DESCRIPTIVE STUDY ON SLEEP DISORDERS AMONG HEMODIALYSIS PATIENTS

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ABSTRACT
The prevalence of sleep disorders is higher in patients with renal disorder than the general population. we have a tendency to studied the prevalence of sleep disorders in eighty eight (mean age; forty one.59 ± 16.3years) The investigated sleep disorders enclosed sleep disorder, restless leg syndrome (RLS), impeding sleep disorder syndrome (OSAS), excessive daytime temporary state (EDS), hypersomnia and sleep walking, and that we used a form in accordance with those of the Epworth temporary state Scale, The prevalence of sleep disorders was seventy nine.5% in our patients, and also the commonest sleep abnormality was sleep disorder (65.9%), followed by RLS (42%),OSAS (31.8%), snoring (27.3%), EDS (27.3%), hypersomnia (15.9%), and sleep walking (3.4%).Insomnia correlate with anemia (r=0.31, P= 0.003), anxiety (r=0.279, P= 0.042), depression (r=0.298, P= 0.24) and RLS (r=0.327, P= 0.002). Also, RLS correlate with hypoalbuminemia (r=0.41, P= < 0.0001), anemia (r=0.301 and P= zero.046), hyperphosphatemia (r=0.343 and P= zero.001). EDS correlate with OSAS (r=0.5, P= < 0.0001), snoring (r=0.341, P= 0.001), and social worry (r=0.27, P= 0.011). Sleep disorders area unit quite common within the HD patients, particularly those that are anemic and hypo albuminemic.

Key Words: sleep disorder, hemodialysis, patients.

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INTRODUCTION

Kidney disease (CKD) patients are hypothesized that end-stage renal disease (ESRD) directly influences the quality of sleep. Interestingly, 80% of hemodialysis or peritoneal dialysis patients suffer from sleep abnormalities, and the prevalence is higher than that in the general population. The most frequently reported complaints are insomnia, restless leg syndrome (RLS), sleep-disordered breathing and excessive daytime sleepiness (EDS). The causal link between conventional dialysis and sleep dissatisfaction remains speculative, while psychological causes such as anxiety and depression, physical disturbances such as hypertension, muscle cramps, and electrolytes or body fluids imbalances may significantly contribute to the sleep disorders. In addition, primary sleep disorders such as restless legs syndrome (RLS) and sleep-disordered breathing (SDB) are potential contributors. Recently, Parker et al proposed different etiologies for sleep problems in CKD and chronic HD patients. Functional and psychological factors may play a more prominent role in the former group, while intrinsic sleep disruption may play a more significant role in the latter. Furthermore; there is race influence on the self-reported sleep quality.

In this study to evaluate the self-reported sleep quality in our hemodialysis population in order to estimate the prevalence of sleep disorders and determine the factors affecting them in this patient population

OBJECTIVES

- To assess the level of sleep among hemodialysis patient in pre-test and post-test
- To find out the association between the level of sleep among hemodialysis patient at selected demographic variables

RESEARCH METHODOLOGY

- Research design = descriptive study on self-reported questionnaire on sleep among hemodialysis patient
- Setting of the study = M.R hemodialysis center in Chennai
- Population those who are attending the hemodialysis center
- Sample size 100
- Sampling technique PURPOSIVE Convenient sampling
- Development of the tool self structured questionnaire were framed and got validated by the experts in nursing

Steps are selected for preparing the tools

- Review of related literature
- Preparation of the blue print
- Consultation with guide
- Preparation of final draft
- Translation of the tool

RESULTS

The mean duration of dialysis in Seventeen percent of our patients was smokers. A significant proportion of our cohort suffered from some psychiatric disorders such as anxiety (43.2%), depression (27.2%) and social worry (30.7%). Table 1 shows the dialysis-associated parameters for our patients. They were adequately dialyzed (Kt/V > 1.2), but hypoalbuminemic and anemic. The prevalence of sleep disorders was 79.5% in our patients. The most common sleep abnormality was insomnia (65.9%), followed by RLS (42%), OSAS (31.8%), snoring (27.3%), EDS (27.3%), narcolepsy (15.9%), and sleep walking (3.4%). There was comparable parameters in patients without insomnia and those with level 1 and level 2 of insomnia except for sodium plasma levels (P= 0.022). However, RLS patients with low-risk (< 9) and high-risk (≥ 9) on Epworth questionnaire were not different regarding their electrolytes level as well as their markers of hemodialysis adequacy. Insomnia correlated with the presence of anemia (r=0.31 and P= 0.003), anxiety (r=0.279 and P= 0.042), depression (r=0.298 and P= 0.24), and RLS (r=0.327 and P= 0.002). Also, RLS correlated with the presence of hypoalbuminemia (r=0.41 and P= < 0.0001), anemia (r= 0.301 and P= 0.046), and hyperphosphatemia (r=0.343 and P= 0.001), EDS correlated with OSAS (r=0.5 and P= < 0.0001), snoring (r= 0.341 and P= 0.001), and social worry (r=0.27 and P= 0.011). We found no significant correlation between sleep disorders and gender, cause of renal failure (diabetics vs. non-diabetics), and smoking habits

CONCLUSION

We conclude that Sleep disorders are quite common in the HD patients, especially those who are anemic and hypoalbuminemic. Assessment of sleep quality, preferably with polysomnography, is necessary to confirm our results. Interventional studies for management of sleep disorders in HD patients are warranted.
REFERENCES