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Available online at: [www.jparonline.com](http://www.jparonline.com)**Effect of Spiritual Experiences and Demoralization status in Patients with Chronic Kidney Disease**Mahendra M. Alate<sup>1\*</sup>, S. V. Kakade<sup>1</sup>, Dhirajkumar A. Mane<sup>2</sup>, Vishali Yadav<sup>3</sup><sup>1</sup>Director of Research Office, Krishna Institute of Medical Sciences Karad, Maharashtra – 415110, India.<sup>2</sup>Dept. of Community Medicine, Krishna Institute of Medical Sciences Karad, Maharashtra – 415110, India.<sup>3</sup>Psychiatry Department, Krishna Institute of Medical Sciences Karad, Maharashtra – 415110, India.

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**ABSTRACT: Background:** Patients who suffer from Chronic Kidney Disease (CKD) face problems like social, physical, mental, hypertension, as well as depression. Patients with any CKD they need spiritual experiences for their better survival aspect of life. **Aim:** The present study is to investigate effect of spiritual experiences of patients with CKD. **Method:** This observational study was conducted in 30 patients. Patients diagnosed with 3<sup>rd</sup>, 4<sup>th</sup> stage and End-Stage Renal Disease (ESRD) undergoing Haemodialysis (HD) treatments were enrolled in this study. The possible relation between level of spirituality, level of demoralization, Severity and patients suffering by third and fourth stage CKD were assessed. **Results:** Out of 30 patients, 9 were alcoholic with Daily Spiritual Experiences Scale (DSES) value of 44.55±6.8 and 21 Non alcoholic with comparatively less DSES (39.38±8.85). Renal Transplanted 7 patients exhibited DSES of 41.28±5.2 and 23 Non Renal Transplanted patients showed DSES of 40.8±9.3. Patients Suffering from End-Stage Renal Disease (ESRD) undergoing Haemodialysis (HD) treatment at stage three with DSES value of 40±8.3 and at stage 4 with high DSES (44.6±11.05). **Conclusion:** The result concluded that there was a positive effect of a Spiritual Experiences on CKD patients to minimize DSES.

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**INTRODUCTIONS:**

Spirituality and religiosity are often positive coping strategies used by people during times of stress, which tend to give hope and meaning to their existence. It may also help in relieving their sense of helplessness and give purpose to their lives [1]. Due to day by day rapidly advancing medical science, the survival of patients with chronic diseases has increased exponentially. But living with the awareness of chronic condition hasn't made life any easier. Debility and disability, both medical and psychological, often lead to adjustment disorders,

demoralization and depression. People cope with such adversities in various ways, positive as well as negative [2]. Spirituality and religiosity are often positive coping strategies used by people during times of stress due to chronic diseases, which tend to give hope and meaning to their existence. It may also help in relieving their sense of helplessness and give purpose to their lives [3]. Currently position of Chronic Kidney Disease (CKD) is recognized as a serious problem of public health and the world wide prevalence is estimated to be within the range of 8 to 16 % [4,5]. According to the World Health Organization (WHO), when patients reach a GFR of less than 15 %, they are classified into the End-Stage Renal Disease (ESRD) group [6,7]. This stage is characterized by the necessity of haemodialysis or kidney transplantation so that the patients can be kept alive [8]. The level of daily spiritual experiences and its relationship with the feeling of demoralization among patients with chronic illnesses has not been explored widely, especially in India. Most patients with Stage 3 CKD are older, and only a minority go on to get more serious kidney disease. Their increased rate of cardiovascular disease (heart attacks, strokes, narrowing of other arteries) is very important. However some do go on to get severe kidney failure, and there are some pointers that make this seem more likely [9,10]. This Study may help us to recommend inclusion of spiritual practices as part of a comprehensive and holistic treatment strategy for all individuals with CKD [11].

#### MATERIAL AND METHODS:

An Observational study was conducted in Krishna Institute of Medical Sciences Karad. Study period was two month. Study Participates were patient who visited in OPD (Out Patient Department) of Urology department. A qualified Psychiatrist helped to evaluate the patients whether they diagnosed of any psychiatric illness other than demoralization. Thirty consecutive patients diagnosed with CKD by medical consultant/ Nephrologists were recruited in the Study after taking written informed consent. Daily Spiritual Experiences Scale (DSES) Score was calculated in pre tested proforma.

