



Impact of pharmaceutical care intervention on health-related quality of life in hemodialysis patients in Benghazi

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Abstract: Hemodialysis patients suffer from poor health-related quality of life which results in a higher risk of hospitalization and mortality. This study investigates the importance of pharmaceutical care and role of pharmacist for hemodialysis patients to optimize drug therapy, minimize drug related problems and thereby improving their health-related quality of life. The study was conducted to evaluate the impact of pharmaceutical care interventions on health-related quality of life of hemodialysis patients in Benghazi, Libya. Randomized control study was carried out after getting an ethical approval from the committee of the hospital. Health-related quality of life was assessed using SF-36 instrument for all the patients (n = 80). Among them, 40 patients were received the normal care along with brief medication review and counselled by pharmacists for two months. Then, health-related quality of life was assessed again for those 40 patients who received the pharmaceutical care. Data was analyzed using an appropriate methods. The results showed that the quality of life for hemodialysis patients was poor in both physical and emotional aspects. After implementation of appropriate pharmaceutical care to the patients, their quality of life improved significantly. Health-related quality of life is an important determinant of treatment effectiveness in dialysis patients.

Introduction

End-stage kidney disease (ESKD) refers to the final stage of chronic kidney disease (CKD) when kidneys no longer function at a level needed for survival. It is highly prevalent internationally and has become a major public health issue associated with a negative impact on the patient's life [1]. Kidney transplantation in Libya is limited owing to the lack of availability of suitable a living-related donor. So, most of the patients with ESKD within Libya remain dialysis-dependent [2, 3]. Libya has

a relatively high prevalence and incidence of dialysis-treated ESKD. The prevalence of dialysis-treated ESKD in Libya is 624 per million population [3]. 85% of the prevalent patients were aged below 65 years and 58% were male [4]. The hemodialysis patients (HD) suffer from poor health-related quality of life (HRQoL) which results in a higher risk of hospitalization and mortality [5, 6]. Hemodialysis process is considered as a complicated procedure for patients

that require frequent visits to hospitals or dialysis centers, mainly three times a week, thus implying substantial changes in the normal way of patients' living [7]. Many studies have revealed that there is a lack of knowledge, attitude, and practice regarding the drugs, disease and lifestyle changes among CKD patients on HD [8, 9]. Pharmaceutical care (PC) is the direct interaction between pharmacist and patient. In order to improve the therapeutic outcomes and patient compliance, a pharmacist promotes adequate follow-ups, provides counseling and thereby improves the quality of life (QoL) of the patient [10]. Health education is needed for patients to assist them in self-care. In addition to self-care, motivation plays an important role among dialysis patients [5, 7]. Patients need updates on issues of drugs, disease and lifestyle changes appropriate for the failed renal function [11]. This study was conducted to evaluate the QoL of HD patients in three different centers in Benghazi and to identify the impact of PC intervention on the HRQoL of HD Libyan patients.

Materials and methods

This study was planned to assess the impact of PC on the HRQoL among HD patients. Thus, a randomized control study was carried out after getting an ethical approval from the ethical committee of Hospital administration (2020/4) at different HD centers in Benghazi, Libya (Kidney Center and Eleithy polyclinic). The duration of the study was from December 2020 until June 2021. Firstly, the data was collected from 80 HD patients using the reliable and validated Arabic version of SF36 questionnaire (12). The questionnaire consists of 36 items divided into eight scales: Physical Functioning (PF): 10 items, Bodily Pain (BP): 3 items, Social Functioning (SF): 2 items, General Health Perception (GH): 5 items, Role-physical (RP): 4 items, Role-emotional (RE): 3 items, Vitality (VT): 4 items and Mental Health (MH): 5 items. From these factors, item scores are coded, summed and transformed to a scale ranging from 0 (worst health status) to 100 (best health

status). After collecting data from 80 patients, 40 patients of them were randomly selected to receive pharmaceutical care such as motivation and patient education regarding knowledge about disease, medications, lifestyle changes, nutritional information and medication review from March 2021 until end of June 2021. After two months of follow up, the questionnaire was distributed again to them (40 patients) to compare the results before and after the PC intervention. The data was analyzed by descriptive statistics Excel sheet. The demographic profile of all the patients was described using percentage and frequency for the categorical variables and means for the continuous variables. To assess the item analysis, the mean of each item was calculated and transformed to percentage by computed scale scores by the following equation: [scale = ((mean of all items - 1) / 4) * 100]. The scale scores ranged from 0 - 100. Lower scores indicated worse health status or negative outcomes while higher scores indicated better health status or more positive outcomes.

