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Quality Of Life Among Patients With End-Stage Renal Disease Undergoing Continuous Ambulatory Peritoneal Dialysis: A Literature Review

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Abstract

End-stage renal disease (ESRD) requires long-term renal replacement therapy, including hemodialysis (HD), peritoneal dialysis (PD), or kidney transplantation. As the prevalence of ESRD increases, more patients must decide which treatment modality to undertake. Studies and literature reviews addressing the effects of PD on the quality of life of patients with ESRD remain limited. This literature review aimed to examine CAPD therapy among patients with ESRD. Searches were conducted using electronic databases reported as PubMed, ProQuest, and Google Scholar, with the terms “ESRD,” “CAPD,” “peritoneal dialysis,” and “quality of life,” informed by the NCBI MeSH database. The review used a PRISMA-based selection strategy and content analysis. English-language publications from 2009 to 2019 were considered eligible. A total of 25 articles were included: 15 quantitative studies, seven qualitative studies, two case reports, and one mixed-methods study. In the physical domain, PD was associated with advantages in physical role functioning, vitality, energy, and pain. In the psychological domain, PD patients generally reported lower anxiety and depression than HD patients; one study described severe depressive symptoms among HD patients. Regarding social relationships, PD was associated with greater independence, self-efficacy, freedom of activity, flexibility, and maintenance of everyday routines. In the environmental domain, PD patients were more likely to continue working and to travel more freely than HD patients, which could contribute to financial and psychological well-being. Overall, the reviewed literature suggests that PD may offer quality-of-life advantages in several domains, supporting further consideration of PD for patients requiring long-term or lifelong dialysis.

Keywords: End-Stage Renal Disease, Continuous Ambulatory Peritoneal Dialysis, Peritoneal Dialysis, Quality of Life

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1. Introduction

End-stage renal disease (ESRD) is the final stage of kidney disease, requiring lifelong renal replacement therapy or kidney transplantation (Arora, 2015). As the global population continues to grow and the prevalence of chronic kidney disease (CKD) and ESRD increases, patients, particularly older adults, are increasingly faced with decisions regarding the initiation of renal replacement therapy (RRT) (Jassal et,al, 2007; Goh & Griva, 2018). Recent incidence rates among dialysis patients reflect this trend, ranging from 113 to 221 cases per million population among individuals aged 45–63 years, approximately 110 to 610 cases per million among those aged 65–74 years, and 99 to 984 cases per million among individuals aged over 75 years (Stel et.al, 2009).

In the United Kingdom, home hemodialysis (HHD) was utilized by 2% of patients, peritoneal dialysis (PD) by 8%, and center-based dialysis by 42% (UK Renal Registry, 2011). In the United States, available estimates indicated that only 8.4% of patients with ESRD received PD (Heaf, 2004; USRDS, 2003). In Africa, approximately 97% of dialysis patients received hemodialysis (HD). However, South Africa reported a relatively higher proportion of patients undergoing PD. According to registry data, 71.8% of patients receiving renal replacement therapy underwent HD, while 13.5% received PD (Tannor et.al, 2017). In Mexico, approximately 100,000 patients were estimated to have ESRD in 2007. Among patients receiving dialysis treatment, 80% underwent continuous ambulatory peritoneal dialysis (CAPD), 19% received HD, and 1% underwent automated peritoneal dialysis (APD) (Rinon, 2007).

Patients with ESRD must undergo substantial psychological adjustments to cope with their condition, including accepting a life-threatening diagnosis and the need for lifelong treatment, learning dialysis procedures, integrating treatment regimens into their daily lives, and managing treatment-related challenges and complications (Cukor et.al, 2007). Patients must also make important decisions regarding the timely initiation of dialysis. Most healthcare professionals recognize that patients should have the autonomy to select their preferred dialysis modality, whether PD or HD. Nevertheless, PD remains underutilized as a treatment option for patients with ESRD (Dimkovic & Oreopoulos, 2008).

