

133: SATISFACTION OF PATIENTS IN CHRONIC DIALYSIS : DEVELOPMENT OF A QUESTIONNAIRE ALLOWING COMPARISON BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS.

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Objective:

To develop a questionnaire allowing the assessment and comparison of the satisfaction levels of patients (pts) undergoing chronic hemodialysis (HD) or peritoneal dialysis (PD).

Method:

The questionnaire was developed in co-operations with dialysis pts, dialysis nurses, and physicians. The 26 questions common to HD and PD questionnaires were drawn from the validated Sequus® databank and adapted for the specific setting. Responses were recorded on a Likert 5 point scale: strongly agree, agree, disagree, strongly disagree, do not apply/know. These last responses were discarded from final analysis.

In the setting of a study assessing the quality of care of chronic dialysis in the 19 centers located in the French speaking part of Switzerland, all chronic HD and PD pts were requested to fill in the questionnaire, assessing their treatment modalities and the information received at the beginning of the treatment or more recently.

Results:

Of the 553 questionnaires distributed to chronic HD pts, 457 were returned (response rate 82%). For PD, these numbers were 64, 50, and 78% respectively. The two groups were not statistically different (mean age 64 ± 15 for HD and 60 ± 17 years for PD, male gender 63% and 56%, mean duration of dialysis treatment 4 ± 4 and 3 ± 5 years). As compared with HD pts, PD pts were more involved with their treatment ($p=0.043$), better tolerated the treatment ($p<0.0001$), received better information on their health status ($p=0.008$), and knew better who to contact in case of an emergency ($p=0.04$). Response rates were above 90% for 17 questions in HD and 19 in PD, and above 80% for an additional 6 and 5 questions respectively. The lowest response rates were recorded for the question about getting information on sexual activity (49% and 54% respectively). The lowest scores were recorded for the questions about getting information on complications, costs, and sexual activity, in increasing order.

Conclusions:

This study showed that assessing satisfaction of pts in chronic HD and PD was feasible, welcome, and that the questionnaires performed well. PD pts seemed to be less passive in their treatment as compared with HD pts. Improvement could be achieved in both groups by better information about the "negative" sides of the treatment. The very high response rate is encouraging for extending this study to other dialysis centers.