Results

In this study, **Figure 1** shows that patients' gender which indicates the males are almost twofold of the females (70.0% male and 30.0% female). **Figure 2** shows that the most range of patients' qualification (degree of education) are nearly equal in percentage between the patients, high school education is 35.0%, bachelor degree is 26.0% and secondary school education is 24.0%, respectively. **Figure 3** shows age of the participant patients. Thus, the most age range for the patients is between 41 years and 60 years old which was account for 61.0% while less than 40 years account for less than 20.0% as over 60 years old. In **Figure 4**, the lowest scales were both role of physical and role of emotional aspects and account for 44.3 and 49.6, respectively of HRQoL in the HD patient. Also, this study's mean vitality QoL score was 54.0 which is only slightly more than half of the QoL score in a healthy human. Other scale is higher than 50.0.

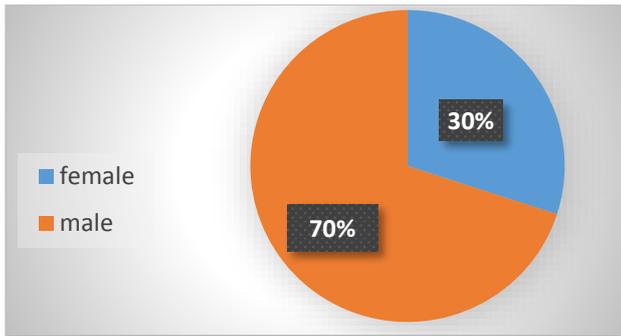


Figure 1: Gender distribution of the patients

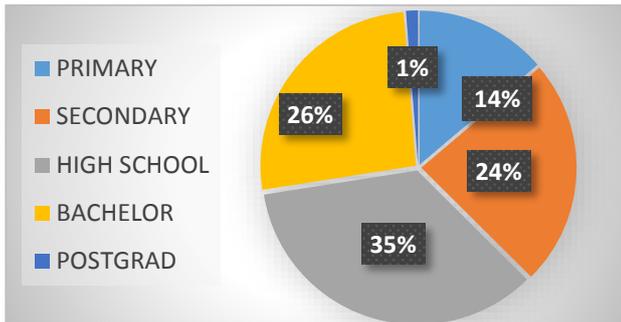


Figure 2: Education levels of hemodialysis patients

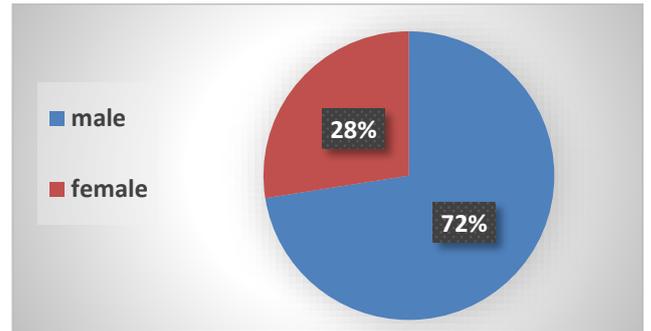


Figure 5: Gender distribution for patients under pharmaceutical care

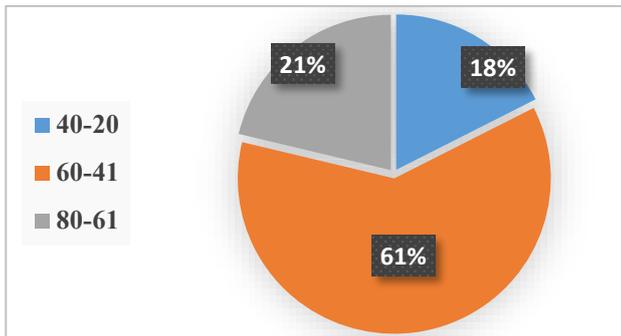


Figure 3: Age distribution of the hemodialysis patients

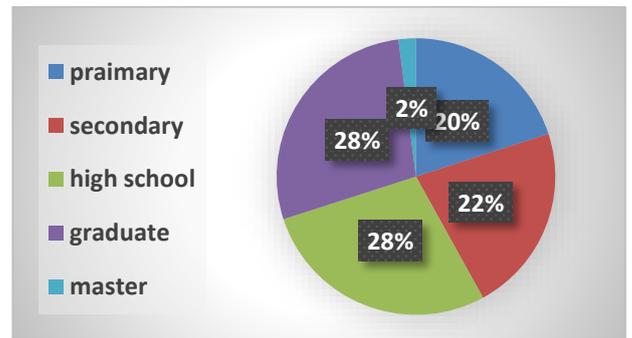


Figure 6: Education level for patients with pharmaceutical care