In Indonesia, the incidence of chronic kidney disease has been estimated at approximately 100 cases per million population, equivalent to around 20,000 new cases annually. According to the Indonesian Renal Registry (IRR, 2015), the number of new patients undergoing HD reached 30,831 in 2017, while the number of active patients was 77,892. The substantial increase in active patients in 2017 suggests that more individuals were able to continue receiving hemodialysis over an extended period. Meanwhile, the number of patients receiving CAPD increased from approximately 1,423 in 2014 to 1,674 in 2015. However, CAPD accounted for only 3% of all new dialysis patients in 2015. This proportion remained relatively low, particularly considering the considerable number of HD patients awaiting regular treatment schedules at dialysis centers. Although these figures do not represent the entire Indonesian dialysis population, they provide an indication of dialysis utilization patterns during the reported period.

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Several studies have evaluated the quality of life of patients receiving HD and compared health-related quality of life outcomes between patients with ESRD undergoing HD and those receiving CAPD. Therefore, assessing the effects of renal replacement therapy on treatment satisfaction, quality of life, and symptom management is essential. However, research and literature reviews examining the impact of PD on patients with ESRD remain limited, particularly in the Indonesian context. Given these considerations, a comprehensive identification and analysis of the experiences of patients with ESRD undergoing PD are necessary. Accordingly, this literature review aims to analyze peritoneal dialysis therapy among patients with ESRD, with particular emphasis on its implications for patients' quality of life.

2. Research Methods

This study employed a scoping review approach to identify, map, and analyze research findings concerning the quality of life of patients with end-stage renal disease (ESRD) undergoing peritoneal dialysis (PD), particularly continuous ambulatory peritoneal dialysis (CAPD). This approach was used to provide a comprehensive overview of patients' experiences and various dimensions of quality of life associated with PD/CAPD therapy, based on findings from previous studies.

The analysis employed content analysis and narrative synthesis to organize and interpret findings from articles that met the inclusion criteria. The dimensions examined included physical functioning, psychological well-being, social relationships, and environmental factors associated with patients' quality of life. The scoping review approach enabled the mapping of evidence from studies employing various research designs, including quantitative, qualitative, mixed-methods studies, and case reports.

The literature search was conducted using the electronic databases identified in the original study, namely PubMed, ProQuest, and Google Scholar. The search strategy employed terms related to end-stage renal disease, peritoneal dialysis therapy, and patients' quality of life. The keywords were developed with reference to the Medical Subject Headings (MeSH) terminology provided by the National Center for Biotechnology Information (NCBI). The search terms used in this study were: “End Stage Renal Disease” AND “Continuous Ambulatory Peritoneal Dialysis” OR “Peritoneal Dialysis” AND “Quality of Life”.

The search focused on publications relevant to the experiences and quality of life of patients with ESRD undergoing PD/CAPD therapy. The literature selection process involved identification, screening, eligibility assessment, and inclusion, as illustrated in the PRISMA flow diagram presented in the original manuscript. For scoping reviews, the PRISMA Extension for Scoping Reviews (PRISMA-ScR) provides more specific reporting guidance and can be used to evaluate the completeness and transparency of the review process.

The literature selection process involved several stages, including the identification of potentially relevant articles using predefined keywords, initial screening based on publication characteristics and relevance, full-text assessment, and final inclusion of eligible studies.

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According to the selection flow diagram presented in the original manuscript, the initial search identified 18,776 publication records. Following preliminary screening, 602 articles were retained for further consideration. Of these, 496 articles were excluded because of accessibility limitations or failure to meet the specified objectives and eligibility criteria. Consequently, 106 articles underwent full-text assessment, involving intensive reading, summarization, and evaluation of their relevance to the research objectives

Of the 106 articles assessed, 81 were excluded because they did not meet the population criteria or were not sufficiently aligned with the review's focus on patients with ESRD undergoing PD/CAPD therapy. The final selection comprised 25 articles, including 15 quantitative studies, 7 qualitative studies, 2 case reports, and 1 mixed-methods study.

Data from articles meeting the inclusion criteria were summarized according to study characteristics and findings relevant to the review objectives. The information presented in the study summary table included authors' names, publication years, article titles, countries of study, research designs, sample sizes or characteristics, research instruments, and principal findings.

