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The effect of self-management behavior on quality of life in patients with early-stage chronic kidney disease

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Objective: To discuss the status of self-management behavior and quality of life in early-stage chronic kidney disease (CKD) patients and the relationship between them.

Methods: A convenience sample of 348 early-stage chronic kidney disease patients was selected. Three instruments were used to collect data: General Data Scale; CKD Self-management Instrument (CKD-SM) and Kidney Disease and Quality of Life™ (KDQOLTM-36).

Results: The score of CKD-SM was (78.99±17.23), the scores of four subscales in descending order were self-integration, adherence to recommended regimen, problem solving and seeking social support. The scores of four subscales of KDQOLTM-36 in descending order were: symptom/problem list, effects of kidney disease, Mental Component Summary (MSC12), Physical Component Summary (PCS12) and burden of kidney disease. Multiple linear regression showed that problem solving and adherence to recommended regimen were the positive predictors of PCS12 and burden of kidney disease respectively (P=0.008, P=0.030), problem solving, adherence to recommended regimen and the total score of self-management behavior were all the positive predictors of symptom/problem list (P=0.000), but adherence to recommended regimen was the negative predictor of effects of kidney disease P=0.000 (P=0.000).

Conclusion: Self-management behavior and quality of life of patients with early-stage chronic kidney disease were above the average level, but seeking social support behavior was just at the middle level. The self-management behavior can influence quality of life in early-stage CKD patients. Medical workers should carry out individual interventions of self-management behavior targeted to improve patients' quality of life on the basis of a full assessment.

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Aristolochic acid nephropathy and/or Balkan endemic nephropathy – Current status

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Balkan Endemic Nephropathy (BEN) is a chronic renal disease that occurs following the fourth decade in residents of confined regions of the Balkan affecting up to 5% of the population and shows a very high association with Upper Urothelial Cancer (UUC). The first cases described in Serbia and Bulgaria date to the late 1950's. The etiology of BEN has been the extensively studied which resulted in publication of numerous hypotheses. Only one them putting forward the chronic Aristolochic acids (AAs) as the etiologic agent provided conclusive evidences related to BEN etiology. Aristolochic acid nephropathy (AAN) was initially reported in early 1990' after the intake of slimming pills containing Chinese herbs. This nephropathy was initially called Chinese-Herb Nephropathy (CHN) and developed a high risk of UUC. Similarities of CHN and BEN implied a common etiological agent for both diseases. Based on the studies of AAs-specific DNA adducts and TP53 mutation spectra in AAN and/or BEN-associated UUC, the causative role of AAs have been demonstrated. The recent studies showed that some food crops can uptake AAs from the soil or nutrient solution. Consequently, the consumption of such AAs-contaminated food may represent the major exposure pathways and one of the leading causes of AAN and/or BEN and attendant UUC. It is likely that due to the lack of our understanding of exposure pathways AAN and/or BEN remain under diagnosed and underestimated beyond the Balkans. Therefore, BEN and/or AAN are worthwhile to trace in any case of unclassifiable progressive decline in renal function.

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