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Dialysis

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Depression, Patient Satisfaction, and Quality of Life over Time in Automated and Continuous Ambulatory Peritoneal Dialysis Patients: A Prospective Multicenter Propensity-Matched Study

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Background: Health-related quality of life (HRQOL) is an important clinical outcome for dialysis patients. However, relative superiority in HRQOL between automated peritoneal dialysis (APD) and continuous ambulatory peritoneal dialysis (CAPD) are not clearly known. We compared HRQOL over time between APD and CAPD patients and evaluated factors associated with HRQOL.

Methods: All 260 incident patients initiating APD or CAPD at multiple centers throughout Korea were prospectively enrolled in this study between October 2010 and February 2013. HRQOL, depression, and renal treatment satisfaction were assessed 1 and 12 months after the start of dialysis by the Kidney Disease Quality of Life Short Form 36 (KDQOL-36), the Beck's Depression Inventory (BDI), and the Renal Treatment Satisfaction Questionnaire (RTSQ), respectively.

Results: Of 196 patients who completed all questionnaires and did not change the peritoneal dialysis (PD) modality during the 1-year follow-up period, 160 were matched. APD patients showed better baseline HRQOL than CAPD patients for the symptoms, patient satisfaction, pain, and social function domains. There were no differences in HRQOL between the two groups at 12 months, and CAPD patients had significantly greater improvements in symptoms ($P=0.02$), the mental composite summary ($P=0.03$), and health status domains ($P=0.03$) than APD patients. There were similar improvements in depression ($P=0.01$) and patient satisfaction with treatment ($P=0.01$) in CAPD and APD patients. Interestingly, depression, not PD modality, was the most influential and consistent factor for HRQOL. Despite the spontaneous improvement of depression, considerable PD patients still had depression at the 1-year appointment.

Conclusion: APD has no advantage over CAPD for HRQOL. Considering the substantial negative effect of depression on HRQOL, it is important to evaluate PD patients for depression and to treat those with depression to improve their HRQOL.

Keywords: depression, patient satisfaction, peritoneal dialysis, Quality of life