



Disease-Specific Quality of Life in Turkish Patients After Successful Kidney Transplantation

G.H. Franke, L. Yüçetin, H. Yaman, J. Reimer, and A. Demirbas

ABSTRACT

To investigate disease-specific quality of life (QOL) in Turkish patients after successful kidney transplantation, the End-Stage Renal Disease Symptom Checklist Transplantation Module (ESRD-SCL-TM), a multidimensional questionnaire measuring disease-specific QOL, was translated and administered to a sample of successfully transplanted patients. Intercultural differences between Turkish and German patients as well as the influence of demographic (age, gender) and clinical (duration of graft function, living versus cadaver transplantation) data in the Turkish patients were evaluated by multivariate analyses of variance, and correlative techniques. The 152 investigated Turkish patients, including 106 (69.7%) men and 46 (30.3%) women, had a mean age of 34.8 years (SD = 10.8, range, 14 to 67 years). Time since successful kidney transplantation varied between 1 and 297 months (mean = 19.2 months; SD = 36.9). One hundred twelve patients (73.7%) received a kidney from a living donor, and 40 (26.3%) from a cadaver. The Turkish patients suffered statistically significantly more from disease-specific distress than the German patients (19% explanation of variance). They reported higher distress regarding four of six subscales. Turkish women suffered statistically significantly more from “Limited Physical Capacity,” and “Side-effects of Corticosteroids” (10% explanation of variance) than men. The demonstrated higher disease-specific distress in successfully transplanted Turkish patients compared to the German samples may be the result of intercultural differences in reporting psychological and disease-specific distress. On the other hand, the higher distress of women compared to men is well known. Both results pointed out the necessity of psychological support.

HEALTH-RELATED quality of life (QOL) has become an important outcome criterion in the evaluation of medical treatment of end-stage renal disease.¹⁻⁵ In general, health-related QOL improved after successful kidney transplantation compared to dialysis, an effect that was more pronounced among male than female patients.⁶ Because there is a large variability in the aspects of life that are considered important for an individual's health-related QOL, this parameter is more difficult to measure. It cannot be claimed that a generic instrument with a limited number of non-disease-specific dimensions measured actual health-related quality of life.⁷ Therefore, the End-Stage Renal Disease Symptom Checklist Transplantation Module (ESRD-SCL-TM)⁸⁻¹⁰ was specifically developed to meet the specific physical and psychological demands of patients after kidney transplantation, with a special focus on the side effects of immunosuppressive therapy.

The purpose of this study was to evaluate the disease-specific QOL instrument ESRD-SCL-TM in Turkish pa-

tients. This instrument has shown psychometric properties in German patients. A list of potentially relevant items was administered to 458 transplant recipients. After the symptoms present in more than 20% of patients were chosen, a factor analysis was used to create the final questionnaire, which consisted of 43 items scored on a 5-point Likert

From the Rehabilitation Psychology, University of Applied Sciences Magdeburg—Stendal (G.H.F.), Stendal, Germany; the Transplant Center, University of Akdeniz (L.Y., A.D.), Antalya, Turkey; the Department of Family Medicine, Faculty of Medicine, University of Akdeniz (H.Y.), Antalya, Turkey; and the Department of Psychiatry and Psychotherapy, University of Hamburg (J.R.), Hamburg, Germany.

Supported by the University of Akdeniz Scientific Foundation. Address reprint requests to Hakan Yaman, MD, MS, Associate Professor of Family Medicine, University of Akdeniz, Faculty of Medicine, Department of Family Medicine, Antalya, Türkiye. E-mail: hakanyaman@akdeniz.edu.tr