#### Inclusion criteria:

Patients were diagnosed with having CKD, irrespective of the renal pathology

- Both males and females.
- Belonging to any religion.

#### Exclusion criteria:

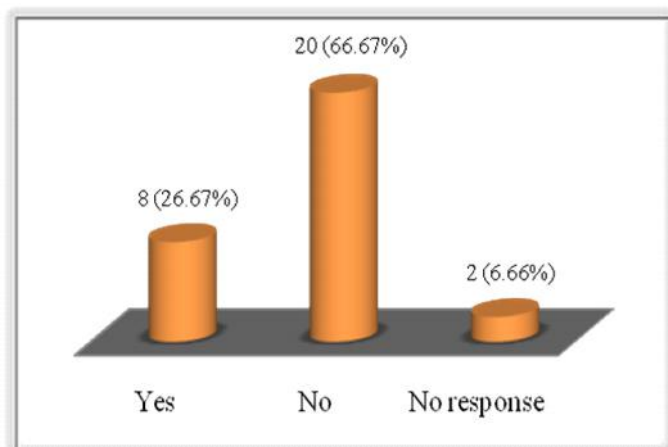
- Any other co-morbid medical/surgical illness not directly related to underlying renal pathology.
- Any other co-morbid psychiatric illness other than demoralization.
- History of past psychiatric illness including alcohol/substance use.
- Mental retardation.

#### Statistical Analysis:

Data were tabulated and analysed using statistical package for social sciences (SPSS) version 20. The results were expressed in terms of mean and Standard Deviation. Significances of differences between mean was calculated with unpaired student's test.  $p < 0.05$  was considered for statistical significances. We have use secondary data for this study [11,12].

#### RESULTS:

Mean age of 30 CKD patients was ranged between 20 to 57 years, with mean 36.46 and standard deviation of 10.68 years. Majority (76.67 %) of them males. Males (n=23) outnumbered females (n=7) by a significant margin, comprising more than 3/4<sup>th</sup> of our subjects. In present study, maximum patients were from the age group of 41 to 50 and above years (12{40%}) followed by 31 to 40 years (10{33.33%}) whereas reaming age group (8{26.37}). History of alcohol was found in 26.67 % of patients. However (6.7 %) did not responded. While 66.67 % of patients were non alcoholic.



**Fig 1. Patients with history of alcohol use.**

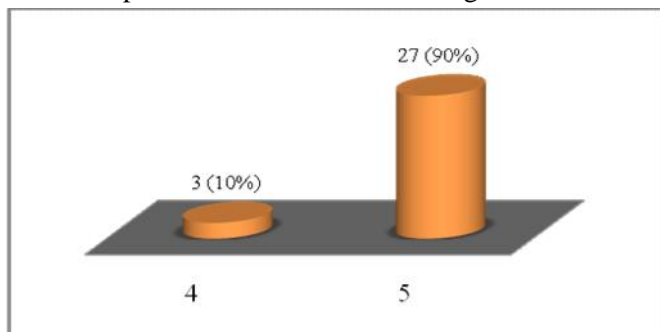
Subjects with or without co-morbid chronic illness were almost equally distributed, n=16 versus n=14, respectively. Only those illnesses which cannot be explained by CKD were enquired for (e.g. hypertension was not considered, while diabetes was considered). Half of the subjects had CKD duration of less than 24

months. CKD duration ranged from a minimum of 2 months to a maximum of 72 months, with the mean being 24.4 months and standard deviation of 22.55 months.

**Table 1. Presence of co-morbid chronic illness.**

Co-morbid illness	No of patients	% of patients
Yes	16	53.33
No	14	46.67
Total	30	100

Majority of the recruited patients (56.67) had been undergoing dialysis for equal to or less than 1 year. The creatinine levels were recorded for all patients. Their mean level was 9.41 with a standard deviation of 2.00. On evaluating the score of DSES, the mean score was found to be 40.93 with a standard deviation of 8.54. The score ranged from a minimum of 25 points to a maximum of 54 points, with lower scores indicating more spiritual experiences. Though table 3 revealed no significant difference in the attributes of CKD Parameters, DSES Score lessin alcoholic, duration of dialysis more than one year. Patients not exposed to renal transplanted and Patients with Stage VI CKD.



