

12TH GLOBAL NEPHROLOGISTS ANNUAL MEETING

June 26-28, 2017 London, UK

Sexual function in women undergoing maintenance hemodialysis in Cameroon and its related factors: A multi-centric study

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Purpose of the Study: The aim of this study was to describe disorders of sexual function and determine its associated factors in women on maintenance hemodialysis in a resource-limited country.

Methods: This was a multi-centric cross-sectional study including consenting women aged ≥ 18 years old who were undergoing maintenance hemodialysis for ESRD at three HD facilities in Cameroon in November 2014. Sampling was consecutive. The evaluation instruments used included: a preconceived form for demographic and clinical data, the Rosen questionnaire for evaluation of female sexual function (FSFI), the Beck depression Inventory (BDI), the short form (SF-36) of WHO quality of life (WHOQOL- BREF) questionnaire. Data was analyzed by EPI INFO 7. A value of $p < 0.05$ was considered significant. The study was authorized by the ethics boards of the different hospitals.

Results: A total of 52 out of 83 eligible adult women were included. The mean age was 38 ± 13 years with range of 18-69. There were 31(62%) women of child-bearing age (18-44 years). Disorders of sexual function were present in all women (100%). These disorders were sexual dysfunction (75%, $n=39$), abnormalities of the menstrual cycle (49% $n=26$), lack of sexual activity (30%, $n=15$). Menstrual disorders in the women of child-bearing age were: Irregular menses (45% $n=14$), non-gravid amenorrhea (40%, $n=12$), oligo-menorrhea (25%, $n=8$), poly-menorrhea (25%, $n=8$), metrorrhagia (6,4%, $n=2$), and menorrhagia (3,2%, $n=1$). Ten women had more than one menstrual disorder. Disorders of sexual dysfunction included: decrease in sexual desire (56%, $n=28$), decrease in sexual arousal (39%, $n=15$), decrease in vaginal lubrication (49%, $n=19$), failure to achieve orgasm (46%, $n=18$), sexual dissatisfaction (51%, $n=25$), and dyspareunia (36%, $n=14$). There was a significant inverse association between sexual dysfunction and older age ($p=0,0046$), depression ($p=0,0000$), and anemia ($p=0,0005$). Sexual inactivity ($p=0.0350$) and sexual dysfunction ($p=0.02875$) were associated with poor quality of life. Child desire was present in 14 women (45%) in child bearing age. Of the 37 sexually active women, 34 (93%) were not using any contraceptive method and 25 (67%) no measure of prevention against sexual transmissible infections.

Conclusion: Our results suggest that disorders of sexual function are frequent in women on long-term hemodialysis, and are associated with depression, a poor quality of life, older age and diabetes. Correction of anemia may improve these disorders.

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Family caregiver's experience of providing care to patients with end-stage renal disease in South-West Nigeria

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Family caregiving is where an unpaid volunteer, usually a close family member, attends to the needs of a loved one with a chronic, disabling illness within the home. Much research has been conducted in the area of family caregiving in high-income countries. However, the same cannot be said for many of the low-resource, multi-cultural African countries. This qualitative descriptive study was used to manifest content analysis to analyze data from semi-structured, individual interviews, with 15 purposively selected family caregivers. Two tertiary institutions providing renal care in South-Western Nigeria were the research setting for this study. Five categories were identified, and these included: Disconnectedness with self and others, never-ending burden, 'a fool being tossed around', obligation to provide care and promoting a closer relationship. Experiences associated with the caregiving of patients diagnosed with ESRD evoked a number of emotions from the family caregivers and the study revealed that caregiving imposed some burdens that are specific to low-resource countries on participants. Nurses need to engage family caregivers on disease specific teachings that might promote understanding of the disease process and role expectations. Family caregivers may benefit from social support services.

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