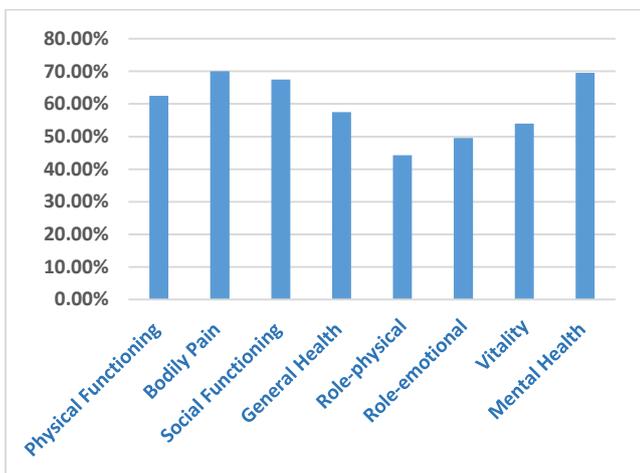


Figure 4: Quality of life of hemodialysis patients

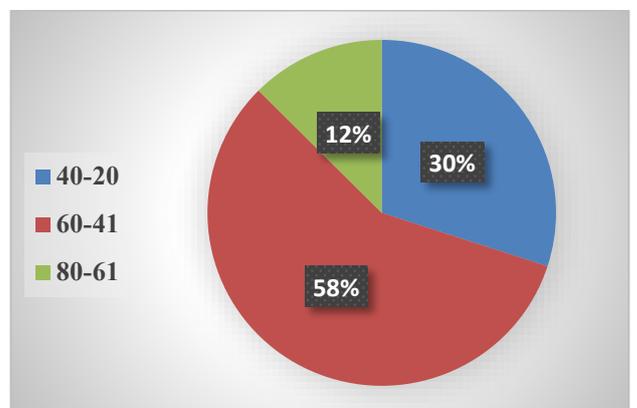


Figure 7: Age distribution for patients with pharmaceutical care

With regard to the patients who received pharmaceutical care, Figure 5 shows that the

gender percentage distribution of the 40 patients was found to be 72.0% male and 28.0% female, with males are higher than females by two and half fold. Figure 6 shows that the higher percentage of patients' education levels (degree of qualification) are in high school is 28.0%, bachelor degree (university) is 28.0% and secondary school is 22.0%, respectively. Figure 7 shows that the most age range for the 40 patients is between 41 years - 60 years old which was accounted for 58.0%.

With regard to the quality of Life for 40 HD patients before and after pharmaceutical care,

Figure 8 shows the quality of life before and after pharmaceutical care for 40 HD patients who receive motivation and patient education regarding knowledge about disease, medications, lifestyle changes, nutritional information and medications review. The results show that the lowest scales before pharmaceutical care is role physical aspect

of HRQoL. Also, the mean vitality and role emotional QoL score were slightly more than half of the QoL score in a healthy human. Other scale is higher than 50. The results show also that the QoL after pharmaceutical care is better than before pharmaceutical care.

