

BIBLIOGRAFÍA DEL INSTRUMENTO

Cuestionario de Calidad de Vida en Enfermedades Renales (KDQOL-SF)

Versión española del Kidney Disease
and Quality of Life™ (KDQoL-SF), 1995,
adaptada por J. Alonso y el grupo CALDIVIA, 1998

Institut Municipal d'Investigació Mèdica (IMIM-Hospital del Mar)
Grupo de Investigación en Servicios Sanitarios
C/Doctor Aiguàder, 88 E-08003 Barcelona
Fax (+34) 93 316 0797
www.imim.es 2009



BiblioPRO

Biblioteca Virtual de Instrumentos de Resultados Percibidos por los Pacientes

BiblioPRO es una página web desarrollada por el Grupo de Investigación en Servicios Sanitarios del Institut Municipal d'Investigació Mèdica (IMIM-IMAS) y financiada por el CIBER en Epidemiología y Salud Pública.

www.bibliopro.imim.es



Bibliografía sobre la versión española del KDQOL-SF

García F, López K, De Álvaro F, Álvarez-U de F, Alonso J, en representación del grupo CALVIDIA. *Salud percibida en pacientes que comienzan tratamiento renal sustitutivo: validación preliminar de la versión española del KDQOL-SF*. **Nefrología** 1998; 18 (Supl 3): 66.

Gil Cunqueiro JM, Garcia Cortes MJ, Foronda J, Borrego JF, Sanchez Perales MC, Perez del Barrio P, Borrego J, Viedma G, Liebana A, Ortega S, Perez Banasco V. *Health-related quality of life in elderly patients in haemodialysis*. **Nefrología** 2003;23:528-37.

Vazquez I, Valderrabano F, Fort I, Jofre R, Lopez-Gomez JM, Moreno F, Sanz-Guajardo D; Grupo Cooperativo Espanol para el estudio de la Calidad de Vida del paciente renal de la Sociedad Espanola de Nefrologia. [Differences in health-related quality of life between male and female hemodiálisis patients]. **Nefrología** 2004;24:167-78.

Vazquez I, Valderrabano F, Jofre R, Fort J, Lopez-Gomez JM, Moreno F, Sanz-Guajardo D; Spanish Cooperative Renal Patients Quality of Life Study Group. *Psychosocial factors and quality of life in young hemodialysis patients with low comorbidity*. **J Nephrol** 2003;16:886-94.

Bibliografía sobre el cuestionario original

Hays RD, Kallich JD, Mapes DL, Coons SJ, Carter WB. *Development of the kidney disease quality of life (KDQOL) instrument*. **Qual Life Res** 1994;3:329-38.

Rao S, Carter WB, Mapes DL, Kallich JD, Kamberg CJ, Spritzer KL, Hays RD. *Development of subscales from the symptoms/problems and effects of kidney disease scales of the kidney disease quality of life instrument*. **Clin Ther** 2000;22:1099-111.

Carmichael P, Popoola J, John I, Stevens PE, Carmichael AR. *Assessment of quality of life in a single centre dialysis population using the KDQOL-SF questionnaire*. **Qual Life Res** 2000;9:195-205.

Korevaar JC, Merkus MP, Jansen MA, Dekker FW, Boeschoten EW, Krediet RT; NECOSAD-study group. *Validation of the KDQOL-SF: a dialysis-targeted health measure*. **Qual Life Res** 2002;11:437-47.

Barotfi S, Molnar MZ, Almasi C, Kovacs AZ, Rempert A, Szeifert L, Szentkiralyi A, Vamos E, Zoller R, Eremenco S, Novak M, Mucsi I. *Validation of the Kidney Disease Quality of Life-Short Form questionnaire in kidney transplant patients*. **J Psychosom Res** 2006;60:495-504.



Bibliografía relacionada con la versión española del Cuestionario KDQOL-SF

1. Gil Cunqueiro JM, Garcia Cortes MJ, Foronda J, Borrego JF, Sanchez Perales MC, Perez del Barrio P, Borrego J, Viedma G, Liebana A, Ortega S, Perez Banasco V. *[Health-related quality of life in elderly patients in haemodialysis]*. **Nefrologia** 2003;23:528-37.

