete the questionnaire after 12 months: 33 patients died between both measurements, 22 patients received a kidney transplant, and 16 patients stopped participation. 62% of the patients received hemodialysis therapy, 38% peritoneal dialysis. Mean age was 60 years (range 18-87), 61% was male. Changes in the selected clinical parameters correlated significantly with changes in HRQL. The change in residual renal function (rGFR) correlated positively with the change in HRQL, thus the larger the decline in rGFR, the larger the decrease in HRQL score. The highest correlations were observed with the dimensions bodily pain ($r=0.22$), burden of kidney disease ($r=0.20$) and symptoms ($r=0.17$). Serum albumin (SA) level increased from 3 to 12 months after the start of dialysis. This change correlated positively with the change in HRQL, indicating that an increase in SA is associated with an increase in HRQL. The strongest relation was seen with the dimensions overall health rating and physical function ($r=0.29$). In conclusion, longitudinal construct validity was confirmed, which provides support for applying this instrument in longitudinal studies with patients on chronic dialysis therapy.

Abstract 1436

THE EFFECT OF DIFFERENT IMMUNOSUPPRESSIVE REGIMEN ON QUALITY OF LIFE AFTER KIDNEY TRANSPLANTATION - A LONGITUDINAL STUDY

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Treatment of end-stage renal disease (ESRD) is evaluated by survival, quality of life (QOL) and cost-effectiveness. Little is known about the influence of different immunosuppressive agents on global and disease-specific QOL in kidney transplanted patients, especially in the long run. In winter 1997 (t1) and in winter 1998 (t2), all kidney transplanted out-patients of the Dept. of Nephrology, University of Essen, were asked to participate in a QOL study. The psychodiagnostic approach combined a global QOL-measure (SF-36 Health Survey) and a disease-specific questionnaire (ESRD-Symptom Checklist-Transplantation Module (ESRD-SCLTM), Nephron 1999). Inclusion criteria were (a) participation in both surveys and (b) eligibility after matching procedure: patients with tacrolimus-based immunosuppressive regimen were matched to cyclosporine-based immunosuppressive-regimen as to age, gender and duration of graft function. Both groups consisted of 63 patients (38 men). QOL as measured by the SF-36 did not differ markedly between the groups at t1 (better "Physical Functioning" in the tacrolimus-based group; paired t-test; $p<.05$). As to the disease-specific QOL (ESRD-SCLTM) patients with the tacrolimus-based regimen reported at t1 better "Physical Capacity" ($p<.05$), "Cardial and Renal Function" ($p<.05$) and less problems with "Growth of Gum and Hair" ($p<.0001$). The survey at t2 showed exactly the same results for both instruments. The effects of tacrolimus and cyclosporine on general QOL are comparable, whereas tacrolimus improves disease-specific QOL. These results seem also to be valid for a longer course of time. To detect differentiated aspects of QOL in kidney transplanted patients, the diagnostic approach should include a global QOL-measure complemented by a sensitive disease-specific measure.

Abstract 1534

DETERMINANTS OF QUALITY OF LIFE IN A POPULATION OF DIALYSIS PATIENTS

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Aim: To evaluate quality of life correlates in a population of subjects undergoing dialysis for chronic renal failure. **Materials and methods:** Overall, 367 patients were enrolled in 10 dialysis units located in southern Italy. More than half of the subjects in charge of each centre were recruited. All subjects filled in the Kidney Disease Quality of Life Short Form questionnaire at home. The questionnaire includes the SF-36 generic instrument and 36 items investigating seven disease-specific domains. Patients' characteristics are reported in table 1. Quality of life correlates were investigated with a series of logistic regression analyses, where questionnaire scores, dichotomised using the median value as cut-off, were the depend variables. Results are thus expressed in terms of Odds Ratio. **Results:** Results are reported in the table; only significant association (Odds Ratio) are displayed. **Conclusions:** Females and older subjects present a poorer quality of life in the great majority of the domains investigated. While the generic measure (SF-36) is mainly affected by dialytic age and presence of comorbid conditions, the kidney disease-targeted scales are influenced by malnutrition. Usual haematological parameter are not independent predictors of quality of life.