

## **STUDY SHOWS PATIENTS WHO RECEIVE HEMODIALYSIS CLOSER TO HOME REPORT BETTER QUALITY OF LIFE**

*Hemodialysis is used for treating end-stage renal disease. In Canada, fewer than one patient in three who begins dialysis can expect to receive a kidney transplant. The others will spend the rest of their lives receiving dialysis.*

**January 26 2010, London, ON** - The treatment course for patients receiving hemodialysis is burdensome to say the least. Generally, hemodialysis involves spending 4 hours a day, three times a week attached to a machine, plus travel time to and from the treatment centre, and waiting room time. Even if the patient only has a 20 minute drive to the hospital and a 5 minute wait, he or she is spending up to 5 hours of their day on hemodialysis treatment.

Dr. Louise Moist, a scientist at Lawson Health Research Institute and Director of the Regional Hemodialysis Program at London Health Sciences Centre, and Michael Diamant, a graduate student from The University of Western Ontario, conducted a study to compare quality of life, quality of care and patient characteristics between patients who received in-centre hemodialysis (i.e. at a hospital) with those who received their treatment at a community based satellite unit.

Southwestern Ontario is part of a unique delivery model for patients who require dialysis. Currently, more than 500 people receive hemodialysis treatment through the London Health Sciences Centre kidney program. Almost half of these patients receive their treatment at one of nine community-based satellite units, located as far away as Owen Sound.

Patients at both the in-centre and community-based satellite units were asked to complete two questionnaires which would gauge their quality of life. One questionnaire was a general health survey and one was designed specifically for people with kidney disease. The researchers hypothesized that patients' receiving treatment in a satellite unit, and therefore closer to their home would report a higher quality of life than those who received their dialysis in-center. And they did. However, they also uncovered some other important findings.

"As expected, when we compared the scores between the two groups, we found a significant improvement or increase in quality of life in the satellite group. These differences were even more pronounced when we looked at specific areas such as dialysis related and disease-related stress," said Diamant.

This difference can most likely be attributed to the finding that patients traveling to the hospital for treatment had to travel at minimum twice as far as those who received treatment at a satellite. "When you add on travel time to treatment time, the time commitment for many patients is equal to that of a part-time job," said Moist.

The researchers also asked all patients receiving care at a satellite location how the experience of having dialysis in a satellite impacted their life. Commonly reported benefits included less

travel time, reduced stress, less fatigue, continuity of environment (i.e. the patient sits in the same chair, at the same time, beside the same person, has the same nurse, watches the same show on TV), and more time with family and friends.

Two additional findings were highlighted by this study which the researchers were not expecting.

When they compared the two patient groups the researchers found that the characteristics of the groups were very similar. “For example, the rate of co-morbidities such as diabetes and heart disease were the same, and patient dialysis and laboratory parameters were similar,” says Moist. “People tend to assume patients that are being treated at a satellite unit are healthier than those patients receiving treatment at a hospital. But this is not true – our satellite patients carry a significant burden of illness.”

The study also showed similar quality of care between the two groups. Moist comments “this study shows we can deliver quality dialysis care to our patients in a unit closer to their home and improve their quality of life. This is very gratifying particularly since these patients have several disease conditions to contend with.”

According to Dr. Moist, there are numerous benefits to the London Health Sciences Centre Regional Hemodialysis program. “Our goal is to move stable patients out of the large hospital environment,” say Dr. Moist. “Bringing people into a hospital when they have a compromised immune system is not the best option, especially when there are outbreaks such as H1N1 and SARS. And at a time when hospitals are already lacking space, being able to offer patients treatment at an alternative location makes sense.” And of course, most important are the advantages for the patient, stresses Dr. Moist.

Currently there is a waiting list for patients who would like to receive treatment at a satellite location. Dr. Moist strongly believes in expanding the program, but with all programs, funding for more satellites is an ongoing issue.

The article, entitled “A Comparison of Quality of life and Travel-Related Factors between In-center and Satellite-Based Hemodialysis Patients” was published by the Clinical Journal of the American Society of Nephrology and can be accessed online, doi: 10.2215/CJN.05190709.

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