INTRODUCTION: In view of the increasing interest in measuring health-related quality of life (HRQOL) and that is widely accepted Quality of life (QL) is a valid marker of results of treatment in chronic dialysis, we marked the aim to determine QL of the patients ≥ 75 years in chronic haemodialysis and to determine the influence of different factors (comorbidity, analytical, cognitive deterioration, depression and self-sufficiency) over the results. METHODS: We used the Kidney Disease Quality of Life (KDQOL-SF), questionnaire of health that has been become an useful instrument for measuring CV into this population. Demographic and analytical data, comorbidity (Charlson Index), depression (Yesavage), self-sufficiency (Karnofsky) and impaired cognitive function (Cognitive Mini-Exam) were collected. We evaluated the influence of these factors on the different dimensions of the KDQOL-SF and compared our scores with general Spanish population scores standardised according to age and sex. RESULTS: We included 51 patients (24 men) with a mean age 79.5 ± 3.7 years and 39 ± 56 months in dialysis. Women had lower scores than men in all scales of KDQOL-SF. We found that months in dialysis, depression scale, Karnofsky scale and cognitive deterioration test were also influencing about these scores. Multivariate analysis showed that CV is especially associated with sex, depression, cognitive deterioration and self-sufficiency. After we calculated standardised scores according to age and gender, our population showed a level of CV lower than general population, especially in female gender. CONCLUSIONS: In our population the women had worse CV than men. The CV of the elders in HD is lower than general population of equal sex and age and it was not modified with factors related to the end-stage renal disease and its treatment. Suffering from cognitive deterioration or depression had an important impact on the well-being of our patients, which would justify a wider diagnostic and therapeutic boarding in these patients.

2. Vazquez I, Valderrabano F, Jofre R, Fort J, Lopez-Gomez JM, Moreno F, Sanz-Guajardo D; *Spanish Cooperative Renal Patients Quality of Life Study Group*. *Psychosocial factors and quality of life in young hemodialysis patients with low comorbidity*. **J Nephrol** 2003;16:886-94.

BACKGROUND: The current predominance of older patients, diabetic patients and high-comorbidity patients among the hemodialysis (HD) population has probably influenced the definition of the effects of renal disease on health-related quality of life (HRQOL), and these effects can be different in the patient subgroup without these characteristics. This multicenter study aimed to assess HRQOL in non-diabetic HD patients, aged < 65 yrs and with low comorbidity, and to study the effects of the demographic, clinical and psychosocial characteristics on their HRQOL. METHODS: 117 patients from 43 Spanish HD centers participated in the study. Patients completed the Kidney Disease Quality of Life Short-Form questionnaire (KDQOL-SF) and screening for depressive symptoms, anxiety symptoms and social support. Various sociodemographic and clinical variables were also recorded. RESULTS: HD patients' HRQOL showed a profile similar to that of the general HD population, with low physical health scores, but normal mental health scores. Multivariate analysis demonstrated that gender, older age, non-working status, low social support and low levels of hemoglobin (Hb), Kt/V or protein catabolic rate (PCR), had a negative effects, but these effects were of relatively small magnitude and appeared only in some scales. The most important independent predictors of HRQOL were anxiety state and depressive symptoms. CONCLUSIONS: In non-diabetic HD patients, aged < 65 yrs and with low comorbidity, psychological factors (anxiety state and depressive symptoms) are crucial HRQOL determinants. These variables should be considered when assessing HRQOL in HD patients with these demographic and clinical characteristics.

3. Vazquez I, Valderrabano F, Fort I, Jofre R, Lopez-Gomez JM, Moreno F, Sanz-Guajardo D; *Grupo Cooperativo Espanol para el estudio de la Calidad de Vida del paciente renal de la Sociedad Espanola de Nefrologia*. *[Differences in health-related quality of life between male and female hemodialysis patients]*. **Nefrologia** 2004;24:167-78.

BACKGROUND: Previous studies in renal patients have reported that women perceive a lower health-related quality of life (HRQOL) than men: however, these studies have been carried out without taking into account the gender-related differences shown in general population samples. The aims of the present study are: a) to define the HRQOL dimensions in which there are differences between men and women on chronic hemodialysis (HD), correcting then the differences on the generic dimensions by means of standardization by age and gender of the obtained scores, using Spanish normative data, and b) to identify the variables that cause these possible gender-related differences on HRQOL. METHODS: A cross-sectional multi-center study was carried out with 152 patients (69 men and 83 women) receiving HD treatment in 43 Spanish centers, using the KDQOL-SF to evaluate their HRQOL. The generic KDQOL-SF scores were standardized by age and gender using Spanish normative data. Sociodemographic, clinical and psychosocial variables were also collected on each patient. A MANOVA was carried out to study the variables associated with the gender-related differences on HRQOL. The sociodemographic, clinical and psychosocial variables showing significant differences between men and women in the previous univariate analysis were entered as covariates. RESULTS: The KDQOL-SF scores showed



statistically significant differences between men and women in four scales: physical functioning, emotional role limitation, social function and emotional well-being. In contrast, standardized scores showed no differences between men and women in the profile or degree of HRQOL impairment. Although statistically significant gender-related differences were shown in educational level, employment, haemoglobin, Kt/V, trait anxiety and depressive symptoms, only the last two variables showed an independent effect on the differences in HRQOL. CONCLUSION: Impaired HRQOL in women on HD reflects the gender-related differences that are also shown in the general population, and they are related to the higher prevalence of trait anxiety and depressive symptoms in women.