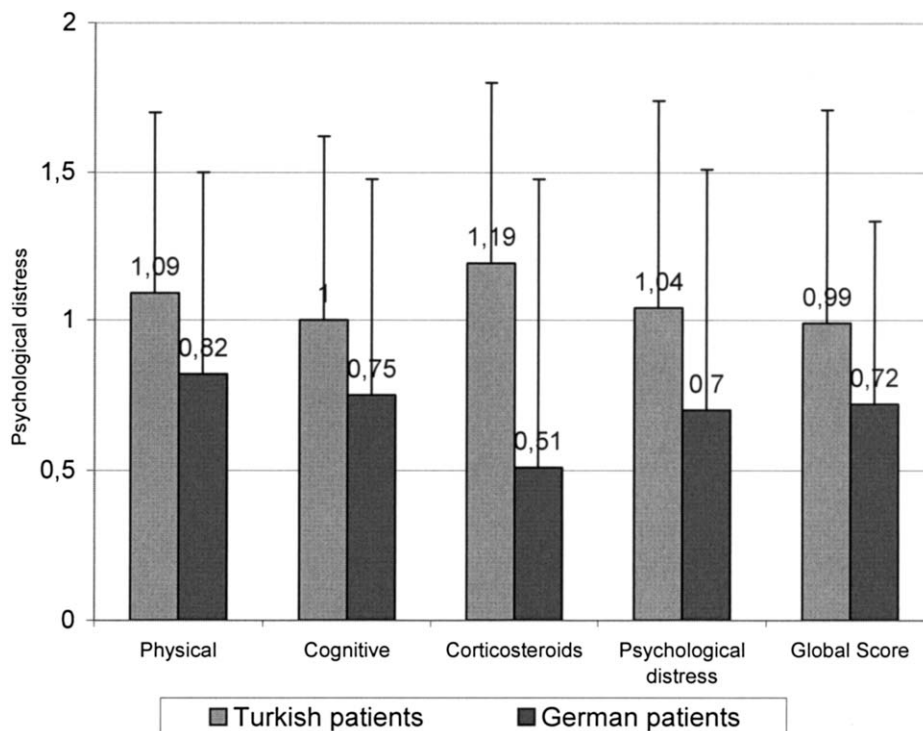


Fig 1. Differences in disease-specific QOL between Turkish ($n = 152$) and German ($n = 468$) patients after successful kidney transplantation (0 = no distress, 4 = extremely).

scale. The ESRD-SCL-TM comprised six subscales: (1) Limited Physical Capacity, (2) Limited Cognitive Capacity, (3) Cardiac and Renal Dysfunction, (4) Side Effects of Corticosteroids, (5) Increased Growth of Gum and Hair, and (6) Transplantation-Associated Psychological Distress. A Global Score combined information about all 43 items. Validity was demonstrated in correlating corresponding SF-36 scales. In a stepwise hierarchical regression, model we sought to predict subscales by sociodemographic and medical data. The ESRD-SCL-TM was observed to have adequate reliability and test-retest correlations in a subsample of 88 stable patients after 1 year, suitable to construct validity.⁸

METHODS AND SAMPLE

The ESRD-SCL-TM questionnaire was translated into Turkish and administered to a sample of successfully transplanted patients. Intercultural differences between Turkish and German patients as well as the influence of demographic (age, gender) and clinical (duration of graft function, living versus cadaveric transplantation) data in the Turkish patients were evaluated by multivariate analyses of variance, correlative techniques. The 152 investigated Turkish patients, 106 (69.7%) men and 46 (30.3%) women had a mean age of 34.8 years (± 10.8 ; range, 14 to 67 years). Time since successful kidney transplantation varied between 1 and 297 months (mean = 19.2 months, ± 36.9). One hundred twelve patients (73.7%) received a kidney from a living donor, and 40 (26.3%) from a cadaver.

RESULTS

The Turkish patients were compared to a sample of 458 German patients⁸ who had a mean age of 48 years (± 13 ; range, 18 to 74), were 55% male, and had a time since

successful kidney transplantation of 1 to 291 months (mean = 77.6 months, ± 51.6). All patients received a cadaver donor graft.

The Turkish patients suffered from significantly more disease-specific distress than German patients (multivariate analysis of variance scale 1 to scale 6 simultaneously, $F = 23.4$, $P < .0001$, 19% explanation of variance, Fig 1). They reported higher distress regarding four of six subscales: (1) Limited Physical Capacity, (2) Limited Cognitive Capacity, (4) Side Effects of Corticosteroids, and (6) Transplantation-Associated Psychological Distress. Regarding the global score, Turkish patients suffered from significantly more disease-specific distress ($F = 37.9$, $P < .0001$).

We observed no significant effects regarding the influence of the variables age, duration of living with a transplant, and living versus cadaveric donation on disease-specific QOL. Turkish women suffered significantly more from "Limited Physical Capacity" and "Side Effects of Corticosteroids" (multivariate analysis of variance scale 1 to scale 6 simultaneously, $F = 2.8$, $P < .05$, 10% explanation of variance) than men.

DISCUSSION

The widespread use of QOL data among recipients of organ transplantation will increase the accountability of service providers and eventually increase patient satisfaction because these instruments are patient reported.¹¹ In this study, the ESRD-SCL-TM⁸ was easy to administer and suitable as a sensitive indicator of the specific quality of life in Turkish patients after kidney transplantation.

In conclusion, the investigated Turkish patients experienced various problems that may adversely influence their QOL.¹² They demonstrated higher disease-specific distress compared with a German sample possibly due to intercultural differences in reporting psychological and disease-specific distress. The Turkish patient sample was younger and had lived less time with the transplant compared to the German sample. Considering these issues more disease-specific distress would have been expected in the German sample. On the other hand, the higher distress of women compared to men is well known.⁶ Both results point out the necessity of psychological support.¹²

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