

## Psychological Distress for Patients with Renal Failure at Al-Yarmouk Teaching Hospital

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### Abstract

**Background and Objectives:** Renal failure is a chronic illness that leads to great psychological suffering of the patients under dialysis treatment. the aim of the current study was to evaluate the degree of psychological suffering among dialysis patients in Yarmouk Teaching Hospital, Baghdad, Iraq and to establish a correlation between the psychological suffering and demographical characteristics of the study sample.

**Methodology:** The cross-sectional study was done at the Yarmouk Hospital, Baghdad, Iraq on a sample of 50 patients in the haemodialysis unit. The convenience sample was used to collect the sample and the questionnaire was divided into three parts the first part was used to collect demographic data and the second was composed of two standardized measures of anxiety and depression. Pre-existing standardized measures were used to determine the reliability and validity of the research instruments.

**Results:** The findings identify significant psychological distress in the patient group, which is manifested through the overall scores of mean=1.18 (SD=1.08) in the depression scale and 1.12 (SD=0.92) in the anxiety scale.

**Conclusion:** The research concluded that patients under dialysis in the Yarmouk Teaching Hospital experience psychological distress, and the distress depends on the social and demographic background of the patients. This would require the combination of psychological evaluation and medication in addition to the conventional medical procedure of addressing this category of patients.

**Keywords:** Psychological Distress, Renal Failure, Al-Yarmouk Teaching Hospital



## 1. Introduction

Kidney failure is a chronic condition that is debilitating and has a myriad of symptoms that are not necessarily limited to the physiological, but greatly affect the psychological and social conditions of the patients. As the prevalence of chronic kidney disease (CKD) and end-stage renal disease (ESRD) was constantly increasing, it has become a major burden of health in the world (Tong et al., 2018).

The treatment of kidney disease patients is perceived as very strict, the most apparent of them being dialysis. The number of sessions depends upon the condition of the patient and could be up to three sessions per week, each of which takes some hours. The high-intensity treatment regimen is associated with major changes in lifestyle, developing a need to rely on life-support medical devices, and substantial changes in the nature and amount of ingested fluids and food, all of which have a negative effect on the quality of life of patients (Kalantar-Zadeh et al., 2022).

Kidney failure is associated with a lot of accumulated psychological distress. The literature is consistently high in the levels of anxiety, depression, and sleep problems as well as the quality of life of patients with kidney failure being lower (Palmer et al., 2013).

Kidney failure is an inherently stressful, traumatic experience that leads to a life disruption since patients have to face the unpredictability of the disease process, as well as other illness-related issues, such as readjustment to a relatively prolonged dialysis therapy. Some of the major challenges that occur because of such changes include the necessity to stay employed, the change of family roles, the loss of independence and a sense of freedom, and a high financial burden all that are high risk factors in the development of mental health disorders (Finkelstein, 2020; Fuertes et al., 2025).

When the psychological distress emerges, there might develop a complicated set of interactions between the biological, psychological, and social factors. The very nature of the physiological changes caused by Uraemia and dialysis treatment, in itself, could cause this interaction directly, resulting in the occurrence of the psychological and neurological symptoms (Silva et al., 2019).

Mental health concerns of patients with kidney failure are not sufficiently identified and addressed during the general care of the patient. Although there is a close relationship between kidney failure and psychological distress, physiological parameters are usually used at the expense of psychological distress that is either overlooked or ignored or downplayed (Sukul et al., 2019).

Untreated psychological distress has been associated to worse clinical outcomes, such as decreased adherence to treatment regimens, increased hospitalization rates, and higher mortality among dialysis patients, representing a significant and critical gap in comprehensive patient care (Cardol et al., 2023).

According to the Annual Statistical Report of Iraqi Ministry of Health, Planning Directorate, (2023) the CKD is the 6th causes of death in Iraq, the Ministry of Health providing many service for patient with renal disease such as haemodialysis in health centre like Al-Yarmouk Teaching Hospital While the hospital provides essential life-sustaining dialysis services, a systematic investigation into the psychological distress experienced by this specific patient group has not been previously conducted. Such an assessment is imperative to identify unmet mental health needs. Therefore, this study aims to investigate the prevalence, severity of psychological distress among patients with renal failure undergoing treatment at Al-Yarmouk Teaching Hospital.

## 2. method:

### 2.1. Design of the Study

A quantitative descriptive study was conducted to find out the Psychological Distress for Patients with Renal Failure at Al-Yarmouk Teaching Hospital, during the period of the study from 5 October 2024 to 1 November 2024.

## 2.2. Administrative Arrangement

Official Permissions are taken from Ministry of Health/ Al-Karkh Health directorate / Training and Human Development Center, and Al-Yarmouk Teaching Hospital to conduct the study.

## 2.3. Ethical Consideration

The confidentiality and anonymity of participants were a top priority. All participants were fully informed about the study's purpose and aims. Before any information was collected, each participant's oral consent was obtained. The questionnaire also included a clear note that stated: "Dear participant, if you agree to participate in this research, please kindly fill out the questionnaire." The confidentiality of all information provided by the participants was guaranteed.

