Study the lifestyle of patients with chronic kidney failure

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ABSTRACT Background and Purpose: human knowledge about the cause of diseases and mortality is not complete, but what is known is the number of contributions of these diseases to a great extent to the choice of lifestyle choices. chronic kidney failure is a chronic kidney failure, which includes a range of various Pathophysiological processes. In the past, chronic kidney disease was a health issue, but now it has become a global health threat. It is one of the problems of the human community and the world today, which encompasses a number of community people every day. The primary purpose of this paper is to study the lifestyle of patients with chronic kidney failure: nutritional behaviours, tobacco, alcohol and drugs, physical activity, sleep patterns, health care patterns, sexual activity, recreation and social relations. **Method of work:** the present study is a descriptive study that the sample of study involving 66 patients with chronic kidney failure is selected as an available sampling method. to collect the data from the researcher's questionnaire, it was used after determining the validity (content) and reliability (Alpha test of Bach). The questionnaire was in three categories of demographic information, disease-related information and the information sector related to different lifestyles. descriptive and inferential statistics were used to analyze data. **Findings:** From 66 patients studied by 68/18% of men, average age of 21/15 ± 59 years, 42/92% married, 31/82% were retired, and 45/45% had secondary education or high school education. The mean of BUN and Cr and Cr, respectively, f /17±62 and 6 ± respectively, mean the weight of 14±9±45 and the mean of the body mass index was /±0.36 and 23±36. 67/66% of patients with the first-rate of 5 are chronic kidney failure and the average filtration rate was 67/11/ l / min. The most common risk factors in disease are nutrition pattern, physical activity and exercise, sleep and sleep, disposal of urine and faeces, sexual activity, entertainment and social relations. **Conclusion:** Lifestyle education can improve physical, emotional, social, social and public health performance as well as reducing restrictions on the role of patients. Hence the attention and care of patients are essential in reforming and maintaining a balanced lifestyle because it can cause bad complications in the style of life.

KEYWORDS lifestyle, patient, chronic kidney disease

Introduction

Today, much fuss has been made about activities related to the promotion of health. health professionals who have already focused on disease are now focusing their attention on prevention and health care through improving the lifestyle and eliminating factors that have some adverse effects on human health. Human knowledge about the causes of diseases and mortality is not complete, but what is certain is that a number of these diseases are largely related to the choice of lifestyles [1].

These diseases are chronic kidney failure, which encompasses a range of different Pathophysiological processes and are associ-

DOI:10.5455/IJMRCR.Study-lifestyle-patients-chronic-kidney-failure
First Received: September 27, 2019
Accepted: November 13, 2019
Manuscript Associate Editor: Ivan Inkov (BG)

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ated with non - normal renal function and progressive fall in the filtration rate [2].

Chronic kidney disease is a general health problem worldwide. According to population-based studies, the prevalence of chronic kidney disease is estimated at around 20 million people. The final stage of renal disease is a term used in the United States to describe people with kidney failure, which qualify for dialysis or kidney transplants [3].

According to Iranian statistics, about 1,200 to 1,600 people have affected annually [4]. According to the report of the Center for Dialysis and Transplantation of Iran in the year 86, around 29,000 people suffered from chronic kidney failure. There are about fifteen thousand patients with chronic renal failure in Tehran, of which 3,700 are hemodialysis patients. According to reports, the prevalence of this disease in Iran is increasing [5].

According to a study conducted by Hussein Panah and colleagues in a large population of 1,2003 over 20 years old in Iran in 2009, the prevalence of chronic renal failure was reported to be 18.9%, which led to an increase in mortality and costs. Public health is in society [6].

Studies show that in Shiraz there is also a growing number of chronic renal insufficiency, as the head of the Center for Disease Control at the University of Shiraz University also suggests that there are patients in Shiraz city, where there are about 5550 patients covered in support of renal patients in Fars Province" [7].

As regards the consequences of chronic kidney failure, it must be admitted that, in case of contracting the disease, the quality of the patient " s life will also be severely reduced, with extreme disabilities, or deaths, and deaths from renal failure [8].

In general, the main aim of the treatment and care of chronic patients, including chronic kidney failure, is to improve the health level and improve the quality of their lives, because they have diseases that may also affect not only physical health but their mental and social health. Patients with chronic renal failure need to change lifestyles to prevent complications arising from loss of renal function [9].

