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Who are at risk of lower social support among hemodialysis patients?

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End-stage renal disease (ESRD) is associated with several stressors that affect family dynamics and social relationships of hemodialysis (HD) patients. Social support is well known to influence quality of life and mortality among ESRD patients. Thus, it is crucial to understand the association between social support given to ESRD patients and demographic and clinical variables commonly used in clinical practice. We aimed to verify the association of social support perceived by ESRD patients undergoing HD with demographic and clinical variables. We studied 161 patients submitted to HD in the only two dialysis centers in northern Ceara state, northeast Brazil. We excluded patients under 18 years of age and on HD for less than three months. Social support was measured by The Medical Outcomes Study Social Support Survey (MOS-SS). MOS-SS comprises 19 items and generates scores from 0 (worst) to 100 (best) related to five dimensions of social support: Instrumental Support, Affection, Positive Social Interaction, Emotional Support and Informational Support. The following demographic variables were collected: gender, age, religion, marital status and economic class: E (lowest economic class) to A (highest). The clinical variables were etiology of renal disease, time on HD and an index based on comorbidity, as described by Khan: low-, medium- or high risk. We compared scores generated by the MOS-SS related to the five dimensions of social support between men and women; patients younger 60 years vs. 60 years or older; married vs. unmarried; Catholics vs. non-Catholics; economic classes B and C vs. D and E; time on HD up to 36 months vs. more than 36 months; diabetics vs. non-diabetics; low-risk vs. medium- and high-risk. Comparisons were performed by Student's t test. Statistical significance was considered to be $P < 0.05$. The sample was formed mostly by men (65.3%), had mean of age of 50.3 years, and mostly came from economic classes C and D (91.3%). The main etiology of ESRD was hypertension (34.2%) followed by glomerulonephritis (25.2%) and diabetes (21.7%). Patients were undergoing HD for a mean of 46.2 months. More than half of them (50.9%) presented low risk based on comorbidity. Among five dimensions of social support, Affection was the best scored (mean score=87.7) and Positive Social Interaction the worst (mean sore=73.5). The demographic variables associated with social support were: age, marital status and economic class, in the following way: older patients perceived higher Instrumental Support; married patients perceived higher Instrumental and Emotional Support compared to unmarried; patients from high economic classes perceived better Affection. Among clinical variables, only longer time on maintenance HD was associated with lower Instrumental Support. We concluded that younger patients, single patients and patients from low economic class should be seen as having higher risk of receiving poor social support. For them, educational intervention, search for community resources and strengthening of patients' interaction with family and friends should be promoted by social workers.

Biography:

Paulo Roberto Santos is Associate Professor at Federal University of Ceara, Brazil, and coordinates the Graduate Program in Health Sciences of the Sobral Faculty of Medicine. His main research interests are self-perceived outcomes (quality of life, depression, coping strategies and sexuality) among end-stage renal disease patients.

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