

## Research Findings in IJKD, March 2013

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### PSYCHOLOGICAL HEALTH OF CHILDREN WITH KIDNEY DISEASES

Chronic diseases usually cause psychological stress, and a vicious circle of physical and mental problems can lead to worse than expected outcomes. This has emerged attentions of kidney doctors to the psychological aspect of their patients' diseases. Children are no exception. Dr Ghobrial and his coworkers in Egypt looked into the psychological health of children with nephrotic syndrome.

The kidneys of children with some diseases of unknown origin may start removing proteins from their blood. They undergo intensive treatment that usually includes steroid. In some of the children, nephrotic syndrome may be resistant to steroid therapy and they might need more intensives therapies. Dr Ghobrial and his coworkers found that many of the children with nephrotic syndrome have problems such as emotional symptoms, conduct problems, hyperactivity, and peer relationship problems. Children with resistant disease were more likely to have these problems. The research team recommends that attention to behavioral problems of these children should be given early in the course of disease. Their study shows that attention to such problems is essential in pediatric patients.

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### WHY NOT PERITONEAL DIALYSIS?

Kidney failure is a devastating chronic problem, but fortunately patients with kidney failure can live longer thanks to the dialysis therapy and kidney transplant options they have. Dialysis can be done in several ways. Mainly, there are two methods

of removing excessive water and toxins from the blood, what the kidneys used to do: circulating the blood out of the body into a machine, which is called hemodialysis, and filling the abdomen cavity with a fluid that absorbs toxins, which is called peritoneal dialysis. Hemodialysis was the first introduced treatment and later peritoneal therapy was added to the options. However, still most of the patients are directed to hemodialysis.

Each method has its own advantages and disadvantages, and patients may be good candidates for each or both of these. Peritoneal dialysis can be done at home by the patients themselves. In Iran, peritoneal dialysis has been increasingly used, but compared to developed countries, the number of patients who use this treatment is low. Dr Edalat-Nejad and her colleague carried out a research project in Arak to investigate why not so many patients are choosing peritoneal dialysis. They found that many of the physicians still prefer to offer their patients with hemodialysis only or are not keen on advocating peritoneal dialysis. On the other hand, half of the patients who need to start dialysis had important medical and socioeconomic barriers to peritoneal dialysis, such as lack of family support, learning and performance disability, and less-than-ideal home situation. These patients tended to be older, low educated, and more likely to be diabetic. These findings suggest that health policy makers should take strategies to encourage doctors and patients to use peritoneal dialysis. This will give the patients better options and remove part of the huge burden of hemodialysis costs from the health care system.

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