Lifestyle style is a unique pattern of traits, behaviours and habits that each person suggests exposed to the risk of illness or accidents if they are defective. According to research in the United States, 53% of the causes of life are related to the lifestyle, 21% to environmental factors, 16% to the inheritance and 10% on how to provide health services [10]. On the other hand, lifestyle is heavily influenced by different factors, such as chronic diseases [11].

Lifestyle is a regular daily activity that people accept in their lives as acceptable, so these activities affect people's health. The individual performs activities and activities by choosing lifestyle to protect and promote health and prevent diseases such as adherence to the appropriate diet, sleep and activity, exercise, control of body weight, non-smoking, alcohol and immunisation against diseases and social values that constitute this lifestyle complex [12].

Today, the critical role of lifestyle in developing diseases which are the primary cause of death in all of the world has been well known [13]. As in lifestyle medicine for treating chronic diseases, rather than focusing on symptoms of disease, which are a problem, they try to find out the cause of an individual's illness in his lifestyle and lifestyle [14]. If proof of the relationship between the lifestyle and the severity of disease in sufferers of chronic kidney failure, it can be avoided by raising public awareness as well as increasing access to health facilities from the emergence of the disease as well as the progress of its stages in improving the lifestyle of patients. The necessity of training to adjust the lifestyle of these patients is necessary due to the lack of research in this field, and the results of this study have been used by balin, nursing research and assessment of the patients care system. This research could be a basis for future research.

Method of study:

This study is a descriptive - cross-sectional study in which patients were examined lifestyle. The method of selecting the samples was such that the researcher referred to the internal units 1 and 2 of the MRI Hospital of Shiraz, and based on the criteria of the study, samples were taken to the required extent. The sample size was 66 people. **The following criteria were considered when selecting the units under study:** Iranians should be admitted to study in the internal ward of MRI Hospital in Shiraz, they should be willing to participate in the study, they should be at least 18 years of age, be able to complete the questionnaire or participate in the interview, with the diagnosis of chronic renal failure Have a history of dialysis, severity of their chronic renal failure is secondary and higher, other chronic diseases no longer affect the motor activity (using the patient file). **Exclusion criteria included in this study:** Apply subjects withdrew from the study based on a questionnaire completed during the analysis phase information, respectively. The data gathering tool was a researcher-made questionnaire that was completed by interviewing the studied units. The questionnaire consisted of 41 questions in three sections. Which included the demographic information section, the information section on the disease and the lifestyle information section, which included eight sections:

1. Nutritional behaviours (7 questions).
2. Smoking, alcohol and drugs (5 questions).
3. Physical activity and exercise (4 questions).
4. Sleep and rest (2 questions).
5. Urinary excretion pattern And stool (3 questions).
6. health patterns (2 questions).
7. sexual activity (1 question).
8. recreation and social relations (5 questions).

Cronbach's alpha test was used to assess the reliability of the questionnaire. In this method, using the software SPSS, Cronbach's alpha test has been calculated for questions related to each hypothesis in the questionnaire. In order to analyze the data from questionnaires, software SPSS Version 16 is being used.

Findings

The mean age of the patients studied was 59 years. The age range of the units studied was between less than 30 years and more than 79 years. Of the 66 units, 68.16% (the most frequent) were men, 92.92% (the most frequent) were married and 58.6% were single Have. In the field of education, the lowest frequency of the studied units was 15.15% of elementary education and 45.45% (most abundance) had secondary education or high school. In terms of occupation, the most frequent (31.82%) were retired patients In the field of frequency distribution of units in the

Table (1) Distribution Abundance units Case Research On According to Specifications Demographic

Variable	floors	Number	Percentage	Indicator Descriptive statistics	
				Average	Standard deviation
Age (To year)	Less than 30	4	6.06	59.00	15.21
	39 - 30	3	4.55		
	49 - 40	6	9.09		
	59 - 50	18	27.27		
	69 - 60	20	30.30		
	79 - 70	10	15.15		
	More than 79	5	7.58		
	Total	66	100		
Sex	female	21	31.82		
	Male	45	68.18		
	Total	66	100		
marital status	Single	5	7.58		
	Married	61	92.42		
	Total	66	100		
education	illiterate	11	16.67		
	Elementary	10	15.15		
	Middle school or high school	30	45.45		
	Academic	15	22.73		
	Total	66	100		
Job	Free	13	19.70		
	Employee	10	15.15		
	Retired	21	31.82		
	Farmer	4	6.06		
	Student	2	3.03		
	housewife	16	24.24		
	Total	66	100		

