

Comparison in Pattern of Quality of Life in Different Regions

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Letter to Editor

We recently read with interest the article by Abdelghany et al. entitled "Assessment of Health-Related Quality of Life in Patients Receiving Regular Hemodialysis" published in your esteemed journal [1]. They showed that Physical Health Composite and mental component summary scores in Egyptian hemodialysis (HD) patients were 35.57 ± 7.34 and 36.76 ± 10.22 respectively.

We have also investigated health related quality of life among Iranian HD patients [2]. Physical and Mental component summary scores in Iranian HD patients were 40.79 and 47.79 respectively [2]. Moreover, these parameters were different in American HD patients (34.4-37.7 and 41.73-41.7 respectively) [3] and Netherlands HD patients (38.8 and 43.7 respectively) [4]. One of the reasons for these differences could be due to cultural and health care system varieties between different countries. For example, in some Studies, HD patients received 3 HD sessions per week, but in some other studies, HD patients received 2 or 3 HD sessions per week. The different ethnic groups may be another reason. For example, the prevalence of end-stage renal disease (ESRD) and some risk factors of chronic kidney disease (CKD) such as hypertension and diabetes are widely different among various ethnic groups [2]. Age of participants, sample size and

level of education which are different among countries are other important confounding factors. For instance, Iranian patients were younger in comparison to participants in other studies.

Finally, various studies had different reports about PCS and MCS, but the key when drawing conclusions from different studies is to make sure consider cultural diversity, research methodology, sample size, socio-demographic factors, ethnic groups and health care system.

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