

WCN26-8666 Quality of life amongst caregivers of end-stage kidney disease patients on dialysis: data from a leading kidney centre in North-Central, Nigeria [Abstract only]

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WCN26-8666

QUALITY OF LIFE AMONGST CAREGIVERS OF END-STAGE KIDNEY DISEASE PATIENTS ON DIALYSIS: DATA FROM A LEADING KIDNEY CENTRE IN NORTH-CENTRAL, NIGERIA



(Article No. 105019)

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Introduction: Informal caregivers and partners are very vital in the effective management of numerous chronic diseases. Informal caregiving tasks may include providing help with daily activities like personal care (bathing, washing, dressing, etc.), movement and mobility, transportation, feeding, and social support. The more debilitating the condition, the more support is required from informal caregivers. Dialysis stands out as a particularly demanding continuous medical intervention, imposing mental, physical, financial, and social challenges on both patients and caregivers. Additionally, majority of them are faced with out-of-pocket expenses, which increases as the condition worsens.

Methods: This prospective cross-sectional descriptive study aimed to evaluate the overall quality of life of the informal caregivers of patients with ESKD, managed with dialysis and explored associations between the caregiver's quality of life and socio-demographics.

Results: The total number of respondents that participated in the study was 118. The mean age of the participants was 36.44 ± 9.87 years, with majority (72.1%) of them in the 26 – 45 age bracket, female (66.9%) and have tertiary education (67.8%). Fifty-one (43.2%) were single, 64 (54.2%) were married and 3 (2.5%) were divorced. Over half of the respondents reported a good Quality of Life (QoL) and a high level of Health Satisfaction. The highest QoL scores were observed in the social (65.61±17.95) and environmental (64.12±11.71) domains.

Conclusion: There were various sociodemographic differences in the quality of life of caregivers of dialysis patients in our centre. People older than 45 years, widows, and females have significantly lower quality of life when compared with their counterparts. Social interventions directed at mitigating these effects and improving the quality of life of these vulnerable groups should be put in place.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.

WCN26-8858

HEARING IMPAIRMENTS IN STAGE FIVE CHRONIC KIDNEY DISEASE PATIENTS AT BOGODOGO UNIVERSITY TEACHING HOSPITAL



(Article No. 105020)

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Introduction: We aim to study hearing impairments in patients with stage 5 CKD at CHU-B in order to identify factors associated with hearing impairments and to describe the types and degrees of hearing loss in these patients.

Methods: This was a cross-sectional descriptive study conducted from December 2023 to December 2024, including all patients diagnosed with stage 5 CKD followed at CHU-B during this study period

Results: A total of 60 patients were examined, of whom 30 patients were on hemodialysis for stage 5 CKD and 30 other stage 5 CKD patients were non-hemodialyzed out patients under conservative management. The study revealed that 21.67% had a hearing disorder, comprising

3.33% hemodialyzed patients and 18.34% non-hemodialyzed patients. The degree of hearing loss was represented respectively by 8.33% mild hearing loss, 10% moderate hearing loss, 1.67% severe hearing loss, and 1.67% profound hearing loss. Among these patients, 61.54% had sensorineural hearing loss and 38.46% had mixed hearing loss. Hemodialysis appears to be the only significant independent predictor of hearing impairment.

Conclusion: Several factors may be linked to the occurrence of hearing loss in stage 5 CKD patients, but hemodialysis appears to be the only independent predictive factor. Moderate sensorineural hearing loss is frequent in patients over 50 years of age, especially among non-hemodialyzed patients. Early prevention and a national study are necessary to improve management.

I have no potential conflict of interest to disclose.

I did not use generative AI and AI-assisted technologies in the writing process.

WCN26-9304

HEMODIALYSIS MIGHT IMPROVE OUTCOMES IN SEVERE RIFT VALLEY FEVER-RELATED ACUTE KIDNEY INJURY: A CASE SERIES FROM SOUTHWESTERN UGANDA



(Article No. 105021)

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Introduction: Rift Valley Fever (RVF) is a zoonotic viral hemorrhagic fever (VHF) with increasing frequency of outbreaks in parts of Africa, the Arabian Peninsula and some parts of Europe. Most patients with RVF succumb to kidney failure and acute liver injury. Despite kidney failure being a wellknown complication of RVF, there are no studies exploring the role of renal replacement therapy (RRT) in improving outcomes among patients with RVF. We present a case series to examine the impact of hemodialysis on the outcomes of patients with RVF in southwestern Uganda.

Methods: We did a retrospective medical records review of all four patients who were admitted at the Mbarara Regional Referral Hospital (MRRH) Special Pathogens Unit with a RT-PCR positive diagnosis of RVF during the June-July 2023 outbreak.

Results: All 4 patients presented with severe Acute Kidney Injury (AKI) requiring RRT and liver injury; mean serum creatinine 9.66 mg/dl, urea 224.53 mg/dl, median AST 1636 IU/L, median ALT 1598 IU/L. Other complications in these patients included; hyperkalemia, thrombocytopenia and anemia. Hemodialysis (HD) being a paid-for service at our center, only 2/4 (50%) of the patients could afford it. One of them underwent 5 sessions while the other underwent 4 sessions of intermittent HD, in addition to supportive treatment. The other 2 patients only got supportive treatment with IV fluids, calcium gluconate, IV insulin, anti-emetics and blood transfusion. Both patients who underwent HD survived and were discharged with significant improvement in serum creatinine and urine output after 11 and 9 days of admission respectively. On the other hand, both patients who did not undergo HD died in hospital on day 2 and day 5 of admission (Fig. 1).