PREDICTORS OF SOCIAL PARTICIPATION ONE YEAR AFTER KIDNEY TRANSPLANTATION

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BACKGROUND

Although a number of studies exists exploring social participation of patients after kidney transplantation (KT), only few explore its association with medical and psychological factors in a longitudinal study. We focused on the effect of side-effects of immunosuppressive treatment, well-being and mastery 3 months after KT on social participation at 1 year after KT.

METHODS

SAMPLE
- 76 patients after KT
- 53.9% male
- mean age 47.5±13 years
- 3rd month (T1) and 1st year (T2) after KT

MEASURE
- Age
- Glomerular function measured by the Cockcroft-Gault equation

- End Stage Renal Dysfunction Symptom Checklist–Transplantation Modul (ESRD-SCL-TM) (α=0.84-0.91)
- Social participation questionnaire (α=0.84)
- General Health Questionnaire (GHQ-28) (α=0.67-0.94)
- Pearlin Mastery Scale (α=0.68)

STATISTICS
- Linear regression was used to identify the predictors of social participation at T2
- Independent variables: age, glomerular function, limited physical capacity (ESRD-SCL-TM), limited cognitive capacity (ESRD-SCL-TM), cardiac and renal dysfunction (ESRD-SCL-TM), side effects of corticosteroids (ESRD-SCL-TM), increased growth of gum and hair (ESRD-SCL-TM), transplantation-associated psychological distress (ESRD-SCL-TM), somatic symptoms (GHQ-28), anxiety and insomnia (GHQ-28), social dysfunction (GHQ-28), and severe depression (GHQ-28), mastery and social participation at T1

RESULTS

The model consisting of lower social participation (β=0.79;p≤0.001), higher severe depression (GHQ-28) (β=0.33;p≤0.05) and lower mastery (β=0.41,p≤0.001) at T1 predicted lower social participation at T2 and explained 75.6% of the variance.

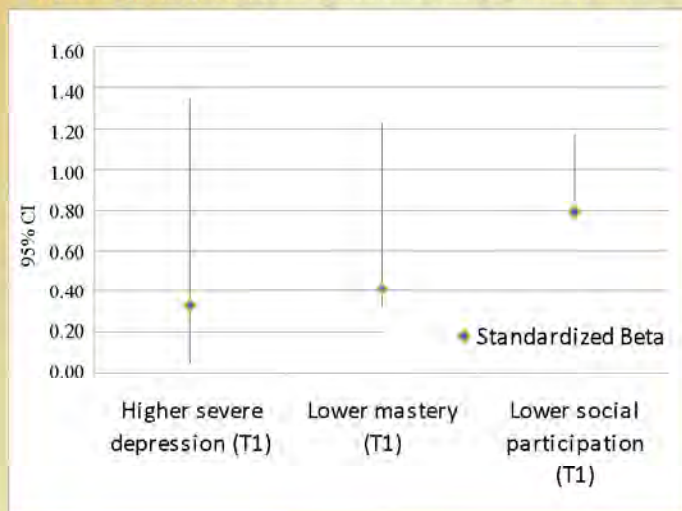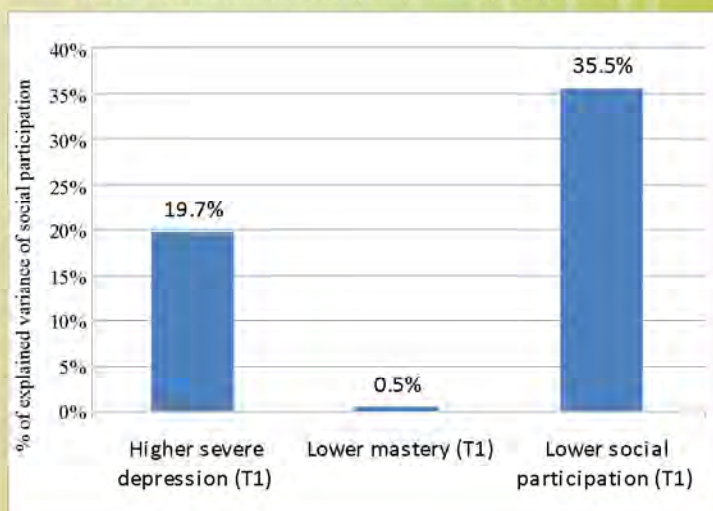Figure 1. Significant predictors of lower social participation at 12 months after KT.

Figure 2. Explained variance of social participation T2 by the significant factors.

CONCLUSION

Social participation one year after KT is predicted by social participation, more depression and lower mastery in the 3rd month after KT. Earlier social participation and well-being and coping seem to be more important than the kidney function or side effects of immunosuppressive treatment in the role of future social participation.