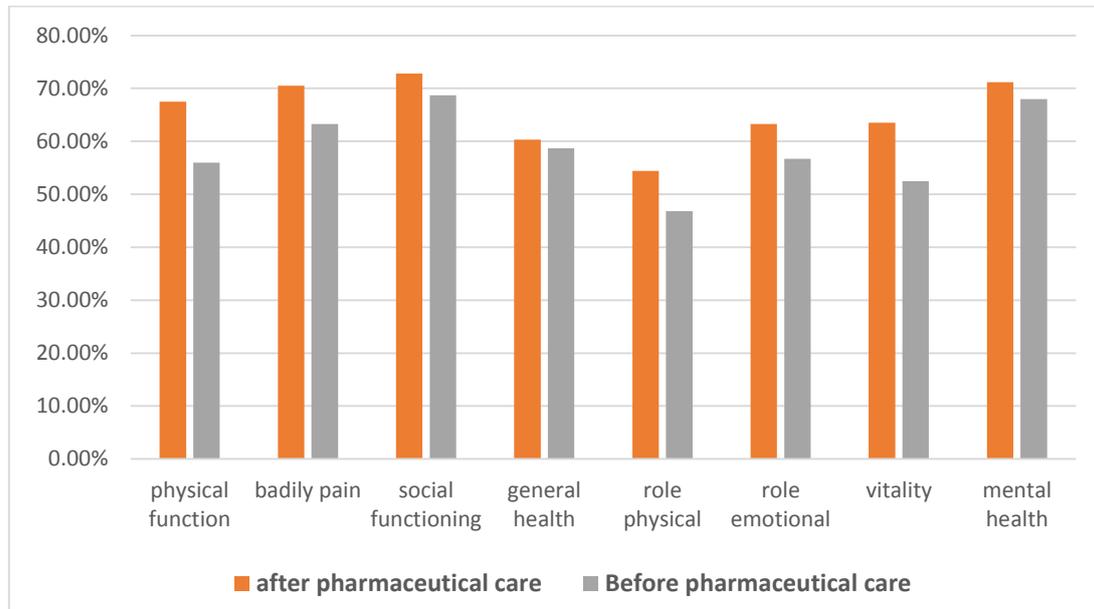


Figure 8: Quality of Life for HD patients before and after pharmaceutical care.

Discussion

Pharmaceutical care is a comprehensive patient education system serving in the areas of drug, disease, nutritional and lifestyle information with an objective to empower the patient with self-management of his or her condition. In this study, the largest proportion (61.0%) of the patients was between 41 years and 60 years old, with 70.0% of the patients are male. The study further reveals that these patients' role physical is 44.3 and role emotional is 49.6 which is less than half of the function of a normal human being which is 100. This shows that the burden of the disease seems very severe. This study's mean validity QoL score was 53.33 which is only slightly more than half of the QoL score in a healthy human. The same findings have been revealed in other published studies among dialysis patients in Oman and Malawi [6, 13]. Another study in Japan found that physical QoL became worse as dialysis vintage lengthened. In contrast, mental QoL declined over

time within a relatively short period among older maintenance HD patients [14]. Regarding the impact of PC on the QoL of HD patients, the current study found that the QoL after PC is better than before care. The same finding regarding the impact of patient counseling on the QoL of HD patients found that the impact of patient counselling in the QoL of HD patients indicated a significant improvement in each domain after counselling [15]. Other study conducted in India revealed that the HRQoL scores were significantly improved over time in the domains noticed with regard to the physical functioning, general health, emotional well-being, social functioning, symptom/problem list, and effects of kidney disease in all the three centers of PC group compared to usual care group. Thus, PC provided by a trained pharmacist had positive impact in HRQoL of HD patients [16]. Other published study enables demonstration and application of a PC program among stroke patients to prevent

complications to improve HRQoL. This study indicates that PC can be performed in hospital and community settings as it provides more benefit and positive impact on patient's HRQoL [17]. Healthcare providers should be aware of a low HRQoL among HD patients. Several studies have provided insight into several associations between patient variables such as demographics, clinical factors and their HRQoL is highly recommended because this type of study reveals some significant results that can be taken into consideration when dealing with HD patients. Future research should be aimed at understanding healthcare professional's

perceptions and practice of assessing medication adherence in dialysis patients that may guide intervention to resolve the issue of medication non-adherence which leads to poor HRQoL [18].

Conclusion: Health-related quality of life is an important determinant of treatment effectiveness in dialysis patients and the major scales were physical and emotional aspects of HRQoL in the HD patients. Thus, this study evaluated the impact of PC on QoL of Libyan HD patients and showed QoL after pharmaceutical care is better than before pharmaceutical care.

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Ethical issues: Including plagiarism, informed consent, data fabrication or falsification and double publication or submission have completely been observed by authors.

Data availability statement: The raw data that support the findings of this article are available from the corresponding author upon reasonable request.

Author declarations: The authors confirm that all relevant ethical guidelines have been followed and any necessary IRB and/or ethics committee approvals have been obtained.