The findings were organized according to dimensions of quality of life among patients with ESRD undergoing PD/CAPD therapy, particularly physical functioning, psychological well-being, social relationships, and environmental and socioeconomic factors. Studies comparing PD/CAPD with hemodialysis (HD) were also included in the analysis to identify similarities and differences in reported outcomes across publications.

Content analysis was used to organize relevant information and research findings into thematic categories. Subsequently, narrative synthesis was employed to describe patterns, similarities, differences, and their implications for patients' quality of life. This approach was intended to provide a comprehensive overview of the available evidence without statistically pooling study outcomes or conducting a meta-analysis.

3. Results and Discussion

a. Result

The initial literature search using the specified keywords identified 18,776 articles. After screening publications based on the publication period (2008–2019), language, duplicate records, and abstract availability, 602 articles remained, comprising 6 articles from EBSCO, 42 from ProQuest, and 554 from Google Scholar. Following the initial search, the articles were further screened based on publication year, duplication, and abstract availability, resulting in 602 articles. Of these, 496 articles were excluded because they were inaccessible, did not meet the research objectives, or were available only as abstracts. Subsequently, 106 full-text articles underwent intensive reading, summarization, and eligibility assessment. Of these, 81 articles were excluded because they did not meet the specified population criteria or focused on complications associated with the renal replacement therapies used. Ultimately, 25 articles met the inclusion criteria and were considered relevant to the concepts and objectives of this review.

The reviewed studies examined the experiences of patients with end-stage renal disease (ESRD) undergoing peritoneal dialysis (PD) or continuous ambulatory

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peritoneal dialysis (CAPD), focusing on evidence related to treatment satisfaction and improvements in quality of life among patients receiving CAPD.

A total of 25 articles were included in the review, consisting of 15 quantitative studies, 7 qualitative studies, 2 case reports, and 1 mixed-methods study. Ten studies examined physical functioning, of which eight reported that PD provided better physical functioning than hemodialysis (HD). Nine studies investigated psychological aspects, with seven reporting that patients undergoing HD experienced higher levels of anxiety and depression. One study further reported severe depressive symptoms, including suicidal ideation, among patients receiving HD.

Eight studies explored lifestyle freedom associated with the selected dialysis modality. All eight studies indicated that PD offered greater flexibility, independence, and freedom, enabling patients to maintain a lifestyle resembling their lives before an ESRD diagnosis. Three studies reported that patients undergoing HD decided to switch to PD.

Four studies examined socioeconomic aspects, all of which reported that PD was associated with better social functioning than HD. One of these studies also found PD to be more cost-effective. Furthermore, three studies reported that PD was associated with better health-related quality of life (HRQoL) than HD.

