PERCEPTION, MEDICATION COMPLIANCE AND HEALTH RELATED QUALITY OF LIFE OF CHRONIC KIDNEY DISEASE PATIENTS IN MANDALAY GENERAL HOSPITAL

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2016

ABSTRACT

A hospital-based cross-sectional descriptive study to total 106 respondents was carried out in renal medical unit and medical units of Mandalay General Hospital to identify their perception, medication compliance and health related quality. Data was collected by face to face interview with pre-tested structured questionnaires (IPQ-R, SF-12 and compliance questionnaires), and record reviews for CKD staging and underlying diseases. The study included 44 (41.5 %) male and 62 (58.5%) female. Mean age of respondents was 44.2 ± 13.528. Majority of respondents (73.6%) were from urban area and more than half of the respondents were dependent, had lower level of education andfamily income < 300,000 kyats. The average duration of disease was 1.8 years and treatment duration was nearly the same. About three-fourth of respondents were in stage 5 and only 59.4% were taking dialysis treatment. Hypertension (40.6%) and diabetes (13.2%) and in combination (18.9%) were the main underlying causes. The respondents had moderate perception on identity and consequences, high perception on chronicity, cyclical nature of timeline and illness coherence and higher perception on personal and treatment control. Chance or bad luck (84.9%) and diet or eating habit (77.4%) were the main reported causes of CKD and in term of causal attributions, it was also the most reported item (mean = 2.86 ± 0.672).There were significant statistical correlationsbetween age, per-capita income, and duration of disease with some items of IPQ-R. Independent t-test analysis showed statistically significant association between educational status and timeline (p = 0.005), illness coherence (p = 0.021); between CKD stage and timeline (p = 0.047), consequences (p = 0.003) and identity (p = 0.015). Illness representation items: consequences (r = - 0.21), timeline cyclical (r = - 0.265) and emotional representation (r = - 0.196) were statistically correlated to medication compliance. About two-third of respondents (65%) had good medication compliance and the main reasons for non-compliance were due to forgetting and feeling better. This poor medication compliance was associated with low education level (p = 0.037) and living in rural areas (p = 0.05). In general, the physical and mental component scores (SF- 12) of the respondents were reduced (mean of PCS = 34.3 ± 9.967 and mean of MCS = 46.69 ± 10.967). High PCS score was statistically associated with advanced stage (CKD stage 5) (p = 0.037) and high MCS score was associated with older age (>50 years) (p = 0.05).There were higher perception on illness representation and medication compliance did not depend on socio-demographic factors or on illness perception. Misperception about CKD and its treatment and importance of medication compliance should be educated. Overall health related quality of life of the patients was impaired and physical, emotional and social supports should be provided.