The great progress that has been made in application of dialyses lets the patients with chronic kidney disorders live in satisfactory somatic state for many years. The patients' quality of life becomes a more often raised issue. The psychological problems accompanying this form of treatment have many aspects that are worth paying attention to, e.g., mood reduction or resignation attitude. The symptoms that usually occur in depression gain special significance in the case of patients treated with dialyses. Loss of appetite in these patients may lead to a prompt occurrence of metabolic disorders. Mood reduction may result in willingness to give up treatment. Depression symptoms are a significant early indication of bad prognosis as to survival of patients treated with dialyses. 

Key words: depression, hemodialysis patients, psychological influence

The purpose of this article is to present a problem of dependence between psychical and somatic state in patients with end-stage renal disease (ESRD) treated with dialyses. The great progress that has been made in application of dialyses lets the patients with chronic kidney disorders live in satisfactory somatic state for many years. Therefore, the next objective of influence for this group of patients is to improve their psychosocial comfort. The quality of life in case people with chronic somatic illnesses has become an often raised issue in recent years (1-5). Patients receiving a dialysis therapy have to face the burdens of long-term illness and numerous treatment- or disease-associated stressors (6). 

The psychological and social problems

The psychological and social problems accompanying treatment with the use of dialyses have many aspects that are worth mentioning. The first one is mood
reduction and resignation attitude. The symptoms that usually occur in depression gain special significance in patients treated with dialyses (7, 8). Loss of appetite in these patients may lead to a quick occurrence of metabolic disorders and the lack of motivation and reduction of strength may contribute to negligence of observing the doctor's advice. Brownbridge and Fielding (9) showed a very significant dependence of the most important somatic state indicators among dialysed patients (mainly the level of potassium, blood pressure, the level of urea, weight gains between dialyses, etc.) on psychosocial factors, in particular on the level of depressive state and anxiety. The significance of the mood for observing the doctor's advice, e.g., concerning the diet, is stressed by many authors (10-14).

Mood reduction may even result in willingness to give up treatment. Witorzeńč (15) indicates in her research that as many as 57% of patients consider giving up dialysing. In the more recent research, McDade-Montez et al (14) found out that in the period of up to 4 years from the occurrence of depression symptoms, 18% of patients resigned from dialyses. Therefore, depression symptoms are a significant early indication of bad prognosis as to survival of patients treated with dialyses (15-17). Another team of researchers investigated the connection between chronic pain, depression and the tendency to give up treatment (18). Patients suffering from moderate and severe pain showed depression symptoms most frequently. They were also more inclined to resign from treatment.

Dialysed patients experience also a sense of loss. Loss may be understood as a trauma connected with being deprived of a considerable external or internal value. In patients treated with repeated dialyses, there are a lot of such elements. Losses refer to professional and social position. The reduced financial status is a very significant problem which often leads to further losses: the necessity to change the lifestyle or habits, or resignation from hobbies. Losses concerning people's concept of self as well as changes in their concept of self and self-confidence may be equally important. This may be accompanied by loss of dignity (19).

Some people treat the very fact of loss as a sufficient factor which may evoke depression, generally, however, the contribution of personality factors is emphasised as they may lead to replacing sorrow with depression (20). The sense of excessive dependence on the medical personnel, family, on other people providing assistance as well as on medical apparatus is another unfavourable element. This may cause adverse changes regarding self-esteem connected with the lack of independence and impossibility of self-determination (15, 17).

Limitations resulting from the treatment procedure and a subjective perception of the situation may also have a negative influence on fulfilling social roles. Parkerson and Gutman (10) indicate that depression and anxiety are primary factors and contribute to the occurrence of disability more than the seriousness of somatic disorder (the research involved mainly dialysed patients). Irritation and aggression are frequently observed reactions, having a negative impact on functioning in the society (13-15). Many authors indicate that a large percentage of dialysed patients demonstrate their anxiety and worry about the future. Anxiety
disorders are manifested mainly by reduction of libido and sleeping disorders. Acceptance of the illness and the limitations related to it and getting rid of negative emotions are key factors for maintaining the joy of life among patients (15, 16, 18).