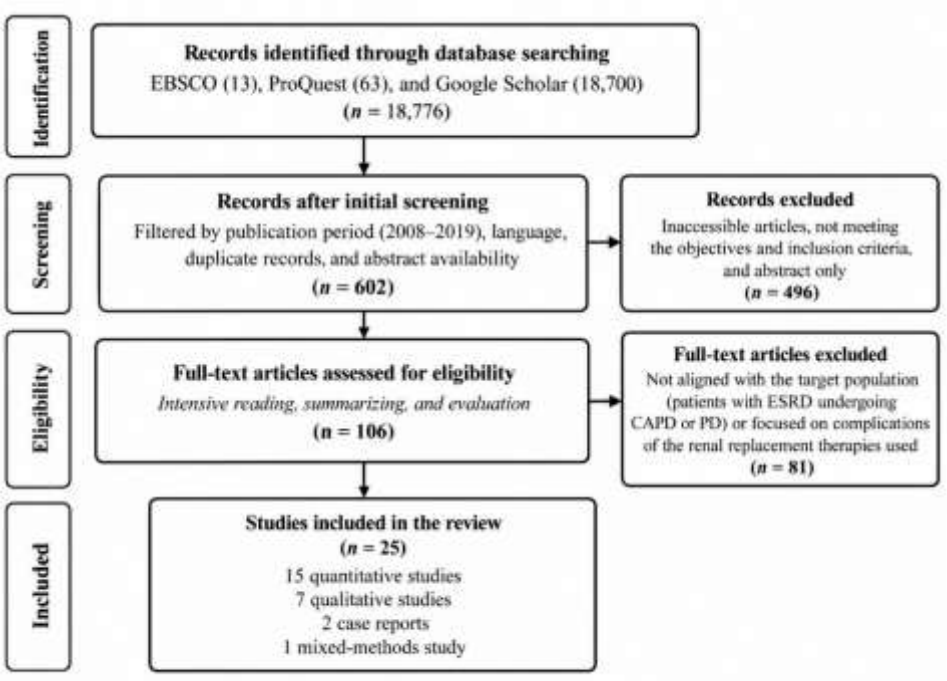


Figure 1. PRISMA flow diagram of the study selection process for the *critical review*.

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b. Discussion

Based on the content analysis, findings related to the physical domain indicated that patients undergoing PD demonstrated more favorable outcomes in several aspects of quality of life, including physical functioning, role limitations due to physical health, bodily pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health. Patients receiving CAPD were reported to be more energetic, cheerful, and physically active, with a greater sense of well-being. However, quality of life may change over time due to aging, the development of complications, changes in comorbid conditions, and patients' adaptation to treatment (Makkar et.al, 2015).

A significant difference was identified in the bodily pain domain, with patients undergoing PD reporting greater comfort and less pain than those receiving HD. Bodily pain has previously been identified as an important factor significantly affecting the quality of life of dialysis patients (Bipath et.al, 2014). In a case involving an individual who had undergone CAPD four times daily for three years, the patient demonstrated increased energy, improved mobility, and a weight gain of 10 kg (Moore et.al, 2018).

One study also described a phase of nonadherence among patients receiving PD. During this phase, patients engaged in activities restricted by their physicians while continuing to monitor potential adverse consequences through laboratory results. Following this period of personal experimentation, patients subsequently demonstrated strict adherence to their treatment regimens. This behavioral adjustment was associated with awareness of common PD complications, including peritonitis and other infections, which may contribute to increased morbidity and PD treatment failure (Lam et.al, 2014). Patients were therefore motivated to avoid these complications (Smith, 2012).

Regarding the psychological domain, five studies indicated that patients undergoing PD experienced lower levels of anxiety and depression than those receiving HD, potentially contributing to better quality of life. These findings were supported by research demonstrating that PD offered advantages over HD in terms of patients' perceptions of ESRD as a chronic illness and their perceived ability to control disease-related challenges, including stress, worry, and negative experiences with previous medical treatment (Alharbia et.al, 2017).

Furthermore, dissatisfaction with healthcare services may reflect the treatment-related burdens experienced by patients. These burdens include the need to travel to dialysis centers, transportation difficulties, prolonged time spent in medical environments, and extended periods of sitting during dialysis sessions (Liles et.al, 2014). Additional challenges include psychological stress during dialysis procedures, the frequency of treatment sessions at dialysis centers, and prolonged waiting times in dialysis units (Makkar et al., 2015; Goh S. & Griva, 2018).

One study reported that patients undergoing HD experienced higher levels of anxiety, insomnia, depressive symptoms, and suicidal ideation (Theofilou, 2011). These findings highlight the need for further research into depressive symptoms and suicidal ideation among patients receiving HD.

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In the social relationships domain, patients undergoing PD demonstrated advantages in several aspects of daily life, including financial well-being, flexibility in traveling, dietary management, and access to dialysis services (Makkar et al., 2015). PD enabled individuals to adjust their lifestyles while improving their quality of life (Airheart, 2016).

Furthermore, Rygh et.al, (2012) suggested that home dialysis may become increasingly common in the future, creating opportunities for the integration of telemedicine into patient communication, education, health monitoring, and self-management. Existing telemedicine systems enable patients to transmit dialysis-related information, blood pressure measurements, and body weight data to hospital staff, thereby facilitating access to healthcare services, particularly for individuals living in remote areas.

