SUMMARY

Background

The nutritional status of chronic renal failure patients is an important determinant of the morbidity and mortality associated with the disease. In the absence of a cure for chronic renal failure, one of the major aims of treatment is to improve the quality of life of affected patients. The nutritional status of affected patients seems to have a positive impact on the quality of life of such patients. The nutritional status, quality of life, factors determining the nutritional status as well as the relationship between the nutritional status and the quality of life of our chronic renal failure patients remain undetermined.

Objectives

The study evaluated the baseline nutritional status and the quality of life of a sample of chronic renal failure patients. The predictive factors of malnutrition as well as the relationship between the nutritional status and the quality of life of such patients were also assessed.

Materials and methods
A total of 62 consecutive chronic renal failure patients being treated at the renal unit of National Hospital, Abuja were enrolled into the study. Patients less than 18 years of age, as well as patients with nephrotic syndrome, peritonitis, HIV, tuberculosis and malignancy were excluded from the study. The ethical committee of the National Hospital, Abuja, approved the study.

Nutritional status was assessed by the use of subjective global assessment (SGA), a tested and verified nutrition assessment tool. Other objective nutritional parameters used include weight change over six months of follow up, body mass index, triceps skin fold thickness, mid upper arm circumference and serum albumin. Average daily protein intake was estimated using a three-day food diary.

The quality of life was assessed using a tested and verified Ferran’s and Power’s quality of life index and a modified Karnofsky Index score. Other quality of life indices used include change in employment status since onset of renal disease, number of hospital admissions and average length of hospital stay in the six months of follow up, as indicated in the medical records.

Data obtained were analyzed using the EPIINFO 6.04 and Instat 3 integrated statistical soft wares for health and epidemiological research.

**Results**
Malnutrition was seen in more than 53% of the patients studied based on SGA criteria. Malnutrition was more common in patients on haemodialysis and in diabetic patients. Gender and age had no significant effect on the nutritional status of patients studied. The serum albumin underestimated patients with malnutrition when compared to the SGA. The average daily protein intake of malnourished patients was lower than the well-nourished group. Loss of appetite, vomiting and poverty appeared to be the most important factors contributing to malnutrition.

The overall quality of life and Karnofsky scores were lower for the malnourished patients. The malnourished patients scored lower on the health and functioning, as well as the social and economic subscales. Malnourished patients experienced greater number of hospital admissions and a longer average length of hospital stay.

CONCLUSION

The incidence of malnutrition in our chronic renal failure patients is high. The quality of life of the malnourished patients is also poorer than that of the well-nourished group. Loss of appetite, vomiting, poverty and reduced daily protein intake are important contributing factors to malnutrition.
Efforts at detecting early malnutrition, as well as correcting factors associated with malnutrition in such patients, will hopefully improve their quality of life. Given the implications of these findings for both patients and the health care system, it is vital that further prospective studies be conducted to determine the potential for nutritional interventions to improve the quality of life of these patients.