The importance of informing the environment about the state of health of people with chronic illnesses is another important issue. Some people with chronic somatic illnesses, if possible, do not communicate their limited ability to their acquaintances, co-workers as well as present and potential employers (21, 22). Among the reasons for hiding the information about health, the authors of papers devoted to this issue, mention:

- maintaining a positive image in the eyes of others
- fear of embarrassing others
- fear of stigmatisation
- fear of becoming an object of gossip
- fear of negative influence of this information on the possibility of further professional carrier
- fear of deterioration of interpersonal relations in the workplace
- inability to provide the information about one's own disability

Generally, the dilemma whether to hide or disclose the information about health is solved by notifying others of the existing state of affairs (23-26). Among those who choose such a solution, the majority is of the opinion that it contributed to more authentic interpersonal relations. However, one fifth of them think that this prevented them from professional promotion. They also complain that upon revealing the information about their health, they started to be treated like a different, worse category of people.

One of the consequences of keeping the information about disability secret is the impossibility of using legal protection to which people with the adjudicated degree of disability are entitled. Researchers of this issue consider it necessary to ensure access to the specialist psychological and professional consultancy. Specifically prepared specialists could help settle the above-mentioned dilemma and make people aware of the fact that they may gain new qualifications which are consistent with their professional preferences (22, 25-27). Thus, a chronic somatic illness would not have to mean the end of an active life or professional carrier, but rather it could be a stimulus to commence a new path of carrier consistent with the potential that the person seeking advice has.

Perception of illness

Currently, the interest in processes related to coping with stress resulting from a somatic illness is linked with attributing greater and greater role to subjective factors: perception of the situation, own activity of the individual, human resources and their abilities and skills. Their role in maintaining good health and coping with the illness and its consequences is emphasised. Therefore, one may
attempt to place the problems in question, concerning dialysed patients, in the context of the Lazarus stress paradigm. According to his theory of stress, a cognitive assessment, which is a subjective interpretation of relations between an individual and the environment as well as estimation of the possibility of complying by the individual with requirements posed by the environment, plays an important role in the process of adaptation to a difficult situation. A human being - through the process of assessment - may modify stressors which exist objectively, and this is expressed by strengthening or reducing the effect evoked by objective factors. An outcome of cognitive activity as an assessment of the situation determines further action of the individual (28-30). In other words, this emphasises the important (implicite) role of individual conditions in coping with stress. Studies that have been conducted so far show that a difficult situation may entail various effects, depending on a cognitive assessment. More comfort is experienced by people who perceive the situation as a challenge rather than a threat or loss, and apply more constructive strategies of coping with stress. According to the concept of Lazarus, depression disorders among patients treated with dialyses result from their negative interpretation of their life situation. Hence, it is possible to assume that a change in the interpretation of the situation they are in may positively affect their comfort of life.

Directions of further survey

On the basis of the above analysis it is possible to draw a conclusion that there are good reasons for developing a depression prevention programme for dialysed patients. According to the author, the programme should involve a cognitive and behavioural intervention and include relaxation elements to help patients achieve a state of relaxation, get rid of tensions connected with the difficulties of daily life and reduce pain in patients suffering from chronic pain ailments. Another objective should be to enable the patients to notice those areas of their lives which are free of the influence of the illness; to find, between visits in the dialysis center, a subjective space in which they can enjoy freedom, and at the same time, change the negative interpretation of their life situation. The postulate of developing procedures for a course of action in dialysed patients results from studies of numerous authors (5, 33). In 2005, a draft of such a program was published (34). It suggests individual meetings with a therapist once a week, at which the aforementioned objectives are realized. The program is assumed to last for 8 weeks.

In the same year, Taiwanese researchers published the evaluation results of an adaptation program which they had developed, and which is aimed at dialysed patients (35). The program is based on therapeutic work in small groups. The purpose of this program is to help patients cope in a better way with stress. The training program is based on the transactional theory of stress and coping and cognitive-behavioural therapy. These theories give rise to strategies for coping with stress that can enhance the likeliness of successful adaptation. Thus, the
cognitive-behavioural model applied in the program can help patients to appraise stressors appropriately and restructure their negative thoughts about their chronic illness. The program had a beneficial effect on perceived stress, mood, and quality of life 3 months after the intervention.

Summing up, it is possible to say that further research in this regard is recommended in order to assess other possible forms of cognitive-behavioural intervention adjusted to the needs of dialysed patients and the resulting short- and long-term advantages.

REFERENCES


Author's address: K. Bargiel-Matuszewicz, Medyków 12 St., 40-752 Katowice, Poland; phone: +48 32 2088645, e-mail: k.matusiewicz@op.pl