Table (2) Distribution Abundance units Case Research Based on Severity Sickness Failure chronic Kidney

Severity	*GFR*	*Abundance*	*Frequency*	*Average*	*Standard deviation*
5	Less than 15	45	68.2	16.27	11.67
4	15 to 29	11	16.7		
3	29 up	10	15.1		
Total		66	100		

Table 3: Distribution of the participants in the feeding behavior Eating fruit

Illness severity	3		4		5		total		Relationship survey
Fruit consumption per week	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	p-value
At all (no turn)	0	0	0	0	2	3	2	3	
Rarely (1 to2 times)	2	3	3	4.5	17	25.9	22	33.4	
Sometimes (3 to 4 turns)	6	9.1	6	9.1	11	16.7	23	34.9	0.031
Most times (5 to 6 turns)	1	1.5	0	0	3	4.5	4	6	
High (more than 6)	1	1.5	2	3	12	18.2	15	22.7	
Total	10	15.1	11	16.6	45	68.3	66	100	

Table (4) distribution of the units a lot of research on drug use

Illness severity	3		4		5		total		Relationship survey
using drugs	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	p-value
Never	9	13.6	11	16.7	43	65.2	63	95.5	
Rarely fun	1	1.5	0	0	0	0	1	1.5	
Week (1 to 2 times)	0	0	0	0	1	1.5	1	1.5	
Week (3 to 4 times)	0	0	0	0	0	0	0	0	0.843
Week (5 to 6 times)	0	0	0	0	0	0	0	0	
everyday	0	0	0	0	1	1.5	1	1.5	
Total	10	15.1	11	16.6	45	68.3	66	100	

Table (5) Distribution Units much of the research in terms of moderate physical activity

Illness severity	3		4		5		total		Relationship survey
physical activity Gentle	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	p-value
Never	4	6.1	7	10.6	28	42.5	39	59.2	
Rarely (1to 2 times)	6	9.1	3	4.5	8	12.1	17	25.7	
Sometimes (3 to 4 times)	0	0	0	0	0	0	0	0	0.013
Most Times (5 to 6 times)	0	0	0	0	2	3	2	3	
Always (every day)	0	0	1	1.5	7	10.6	8	12.1	
Total	10	15.2	11	16.6	45	68.2	66	100	

Table 6 presents the frequency distribution of the required units in terms of the number of hours of sleep during the night and the severity of the disease.

Relationship Check	total		5		4		3		severity of the disease / The number of hours of sleep during the night
p-value	Percentage	Abundance	Percentage	Abundance	Percentage	Abundance	Percentage	Abundance	
	2		**0**						**Less than 4 hours**
	33.3	2	22.7	**0**	1.5	1	1.5	1	**4 to 5 hours**
	56.1	22	27.9	15	7.6	0	3	2	**6 to 8 hours**
0.000	6.1	27	6.1	25	7.6	0	10.6	7	**9 to 10 hours**
	1.5	4	1.5	4	**0**	0	0	0	**More than 10 hours**
		1		1	**0**	0	0	0	
	100	66	68.3	45	16.6	11	15.1	10	**total**

blood serum level (urea serum level) BUN (Shows that 22.7% of (most of) the subjects related to serum levels of 49-40 mg per deciliter, respectively. The mean serum levels of blood urea, 62/53 mg dL, respectively. The creatinine level, 28.8 percent (most frequent) subjects related to serum levels of 4 / 7-5 / 5 milligrams per deciliter, respectively. the mean serum creatinine was 6.14 mg per deciliter. The mean of height of the studied units was 168.39 and their weight was 66.45 kg .Also, in terms of body mass index, the average BMI of the units was 36.33 kg / m2 (63.5%) Evan) were normal weight subjects. The distribution of the participants according to the severity of chronic renal failure patients with chronic renal failure ¬ shows that 10-15% of the subjects, grade 3 disease and chronic renal failure 16.7% of grade 4 chronic kidney failure had been suffering. while 20/68 percent (most frequent) subjects, patients with grade 5 patients had chronic renal failure.

