



14th SINGAPORE PUBLIC HEALTH & OCCUPATIONAL MEDICINE CONFERENCE

15-16 October 2019 · Equarius Hotel

PREVENTIVE HEALTH IN A CHANGING WORLD

BIOPSYCHOSOCIAL EXPERIENCES AND COPING STRATEGIES OF ELDERLY ESRD PATIENTS: A QUALITATIVE STUDY TO INFORM THE DEVELOPMENT OF MORE HOLISTIC AND PERSON-CENTRED HEALTH SERVICES IN SINGAPORE

Emeline Han^{1*}, Farah Shiraz^{1*}, Victoria Haldane¹, Joel Jun Kai Koh¹, Rina Yu Chin Quek¹, Semra Ozdemir², Eric Andrew Finkelstein², Tazeen Hasan Jafar², Hui-Lin Choong³, Sheryl Gan³, Lydia WW Lim³, Helena Legido-Quigley¹.

¹ Saw Swee Hock School of Public Health, National University of Singapore. 12 Science Drive 2, #10-03, Tahir Foundation Building, Singapore 117549

² Duke NUS Medical School, 8 College Road, Singapore 169857

³ Dept of Renal Medicine, Singapore General Hospital, Outram Road, Singapore 169608

*Joint first authors

Background

Singapore has the fifth highest incidence of treated ESRD worldwide, with the upward trend of ESRD being most apparent among those aged 70 years and older. This study seeks to explore the impact of ESRD and dialysis on the quality of life of elderly (≥ 70 years old) ESRD patients in Singapore and examine their coping strategies.

Methods

This qualitative study involved semi-structured interviews with 7 peritoneal dialysis patients, 5 haemodialysis patients, 4 patients on non-dialysis supportive care, and 7 caregivers.

Results

Participants reported that ESRD and dialysis had an impact on three highly interconnected areas of their quality of life: (a) biological/physical (general symptoms, neuromuscular problems, skin problems and poor sleep quality); (b) psychological (depressive symptoms, anxiety and fears, stress and negative self-perceptions); and (c) social (increased dependence on family and loss of social life). There were four key strategies that participants used to cope with these biopsychosocial challenges: (a) family support (financial, practical and emotional support); (b) religious/spiritual support (experiencing gratitude/contentment, the power of prayer and belonging to a faith community); (c) avoidance (cognitive avoidance and distraction techniques); and (d) acceptance (positive thinking and problem solving).

Conclusion

This study has provided insights into the biopsychosocial impact of ESRD and dialysis, as well as cultural and religious factors that shape the experiences and coping mechanisms of elderly ESRD patients and caregivers in Singapore, which can be used to further the development and implementation of more holistic and person-centred services to help each patient achieve a better quality of life.