## 2.4. Setting of the Study

An accessible sample of patients with renal failure is selected from the haemodialysis unit at Al-Yarmouk Teaching Hospital.

## 2.5. Instrument of the Study

The questionnaire is consisted from 3 parts are used to achieve the objectives of the study as following: Part I was built in accordance with the requirements of the study, it consists of demographic characteristics for patients, it contains 6 variables (Residence, Gender, Age, Education level, Occupation, Monthly Income), Part 2 it is standard scale PHQ-9 (Patient Health Questionnaire-9) to assess the depression level in patients, part 3 was the GAD-7 (Generalized Anxiety Disorder-7) to assess the level of anxiety in haemodialysis patients.

## 2.6. Sample of the study

A non-probability sample was selected by using convenience method, it consists from 50 haemodialysis patients: The sample is collected at Al-Yarmouk Teaching Hospital for the period from during the period of the study from 5 October 2024 to 1 November 2024.

## 2.7. Exclusion criteria

- 1-Patients who have diagnosis with psychiatric disorder in addition to renal disease.
- 2-Child patients.
- 3- The patients undergoing haemodialysis but with a disease duration of less than one year.

## 3. Results

**Table (3-1): Frequencies and Percentages of Socio-Demographical Characteristics (n=50)**

Items Characteristics	Groups	f	%
Age	20-29	1	2.0
	30-39	10	20.0
	40-49	13	26.0
	50-59	13	26.0
	60-69	9	18.0
	70-79	4	8.0
	<b>Total</b>	<b>50</b>	<b>100.0</b>

<b>Gender</b>	Male	30	60.0
	Female	20	40.0
	<b>Total</b>	<b>50</b>	<b>100.0</b>
<b>Residence</b>	Urban	40	80.0
	Rural	10	20.0
	<b>Total</b>	<b>50</b>	<b>100.0</b>
<b>Education level</b>	Illiterate	9	18.0
	Primary School	16	32.0
	Secondary School	9	18.0
	Post-graduated school	9	18.0
	College	7	14.0
	<b>Total</b>	<b>50</b>	<b>100.0</b>
	<b>Occupation</b>	Employee	9
Free work		10	20.0
Retired		9	18.0
Housewife		10	20.0
Jobless		12	24.0
<b>Total</b>		<b>50</b>	<b>100.0</b>
<b>Monthly Income</b>		Enough	13
	Not Enough	17	34.0
	Barley Enough	20	40.0
	<b>Total</b>	<b>50</b>	<b>100.0</b>

f = frequency, %= Percentage

The study sample (N=50) primarily consists of middle-aged (40-59 years, 52%), male (60%), urban (80%) participants with low educational attainment (50% have primary school or less). The sample shows significant economic vulnerability, with 74% reporting their income as barely or not enough, consistent with a high unemployment rate (24%). These characteristics suggest the findings are most applicable to urban, middle-aged populations facing socioeconomic challenges.

**Table (3-2): Frequencies and Percentages of Patients Depression among Renal Failure (N=50)**

No	Items	Depression Indicator Level				M.S	Std.	Ev.
		0 F (%)	1 F (%)	2 F (%)	3 F (%)			
1	Lack of interest or lack of enjoyment in doing any work	14 (28.0)	17 (34.0)	8 (16.0)	11 (22.0)	1.320	1.1147	M
2	Feeling sad, restless, or hopeless	9 (18.0)	15 (30.0)	18 (36.0)	8 (16.0)	1.500	.9742	M
3	Difficulty falling asleep, interrupted sleep, or sleeping more than usual	10 (20.0)	10 (20.0)	18 (36.0)	12 (24.0)	1.640	1.0645	M
4	Feeling tired or having too little energy	6 (12.0)	13 (26.0)	13 (26.0)	18 (36.0)	1.860	1.0500	M
5	Decreased appetite or eating more than usual	10 (22.0)	16 (32.0)	17 (34.0)	7 (14.0)	1.420	.9708	M
6	Feeling dissatisfied or feeling that you or your family have let yourself down	27 (54.0)	15 (30.0)	4 (8.0)	4 (8.0)	.700	.9313	L

7	Difficulty concentrating, for example, while reading the newspaper or watching TV	20 (40.0)	12 (24.0)	12 (24.0)	6 (12.0)	1.080	1.0660	M
8	Slow to move or slowdown in talking about what is usual to a noticeable degree from others / or conversely talking faster and more often than usual.	22 (44.0)	20 (40.0)	7 (14.0)	1 (2.0)	.740	.7775	L
9	You've had thoughts that it would be better if you were dead, or thoughts that you would self-harm	36 (72.0)	9 (18.0)	4 (8.0)	1 (2.0)	.400	.7284	L
<b>Total</b>						1.184	1.075	M

f = frequency, %= Percentage, M. S= Mean of Score, Std.= Standard Division, Ev. = Evaluation

Table (3-2) indicated a moderate overall level of depression among the renal failure patients (M=1.184, SD=1.075). The most severe symptoms were related to somatic and core emotional experiences: "Feeling tired or having too little energy" (M=1.86, SD=1.050) and "Difficulty falling asleep, interrupted sleep, or sleeping more than usual" (M=1.64, SD=1.065). In contrast, cognitive and severe affective symptoms were less prevalent, with the lowest scores for "Thoughts that it would be better if you were dead, or thoughts of self-harm" (M=0.40, SD=0.728) and "Feeling dissatisfied or feeling that you or your family have let yourself down" (M=0.70, SD=0.931). The findings suggest that the patients' depression is characterized predominantly by physical fatigue and sleep disturbances rather than severe cognitive or suicidal ideation.

