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Impact of diagnosis delay on the prognosis of patients with colorectal cancer

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Objective: To determine the satisfaction of the patient and its relation with the quality of life in kidney transplant recipients. Material and methods: Observational study of prevalence in a cohort of kidney transplant recipients at the Complexo Hospitalario Universitario A Coruña (CHUAC) in the period 1981-2014.

Variables studied: sociodemographic, anthropometric, health-related quality of life (SF-36), foot-related (FHSQ) and specific for kidney transplant patients (ESRD), satisfaction with care received (SERVQCON) and footer functionality (FFI). A descriptive analysis of all the variables was performed, Pearson's coefficient was used to analyze the correlation between the scores of the different quality of life and satisfaction questionnaires. The impact of quality of life on satisfaction was analyzed using logistic regression. Informed consent and approval of the ethics committee (2013/155 CEIC)

Results: The 371 patients received the kidney transplant at the mean age of 48.07 ± 12.49 years, the male sex and levels of overweight or obesity (64,4%) predominated. 24.3% and 16.4% had diabetes and peripheral neuropathy, respectively. A good degree of lower limb functionality was observed according to the FFI questionnaire, with an average score of 5.61 ± 13.95 . Regarding foot-related quality of life, patients reported high scores in the pain, function, and footwear domains, with the most worrying domain being general foot health, with an average score of 45.25 ± 22.77 . Similar results were obtained with the SF36 questionnaire, both in the physical and mental summary (44.68 ± 9.22 and 49.64 ± 11.30 , respectively). The same trend was observed in the results of the specific questionnaire for kidney transplant patients (ESRD). These results revealed that the most worrying domain was physical capacity limitations. 62.8% of the patients stated that they were very satisfied with the hospital care received, having attended an average number of 3 consultations in the last year. No linear correlation was found between the level of satisfaction and the quality of life of the patients.

The fact of presenting a greater comorbidity, according to the Charlson index, was associated with greater satisfaction, increasing the risk of scores higher than the median in the SERVQCON questionnaire with an OR = 2.33. A higher prevalence of diabetes and peripheral neuropathy was found among the patients most satisfied with the hospital care received. Those patients with such pathologies presented 1.69 and 2.33 times higher risk of scores above the median, respectively. None of the quality of life domains was associated with greater satisfaction.

Conclusions:

The level of satisfaction with the hospital care received was not associated with quality of life.

Patients with comorbidities presented a higher level of satisfaction.

Patients with diabetes and peripheral neuropathy were more satisfied.

Biography

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