**Fig 2. CKD Stages of Patients.**  
Almost all patients (90%) belonged to Stage V CKD.

**DISCUSSION:**

CKD is considered a complex, often slow and progressive syndrome that leads to the kidney’s inability to excrete metabolites. This may be characterized by kidney damage and irreversible loss of renal function which generally causes patients to experience frustration and limitations, once various restrictions are imposed, such as: maintenance of a specific diet associated with fluid restrictions and change of body appearance due to the need for a catheter to enable vascular access or an arterio-venous fistula [1]. Because the treatment imposes many changes on one’s daily routine, some processes may affect individuals’ level of hopefulness. Being able

to maintain hope in the face of a disease is, however, a continuous and important process because it encourages the individual and family to seek new ways or to acknowledge the new condition imposed by the disease. In this context, spirituality and religiosity related to one’s spiritual beliefs can support and strengthen one’s coping strategies to deal with everyday hardships [2].

**Table 2. Duration of dialysis.**

Dialysis duration time	Count	%
1 year	17	56.67
> 1 year	13	43.33
Total	30	100

Hope is a state related to a positive expectancy of future and is an effective coping strategy. It encourages one to act and proceed through life and is the key to one’s spiritual wellbeing. Hope is related to quality of life and survival and encourages one to cope with problems. When the experience of becoming sick is accompanied by hope, the individual focuses his/her energy on re-establishing health and well-being [3]. Therefore, the meaning of being hopeful is extremely important in the lives of patients with CKD since this attitude encourages them to expect improvement in their condition from the time the disease is diagnosed up to potential kidney transplantation, which is the only procedure that enables one to expect “a cure” or a longer life with greater quality [4].

**Table 3. According CKD Parameters.**

HOA	Count	DSES	t Value	P value
Yes	9	44.55±6.8	1.56	0.131
No	21	39.38±8.85		
Cronic Illness				
Yes	16	40±9.1	0.124	0.903
No	14	41±1.4		
Duration of Dialysis				
1 Y<	17	42±8.6	0.864	0.395
>1 Y	13	39.2±8.4		
Renal Transplant				
Yes	7	41.28±5.2	0.123	0.903
No	23	40.8±9.3		
CKD Stage				
SG4	3	40±8.3	0.434	0.259
SG5	27	44.6±11.05		

HOA – History of alcohol, Y – Year, SG – Stage and t value is calculated at degree of freedom of 28.

In this age of rapidly advancing medical science, the survival of patients with chronic medical diseases has increased exponentially [2]. But living with the awareness of chronic condition hasn't made life any easier. Debility and disability, both medical and psychological, often lead to adjustment disorders, demoralization and depression. People cope with such adversities in various ways, positive as well as negative. Spirituality and religiosity are often positive coping strategies used by people during times of stress, which tend to give hope and meaning to their existence. It may also help in relieving their sense of helplessness and give purpose to their lives.

The level of daily spiritual experiences and its relationship with the feeling of demoralization among patients with chronic medical illnesses has not been explored widely, especially in India. Hope is associated with spirituality because the spiritual dimension is described as being relevant in the attribution of meaning to life and is a resource that provides hope when one is coping with diseases that change individuals' health conditions and levels of distress [5]. Spirituality refers to an attempt to understand the meaning and purpose of life; it may or may not involve organized religion and it may or may not involve a belief in a higher being [6]. Several studies have demonstrated that there is relationship between spirituality and clinical outcomes [7,8]. Moreover, the important role of addressing spiritual concerns of patients has been emphasized as the development of palliative care programmes has expanded [9].

#### CONCLUSION:

It is concluded that, Spiritual practices may keep CKD Patients always from alcohol & need of renal transplant and also keep in lower Stage of the severity of disease.

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