

An Overview:

How integrated care can improve quality of life in ESRD patients at risk of depression

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Introduction

Integrative care is a term synonymously associated with coordinated and seamless care, on the intent of enhancing quality of care and quality of life, user satisfaction and systems efficiency. It is the result of multi-pronged efforts to promote integration within various health and social care professions, to benefit patients.

Depression has been associated with poor quality of life and adverse medical outcomes in patients with ESRD (Shirazian et al., 2017).

A study on quality of life amongst ESRD patients at risk of depression, in collaboration with health care professions e.g. nursing. The study aims to address how integrative care can assist patients managed in NKF, whose quality of life may be compromised due to their medical condition.

Method

Two groups of patients were identified by Medical Social Workers in terms of one group having an integrative care plan to manage symptoms of depression and the other not having any form of integrative care support. Inputs from nursing department also helped the MSWs to further assess the impact of such integrative care approaches towards supporting patients' coping and improving their quality of life.

The Kidney Disease Quality of Life – 36 (KDQOL-36) survey is a kidney disease-specific measure of Health Related Quality of Life (HRQOL). It includes items such as symptoms/problems of kidney disease, burden of kidney disease and effects of kidney disease. It is relevant to study whether the inventive measures made impacts onto the kidney patients.

Results/Analysis

(a) Review of Group One patients (with integrative care support)

Date	Patient	Symptoms/Problem List	Effects of Kidney Disease	Burden of Kidney Disease	SF-12 Physical Composite	SF-12 Mental Composite
14/02/2018	1	72.92	90.63	37.50	47.26	44.57
14/02/2018	2	62.50	56.25	12.50	28.90	35.74

KDQOL-36 Scoring Results Table 2

(b) Review of Group Two patients (without integrative care support)

Date	Patient	Symptoms/Problem List	Effects of Kidney Disease	Burden of Kidney Disease	SF-12 Physical Composite	SF-12 Mental Composite
14/02/2018	1	56.25	68.75	75.00	24.33	55.06
13/02/2018	2	41.67	37.50	0	31.14	38.13

KDQOL-36 Scoring Results Table 2

The above tables show the results of (Kidney Disease Quality of Life) KDQOL-36 survey. It displayed how effects of kidney disease will affect the burden of kidney disease on renal patients with and without integrative care support.

(c) Integrative Care Support

- i) NKF MSW worked closely with patient to provide supportive counseling to patient to work through patient's negative outlook in life
- ii) Hospital MSW worked closely with patient and family in the care plan of supporting patient
- iii) Family service centre (FSC) counselor also work together with patient in managing depressive symptoms
- iv) Multi-disciplinary meetings and case conferences are arranged between various care agencies e.g. hospitals, FSCs and Nursing Homes, further support the care plans.

Discussion

1. With integrated care approach from hospitals, FSCs and the involvement of family for long-term care, improvements were observed in patients coping with the burden of kidney disease in relation to the effects of kidney disease and their depression.
2. Patients moved on progressively from their psychosocial and depression issues into meaningfully coping with their illnesses and having a more positive outlook in their life.

Bibliography

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