Practice implications
Programs focused on increasing of social participation of patients after kidney transplantation need to consider early start post transplantation and the psychological needs of the patients.

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ABSTRACT SUPPLEMENT

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95% CI = 1.71–4.07; RR = 3.04, 95% CI = 2.01–4.61). Similar results were found for CVD and cancer mortality, except in women in the analyses for CVD mortality. In the higher WC-BMI categories no significant associations were found, except for CVD mortality in men.

Conclusions

In elderly, a larger WC is associated with a higher mortality risk. For the combined WC-BMI categories, a high mortality risk seems to be most apparent in the lowest category.

Towards a European Diabetes Information System: from St.Vincent Declaration to EUDIP, EUCID, BIRO and EUBIROD. Are we getting closer?
Fred Storms

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Issue

Chronic diseases are becoming a growing burden to the health care systems all over the world and also in Europe. One of the most prominent is Diabetes Mellitus. Health care planning and prevention can only be performed on reliable information at both the National and European level.

Description

Measuring performance in diabetes care requires standard procedures and accurate information. The foundations were laid in 1989 during the St. Vincent initiative. Standard indicators were defined for the first time in this occasion. The progress made in the last 20 years allow gathering national data through country representatives and automatically producing quality and outcomes indicators from existing databases.

Results

During the past 10 years, the European Commission (DG-SANCO) supported four projects to create a system for diabetes reporting. Standard EU indicators were defined by EUDIP (EUropean Diabetes Indicators Project). The EUCID project (European Core Indicators in Diabetes) included 19 country representatives to collect national indicators for international comparisons. This form of collection proved to be laborious and time consuming. BIRO (Best Indicators through Regional Outcomes) delivered a solution to automate the process. The sequel EUBIROD (European Best Indicators through Regional Outcomes Diabetes) will collect regional data from 20 European countries, to produce a European report for the first time ever. Almost all EUCID participants joined the EUBIROD project, including the IDF.

Lessons

Reliable data can be collected using the BIRO system, a standard approach that aims to safely connect medical records in the EUBIROD Consortium from the local to the European level.

Predictors of social participation 1 year after kidney transplantation
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Background

Although a number of studies exist exploring the social participation of patients after kidney transplantation (KT), only a few explore its association with medical and psychological factors in a longitudinal study. We focused on the role that side-effects of immunosuppressive treatment, well-being and mastery 3 months after KT play in social participation at 1 year after KT.

Methods

A total of 76 patients (53.9% male; average age 47.5 ± 13 years) in the third month (T1) and 1 year (T2) after KT provided their socio-demographic (age) and medical data (Glomerular function measured by the Cockcroft-Gault equation) and completed the Social participation questionnaire ($\alpha = 0.84$), the End-Stage Renal Diseases Symptom Checklist-Transplantation Module (ESRD-SCL-TM) ($\alpha = 0.84$–0.91), the General Health Questionnaire (GHQ-28) ($\alpha = 0.67$–0.94) and the Pearlin Mastery Scale ($\alpha = 0.68$). Linear regression was used to identify the predictors of social participation at T2, and age, glomerular function, ESRD-SCL-TM subscales, GHQ-28 subscales, mastery and social participation at T1 were set as independent variables.

Results

The model consisting of low social participation ($\beta = 0.79$; $P \le 0.001$), severe depression (GHQ-28) ($\beta = 0.33$; $P \le 0.05$) and low mastery ($\beta = 0.41$; $P \le 0.001$) at T1 predicted lower social participation at T2 and explained 75.6% of the variance.

Conclusions

Social participation 1 year after KT is predicted by lower social participation, more depression and lower mastery in the third month after KT. Earlier social participation and psychological factors seem to play a more important role in future social participation than kidney function and side effects. This needs to be considered in programmes focused on increasing the social participation of patients after kidney transplantation.

Secondary prevention of coronary heart disease: patients' sense of coherence and health-related behaviour
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Background

Reducing mortality from coronary heart disease (CHD) remains a public health priority with much of the emphasis on prevention on determinants of CHD focusing not only on those who are at high risk of developing such disease in the future but also on those who have developed symptoms of CHD. The aim of this study was to explore whether the sense of coherence (SOC) is associated with health endangering behaviour among patients with established CHD after controlling for socio-demographic and medical variables.

Methods

The sample consisted of 243 consecutive patients with established CHD (mean age 56.5 ± 7, 21% female) from the East Slovakian Institute for Cardiac and Vascular Diseases. Medical and demographic data were obtained from medical records. Self-report data about patients' health behaviours (smoking, exercise, diet and alcohol consumption) were gathered via a structured interview. SOC was measured with the 13-item Orientation to Life Questionnaire.