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# ASSESSMENT OF SLEEP DISTURBANCE AND ITS IMPACT ON QUALITY OF LIFE IN PATIENTS ON HEMODIALYSIS

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### Abstract

The purpose of this study was to determine the quality of life [QoL] and sleep of patients undergoing maintenance hemodialysis [HD]. QoL was measured using Kidney Disease Quality of Life-36 [KDQoL-36] and quality of sleep was measured using Pittsburgh Sleep Quality Index [PSQI] in 100 patients. The current study found a 41 percent incidence of "poor sleep"[Global PSQI  $\leq$  5]. The mean SF-36 physical component summary[PCS] was  $40.7233\pm8.4944$  and mean SF-36 mental component summary[MCS] was  $46.721\pm7.418$ . No significant correlation found between SF-36 MCS (r=-0.011, p = 0.914), SF-36 PCS(r=0.018, p= 0.583) to PSQI global score according to our findings. Poor sleep is common among hemodialysis patients which need to be considered.

Keywords: Sleep quality, CKD, KDQoL-36, PSQI

### Introduction

Chronic kidney disease (CKD) is characterised as any functional or anatomical impairment to the kidney that is progressive and permanent.[6]End-Stage kidney Disease [ESKD] is an irreversible phase of CKD necessitating lifelong renal replacement therapy [RRT]. Though renal transplant is the best technique of RRT for most eligible patients, dialysis specifically hemodialysis [HD] is the most common mode of RRT both in India and worldwide due to accessibility and economic reasons. More than three million people with kidney failure are currently being treated worldwide with maintenance dialysis. HD does provide symptomatic benefits to patients with ESRD and prolonged life, but it is not a perfect replacement for one's kidneys and is associated with multiple problems.

HD patients, Quality of Life [QoL] can be afflicted by a numerous factors, including reduced sleep calibre, that has been outlined in multiple researches to be usual amidst HD patients and which generally prognosticate their calibre of life and their probability of death.[1]Sleep disturbances remain a common, yet a less addressed issue in patients on dialysis and can make it difficult for patients to perform basic functions such as emotional, physical, social, and day-to-day functioning4.

The most frequently reported symptoms that affect the general population and patients with renal insufficiency and inadequate access to sleep or chronic trouble sleeping are breathing, restless leg syndrome [RLS], insomnia, and excessive daytime sleep.2The nephrological group has recently become