The results show that lifestyle related to nutritional behavior: 50.1% rarely have vegetables, 34.9% sometimes have fruits, 56.2% rarely have red meat, 53.1% sometimes White meats and 57.7% have used liquids. 56.1% of patients with low salt diet and 45.5% rarely used fatty foods. The results of the statistical test of gamma show that there is a reverse (negative) relation between chronic renal failure and the consumption of vegetables, fruits, red meat, liquids, salt intake and fatty foods, so that with increasing severity of the disease Their consumption has decreased.(P <0/50) In the dimension of lifestyle associated with smoking, alcohol and drugs: 94% of smokers, 92.5% alcohol consumption, 80.4% had no hookah and 95.5% had no drug use Have. The results show that there is no statistically significant relationship between lifestyle and smoking patterns. **In the dimension of lifestyle associated with physical activity and exercise:** The most frequent (59.2%) patients were patients who had never had a mild physical activity during the week (63.7%) of patients who had no sometimes help during the day to do activity, Did not receive your daily routine, And 76% of the patients have less than an hour of lumbar motion or walking in the workplace on a daily basis, And 94% related to patients who have never performed professional sports during the week. So that the results Suggests that the association between moderate physical activity, physical activity at work and professional activity there on a daily basis so that As the severity of the disease has decreased, physical activity and exercise have decreased (P<001/0) Statistical results in the lifestyle associated with sleep patterns shows that 1/56% of them have had a good night's sleep, while 1/65% of patients, frequent waking during the night to urinate have reported.

The results show that there is no significant and significant relationship between lifestyle and health care patterns among patients. In a way that 7/69% of patients have a doctor in the past year And this shows that with increasing severity of the disease, the number of visits to the doctor during the past year has increased.

In the dimension of life style associated with sexual activity: 51.5% did not have a tendency to have sex And have a relationship. There is a reverse (negative) relationship between the severity of chronic renal failure and the inclination to have sex, so that the incidence of sexual desire decreases with increasing severity of the disease (p<0.05).

In the dimension of lifestyle associated with social relationships and recreation, 58.4% had a year-round recreational trip That 34.8% of the patients were on average connected with friends and relatives And the results showed a significant inverse correlation between lifestyle and chronic renal failure patients shows.

Discussion

abstract the failure of kidney failure is one of the problems of human societies and the world of today, which has a number of people involved in every day [15]. As regards the consequences of chronic kidney failure, it must be acknowledged that, in case of contracting the disease, the quality of the patient's life will be severely reduced, and extreme disabilities, or mortality, are expected to be affected by renal failure. in addition, disruption in person's functional status and change in quality of life due to continuous dialysis are factors that affect the lives of sufferers and the advanced stages of disease cause changes in theirstatus, family and social status. The quality of life is a different aspect

of the healthand physical, psychological and social comfort of individuals affected byexperience and understanding of life [17].

generally, the main purpose of treatment and care of chronic patients, includingchronic kidney failure, is to improve the health level and improve the quality of life,because they have disease that may not only affect physical health but alsomental and social health [18]. The World Health Organization defines Life Style(Life Style)based on certain and definable patterns of behavior that comes from the interaction between personal characteristics, the interaction of socialrelationships, environmental conditions and socio - economic situations [19].

these behavioral patterns are based on mental attitudes and accordingly, it can be modified and therefore different in different societies. Positive health is the result of a positive lifestyle and it will be possible to promote health through the recognitionof lifestyle and monitoring and its detailed evaluation [20].

due to the increasing prevalence of patients with chronic kidney failure in the world, high mortality and many problems that are imposed on the individual, familyand society are important and important in their way of life.

Although there have been a lot of studies on the quality of life for patients with chronic kidney failure, yet there is no research on the lifestyle of patients with chronic kidney failure, so its eems necessary to describe the relationship.

Final conclusions

According to the results of the present study, it is inferred that a significant percentage of the research community sample did not follow a desired lifestyle pattern, so that chronic kidney disease patients suffer from chronic disease patterns, so that patients are not confined to hospital patients and care of patient health, but it also includes patient patients in hospital and patient care.

Nurses as key members of the health team play an important role, especially in the patients ' department. as well as nurses and other members of the health therapeutic team in enhancing the quality and quality of their lives, it is clear that this will be achieved if adequate in the field of care and care.

So that by increasing the level of public awareness as well as increasing access to therapeutic facilities, it can be prevented from the emergence of the disease as well as the progress of its stages in improving the lifestyle of patients.

Conflict of interest

The authors declare no conflict of interest.

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