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Psychological Stressor Of End Stage Chronic Kidney Disease Patients On Dialysis. A Battle For Life

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Introduction: Patients with chronic kidney disease (CKD) may choose to undergo dialysis. Factors that may have led patients to prescribe psychological interventions related to dialysis are poorly understood in the literature. The purpose of this study was to explore multi-level factors surrounding dialysis modalities such as Diagnosed Mood Disorders, Existential crises, Triggering events, Social support, and Distrust towards the process of dialysis.

Objectives: The study aims to investigate the psychological battle of the client while going through the process of dialysis. The study reveals multiple mood disorders and existential crises leading to depression among chronic kidney disease patients. Therefore the study was conducted with the aim of providing a therapeutic guide line in future once the factors are investigated in detail.

Methods: Semi-structured qualitative interviews were conducted in a dialysis clinic in Karachi where 19 participants participated in this qualitative study. The age ranges from 40-76. Initiating with informed consent followed by surveys assessing demographic and clinical information were administered to participants following their interviews.

Results: Qualitative findings suggested that patients were dealing with Clinical Mood Disorders without being provided treatment. Moreover, the cohesive family support enabled them to continue with daily living activities; however, the patients with low support triggering adverse events in life lost their lives in follow-up sessions. Furthermore, nephrology care doesn't seem sufficient as they are dealing with existential crises of hopelessness, regret, condemnation, and elevated death anxiety. In CKD the misinterpretation of dialysis by cognitively substituting it as End of life increased the clinical symptoms of Mood disorders. Thus the risk factors increase disturbing the quality of life.

Conclusions: Findings point to broader factors affecting dialysis modalities with Mood disorders. The low social support and adverse triggering events precipitate the risk factors of dialysis treatment. Furthermore, distrust towards dialysis and existential crisis are recommended for therapeutic interventions

Disclosure of Interest: None Declared

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Perceived stigma and associated factors among family caregivers of patients with severe mental disorders

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Introduction: Giving care to someone who is experiencing mental distress is a difficult and challenging task that could be detrimental to the caregiver's overall quality of life. Stigma associated with mental illness is one of the most important mental health issues faced by these caregivers.

Objectives: Our aims were to assess perceived stigma among family caregivers of patients with severe mental disorders and to identify its associated factors.

Methods: We conducted a descriptive and analytical cross-sectional study among family caregivers of patients followed at the psychiatry outpatient clinic of the Hedi Chaker University Hospital in Sfax, during the period from February 2022 to July 2022.

A structured interview questionnaire was designed to collect socio-demographic data of both patients and their caregivers. We used the Stigma Devaluation Scale (SDS) to assess stigma.

Results: A total of 90 family caregivers of severely mentally ill patients were included: 26 men and 64 women, with an average age of 50.68 ±11.67 years.

Patients' parents accounted for 40% of family caregivers. The majority of family caregivers (83.3%) had no more than secondary education. Married people represented 70% of cases.

The median age of patients was 42 years. Schizophrenia was the diagnosis in 68.9% of cases. The mean duration of illness was 16.23 years.

Daily assistance lasted from 4 to 8 hours in 30% of cases and more than 8 hours in 66.7% of cases.

The mean score (SDS12) for family-focused stigma was 13.12 ± 2.34 with ranges from 8 to 18.

Perceived stigma scores were significantly higher among caregivers caring for non-married patients (p=0.04), with an age <50 years (p=0.04), and with a higher level of education (p=0.02).

Long duration of providing care (> 8 hours per day) (p=0.05) and insufficient information about the illness (p=0.02) were significantly associated with perceived stigma.

Conclusions: The clinicians managing patients with severe mental disorders must focus on stigma and psychological distress among the caregivers and plan intervention strategies to reduce stigma.

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Resilience and burden in family caregivers of patients with severe mental disorders

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Introduction: Family caregivers of patients suffering from severe psychiatric disorders may present with health problems, lower quality of life, and painful emotions, which can seriously compromise their well-being when they do not receive appropriate professional support.

Objectives: The aims of this study were to assess the level of burden and resilience in family caregivers of patients with severe mental disorders and to determine associated factors.