References

1. Kousoula G, Lagou L, Lena M, Alikari V, Theofilou P, Polikandrioti M (2015) Quality of life in hemodialysis patients. *Materia Socio-medica*. 27 (5): 305-309. doi: 10.5455/msm.2015.27.305-309.
2. Usta A, Shawish T, Mishra A, Ehtuish EF, Ajaj H, Milud N, A Shebani A, Abdulmola T, Tejori U (2008) Living related kidney transplantation in Libya: a single center experience. *Transplantation Proceedings*. 40 (10): 3428-3433. doi: 10.1016/j.transproceed.2008.06.063.
3. Ehtuish EF, Abouna GM, Shebani AA, Abdulmola TS, Shawesh TZ (2006) Kidney transplantation in Libya: a North African and Middle Eastern perspective. *Experimental and Clinical Transplantation*. 4 (1): 425-428. PMID: 16827638.
4. Alashek WA, McIntyre CW, Taal MW (2012) Epidemiology and aetiology of dialysis-treated end-stage kidney disease in Libya. *BMC Nephrology*. 13 (1): 1-7. doi: 10.1186/1471-2369-13-33.
5. Dashti-Khavidaki S, Sharif Z, Khalili H, Badri S, Alimadadi A, Ahmadi F, Gatmiri M, Rahimzadeh S (2012) The use of pharmaceutical care to improve health-related quality of life in hemodialysis patients in Iran. *International Journal of Clinical Pharmacy*. 35 (2): 260-267. doi: 10.1007/s11096-012-9748-6.
6. Al Salmi I, Kamble P, Lazarus ER, Melba D'Souza S, Al Maimani Y, Hannawi S (2021) Kidney Disease-Specific Quality of Life among Patients on Hemodialysis. *International Journal of Nephrology*. 7: 2021: 8876559. doi.org/10.1155/2021/8876559.
7. Avramovic M, Stefanovic V (2012) Health-related quality of life in different stages of renal failure. *Artificial Organs*. 36 (7): 581-589. doi: 10.1111/j.1525-1594.2011.01429.x.
8. Sathvik BS, Mangasuli S, Narahari MG, Gurudev KC, Parthasarathi G (2007) Medication knowledge of hemodialysis patients and influence of clinical pharmacist provided education on their knowledge. *Indian Journal of Pharmaceutical Sciences*. 69 (2): 232-239. doi: 10.4103/0250-474X.33149.

9. Jeloka T, Toraskar D, Sanwaria P, Niture S (2014) Regular monthly prescription with knowledge of each medicine may improve drug adherence in hemodialysis patients. *Indian Journal of Nephrology*. 24 (2): 131-132. doi: 10.4103/0971-4065.127920.
10. Chandrasekhar D, Pradeep A, Geoji AS, George AE, Athira V, Thomas GK (2018) Impact of intensified pharmaceutical care on health related quality of life in patients with stroke in a tertiary care hospital. *Clinical Epidemiology and Global Health*. 6 (94): 198-202. doi.org/10.1016/j.cegh.2018.05.001.
11. Mateti UV, Nagappa AN, Bairy M, Nagaraju SP, Attur RP (2013) Pharmaceutical care for dialysis patients. *Systematic Reviews in Pharmacy*. (4): 1-6. doi: 10.4103/0975-8453.135830.
12. Sheikh KA, Yagoub U, Elsatouhy M, Al Sanosi R, Mohamud SA (2015) Reliability and validity of the Arabic version of the SF-36 health survey questionnaire in population of Khat Chewers - Jazan Region-Kingdom of Saudi Arabia. *Applied Research in Quality of Life*. 10: 1-13. doi 10.1007/s11482-013-9291-1.
13. Masina T, Chimera B, Kamponda M, Dreyer G (2016) Health related quality of life in patients with end stage kidney disease treated with haemodialysis in Malawi: a cross sectional study. *BMC Nephrology*. 17 (1): 61. doi 10.1186/s12882-016-0292-9.
14. Ishiwatari A, Yamamoto S, Fukuma S, Hasegawa T, Wakai S, Nangaku M (2020) Changes in quality of life in older hemodialysis patients: a cohort study on dialysis outcomes and practice patterns. *American Journal of Nephrology*. 51 (8): 650-658. doi: 10.1159/000509309.
15. Abraham S, Ramachandran A (2012) Estimation of quality of life in haemodialysis patients. *Indian Journal of Pharmaceutical Science*. 74 (6): 583-587. doi: 10.4103/0250-474X.110624.
16. Mateti UV, Nagappa AN, Attur RP, Nagarapu SP, Rangaswamy D (2017) Impact of pharmaceutical care on the health-related quality of life among hemodialysis patients - a multicenter randomized controlled study. *Saudi Journal of Kidney Diseases and Transplants*. 28 (6): 1293-1306. doi: 10.4103/1319-2442.220879.
17. Dilip C, Anuja P, Asha SG, Athira EG, Athira V, Geethu KT (2018) Impact of intensified pharmaceutical care on health related quality of life in patients with stroke in a tertiary care hospital. *Clinical Epidemiology and Global Health*. 6 (4): 198-202. doi: doi.org/10.1016/j.cegh.2018.05.001.
18. Abduelkarem AR, Fizga SM, Tawati AM, Sherif FM (2017) An assessment of quality of life in Libyan patients undergoing hemodialysis. *European Journal of Pharmaceutical and Medical Research*. 4 (6): 70-75.