Service Priorities and Programmes

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Overview of Symptom Prevalence and Quality of Life Status of Patients under Renal Palliative Care Services

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Introduction

The Renal Palliative Care (RPC) in Wong Tai Sin Hospital provides both in-patient care and ambulatory care service for End Stage Renal Failure (ESRF) patients. It aims at minimizing the symptom burden and optimizing the quality of life (QoL) of the patients.

Objectives

To study the change in symptom prevalence and QoL of RPC patients at 4 - 6 weeks after dis-charge from RPC.

Methodology

This is a retrospective study of RPC in-patients admitted during the period of January 2013 to December 2014. Symptoms were rated by the Symptom Inventory for ESRF patients. QoL was measured by the Medical Outcomes Study 36-item Short Form Health Survey (SF-36). Both were measured on admission and at 4-6 weeks post discharge. Descriptive statistics, Paired-Samples t-test and Chi-square test were performed for statistical analysis.

Result

A total of 165 in-patients of RPC, 77 male (46.7%) and 88 female (53.3%), were recruited with a mean age of 80 years old. The mean score of the total Modified Charlson Comborbidity Index is (mean +/- SD) 8.6 +/- 1.82. However, 35.8% patients died and 11.5% patients were transferred to acute hospital during in-patient care. 29.1% patients declined ambulatory service or returned to their former out-patient clinic. The remaining 23.6% patients were offered the ambulatory services after being discharged from RPC. A total of 19.4% patients (n=32) were able to complete the

symptom inventory and SF-36 during in-patient care and ambulatory service. The five most prevalent symptoms were lethargy (80.7%), weakness and dry mouth (74.8%), anorexia (68.1%) and itchiness (58.0%) respectively. All SF-36 domains score in ambulatory service were higher than when commencing in-patient care. The mean score of Physical Com-ponent Summary and Mental Component Summary had marked improvement (Pre-program vs. Post-program: PCS 21.68 vs. 35.96 and MCS 35.96 vs. 48.85). Also, there is difference of mean score for Role Physical, Vitality and Social Functioning before and after the program ($p<0.05$). Role Physical have association with lethargy ($p<0.05$) while Bodily Pain have association with pain, loss of appetite, constipation and insomnia ($p<0.05$). Symptom control and QoL of the RPC patients demonstrate improvement after the in-patient RPC program. The study provides practical and valuable information for the nursing implication of the subsequent care and service planning for the RPC patients.