The application of telemedicine among patients undergoing CAPD represents a promising area for future investigation, as research specifically addressing the integration of telemedicine into CAPD management remains limited.

In the environmental domain, patients undergoing peritoneal dialysis (PD) are more likely to maintain their employment, achieve greater financial stability, and enjoy greater freedom to travel compared with patients receiving hemodialysis (HD). Continued employment and income generation may contribute significantly to the psychological well-being of patients undergoing continuous ambulatory peritoneal dialysis (CAPD). CAPD offers greater autonomy and control, increased flexibility in daily activities, and fewer social restrictions, which may also contribute to improved psychological well-being among patients (Makkar et al., 2015).

Patients with end-stage renal disease (ESRD) may perceive that their lives are not yet approaching an end and use this period to reassess their lives, establish new priorities, strengthen relationships with family and friends, and reconsider the importance of spiritual and religious activities (Morton et.al, 2006). Consequently, some patients decide to switch dialysis modalities in the hope of improving their quality of life. Following the transition from hemodialysis to home-based PD, patients reported various positive benefits and improvements in their quality of life (Airheart, 2016).

Furthermore, Rygh et.al, (2012) suggested that home dialysis may become increasingly common in the future, creating opportunities for the integration of telemedicine into patient communication, education, health monitoring, and self-management. Existing telemedicine systems allow patients to transmit dialysis-related information, blood pressure measurements, and body weight data to healthcare professionals, thereby facilitating access to healthcare services, particularly for patients living in remote areas. The application of telemedicine in CAPD management also represents a promising area for future research, given the limited number of studies specifically examining its implementation among patients undergoing CAPD.

One study reported that PD was a more cost-effective treatment modality for patients with ESRD. This finding is consistent with previous research conducted in Singapore, which indicated that CAPD was more cost-effective and provided favorable

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outcomes compared with HD and automated peritoneal dialysis (APD) among patients with ESRD (Yang et al., 2015). Nevertheless, the literature included in this review provides limited evidence regarding healthcare financing, cost–benefit considerations, and satisfaction among healthcare providers and recipients.

Further research is therefore needed to evaluate the cost-effectiveness of CAPD compared with other dialysis modalities among patients with ESRD. Such evidence could strengthen the scientific basis for healthcare policy development and inform decision-making regarding the implementation of a national CAPD program in Indonesia. However, the acceptance of PD may be limited by concerns regarding Tenckhoff catheter management, patients' ability to maintain sterile conditions in the home environment, and the storage of dialysis supplies (Tong et al., 2013).

As a developing country with a large population distributed across numerous islands, Indonesia faces substantial challenges in ensuring equitable access to dialysis services and healthcare facilities. Patients with ESRD require long-term, often lifelong, dialysis treatment, which may impose considerable financial burdens on the healthcare system while also being associated with increased morbidity and reduced quality of life. Therefore, CAPD may be considered an alternative dialysis modality to reduce prolonged waiting times for hemodialysis services and potentially improve the quality of life of patients with ESRD.

4. Conclusion

An individual's quality of life may decline following the onset of kidney failure. The deterioration in quality of life among patients with end-stage renal disease (ESRD) is influenced by various factors, including the choice of dialysis modality. Switching from hemodialysis (HD) to peritoneal dialysis (PD) may help patients regain a sense of normalcy similar to their lives before being diagnosed with ESRD and improve their overall quality of life. Patients undergoing PD, particularly continuous ambulatory peritoneal dialysis (CAPD), tend to experience better quality of life across several dimensions, including physical functioning, social functioning, interpersonal relationships, and environmental well-being. Future primary research should focus on the feasibility and applicability of different dialysis modalities, taking into account the availability of healthcare resources to improve the quality of life of patients in developing countries such as Indonesia, where research on peritoneal dialysis, particularly CAPD, remains limited. Further investigations should explore strategies for delivering more effective and accessible care, including the integration of telemedicine into dialysis management, the cost-effectiveness of CAPD, the lived experiences of patients undergoing CAPD, and the prevalence of depressive symptoms and suicide risk among patients receiving HD.

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