

# THE "EMPATHIC RELATIONSHIP": A USEFUL TOOL FOR IMPROVING THE QUALITY OF LIFE IN HEMODIALYSIS PATIENTS? OUR EXPERIENCE.

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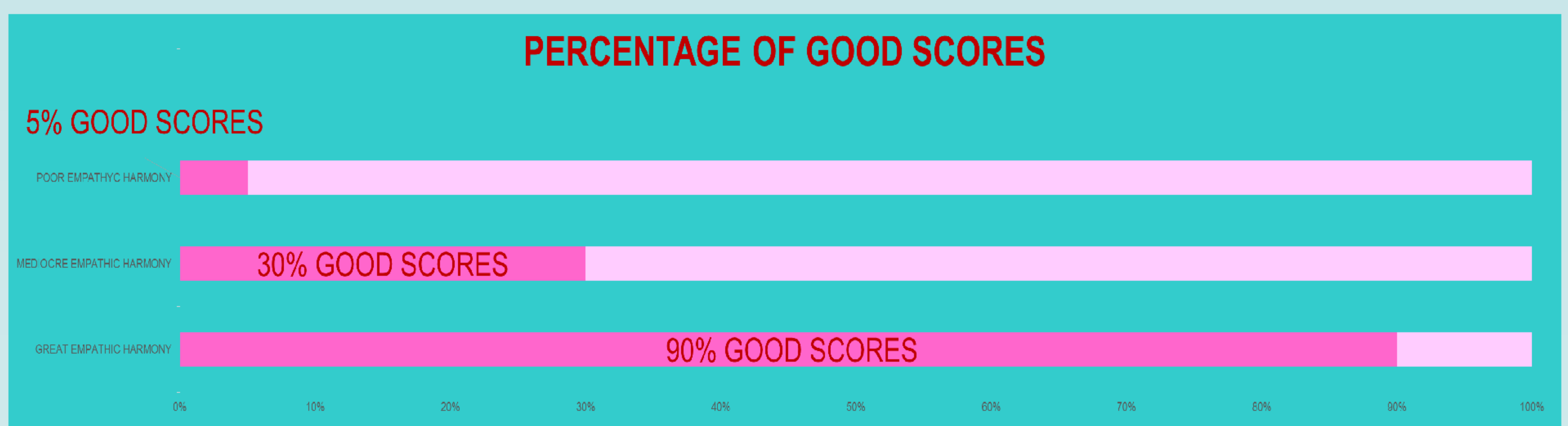
## Objectives:

In the management of chronic kidney disease is increasingly directed attention to an "patient centered" approach.[1,2] According to a pronouncement of the WHO antithetical dualism health/disease assumes multidimensional importance and incorporates various aspects of functionality and wellness, not only from a physical, but also on the psychological, emotional and social areas.

## Methods:

We conducted a cross-sectional study on 148 uremic chronic hemodialysis patients, offering the performance of some contemporary self-report on the assessment of the quality of life related to health (QoL-S). We divided the subjects into three distinct groups according to the degree of "empathic harmony" reached with the "team physician": 1) high; 2) average and 3) low. The texts given, chosen on the basis of their wide dissemination in the common practice of psycho-behavioral evaluation, were as follows: 1) TAS 20 (Toronto Alexithymia Scale) to measure alexithymia, 2) Shaps (Snaithe-Hamilton Pleasure Scale) for the measurement dell'anedonia, 3) (SASS Social Adaptation Self-evaluation Scale) for the measurement of social adaptation, 4) STAI (State Trait Anxiety Inventory) for the measurement of anxiety, 5) HLC (Locus of Control Scale) to measure locus of control, 6) SF-36 and NHP (Nottingham Health Profile) for the measurement of health status/quality of life, 7) COPE (Coping Orientation to Problems Experienced) and 8) PSS (Perceived Stress Scale) for measuring the perceived stress. The 90% of our hemodialysis patients immediately accepted the proposal to submit to the administration of the questionnaires with attitude "positive" and "participated". For the remaining 10% that was not able to give an active or had not shown spontaneous interest in participating in the study has been neglected to solicit membership. Data were analyzed using statistical methods.

## Results:



The average scores obtained from the questionnaires do not seem to differ from those reported for the general population, except for the finding of a higher prevalence of anhedonia and alexithymia. The best data were those related to the group of subjects who achieved a greater degree of "empathic harmony", compared to the group in which it had proved mediocre or even poor.

## Conclusions:

We believe that the assumption that the development of chronic kidney disease should pay a poor QoL-S is probably reconsidered. We also believe that action insistent, tenacious and choral team physician, devoted to the development of every possible action of "effective communication" with the patient, can be a useful tool to have awareness of the psychological dimension of the individual subject uremic chronic undergoing hemodialysis just to "cut to size" interventions getting therapy, the best "adherence" possible to care, as for the positive impact on the perception of QoL-S.

## References:

- 1-Ricci WF, Longley HS, Sagduyu K. - Psychological aspects of dialysis: a case-based discussion. *Mo Med.* 2014 Nov-Dec;111(6):516-20.
- 2-Smith R, Hiatt H, Berwick D. - Shared ethical principles for everybody in health care: a working draft from the Tavistock Group. *BMJ.* 1999;318(7178):248-51