**Table (3-3): Frequencies and Percentages of Patients Anxiety among Kidney Failure (N=50)**

No	Items	Anxiety Indicator Level				M.S	Std.	Ev.
		0 F (%)	1 F (%)	2 F(%)	3 F(%)			
1	Feeling angry, anxious or irritable	9 (18.0)	14 (28.0)	20 (40.0)	7 (14.0)	1.500	.9530	M
2	Inability to stop or control anxiety	11 (22.0)	24 (48.0)	10 (20.0)	5 (10.0)	1.180	.8965	M
3	Excessive worrying about different things	12 (24.0)	23 (46.0)	12 (24.0)	3 (6.0)	1.120	.8485	M
4	Difficulty relaxing	14 (28.0)	22 (44.0)	11 (22.0)	3 (6.0)	1.060	.8668	M
5	The intensity of the disturbance to the point that it is difficult to remain calm	16 (32.0)	28 (36.0)	5 (10.0)	1 (2.0)	.820	.6908	L
6	Quick to get annoyed or irritated	12 (24.0)	15 (30.0)	14 (28.0)	9 (18.0)	1.400	1.0498	M
7	Feeling frightened as if something terrible might happen	23 (46.0)	16 (32.0)	10 (20.0)	1 (2.0)	.780	.8401	L
						1.123	.918	L

f = frequency, %= Percentage, M. S= Mean of Score, Std.= Standard Division, Ev. = Evaluation

Table (3-3) indicated a moderate overall level of anxiety among the kidney failure patients (M=1.123, SD=0.918). The most severe symptoms were "Feeling angry, anxious, or irritable" (M=1.50, SD=0.953) and "Quick to get annoyed or irritated" (M=1.40, SD=1.050). In contrast, the

least severe symptoms were "Feeling frightened as if something terrible might happen" ( $M=0.78$ ,  $SD=0.840$ ) and "The intensity of the disturbance to the point that it is difficult to remain calm" ( $M=0.82$ ,  $SD=0.691$ ). The findings suggest that the patients' anxiety manifests primarily as irritability and anger rather than as pervasive worry or fear.

#### 4. Discussion

Most of the sample is middle aged, urban men who have low education levels and 40 percent of the sample has a monthly income that is barely enough to sustain their basic needs whereas 34 percent of the sample lacks monthly income adequate to sustain their basic needs. In addition, the rate of unemployment is 24% or is in line with the past and other studies have also found that a poor socioeconomic status is associated with an increased burden of chronic kidney disease. This affects access to healthcare as well as risk factors to the disease (AL-deen, 2014).

One key psychosocial stressor that restricts access to care and increases the impact of the burden of illness and is directly linked to psychological distress is economic vulnerability Huang et al., (2021). Thus, it is crucial to keep in mind that the consequences of psychological distress should be discussed within such significant socioeconomic context.

The general depression was moderate ( $M=1.184$ ). Those were not symmetrical and the most severe symptoms were in the somatic category: the negative fatigue ( $M=1.86$ ) and sleeping problems ( $M=1.64$ ). This concurs with findings that these are hallmark, debilitating problems of dialysis patients that are as a result of biological and treatment-related problems Almutary et al. (2013). This clinical overlapping of signs and symptoms poses a significant diagnostic challenge in distinguishing cases of depression and the direct impacts of kidney failure.

The findings of the present research suggest that the most common pattern of depression is somatic depression that might be underdiagnosed in case the study is conducted on the basis of psychological symptoms. Symptoms like suicidal ideation, self-blame were not very frequent compared to other symptoms but are a major issue that healthcare professionals ought to be sensitive about as they indicate that a high-risk group of people are prone to committing suicide. A multiplicity of cultural, social, and religious factors could be the reason behind the reduced prevalence of these symptoms (Cogley et al., 2023).

The present research shows that the average irritability and anger among the patients were the main symptoms of anxiety, which did not result in constant worrying. This is vital Since the disappointment and helplessness caused by the long-term illness (like dialysis) easily carries over to the external arrangement of the symptoms exemplified Cukor et al. (2007), which is mostly misunderstood.

The presence of moderate depression and anxiety in this vulnerable group is indicative of the two-way direction of the relationship between chronic kidney disease and mental health. The stress of disease and being poor may lead to psychological distress, which, in its turn, decreases the adherence to treatment and aggravates clinical outcomes, including the risk of dying (Hedayati et al., 2012).

In conclusion, the present research discovered that moderate levels of anxiety and depression are observed in patients with kidney failures that have to encounter serious social and economic issues, presenting themselves in the form of sleep disorders and physical exhaustion. These symptoms are a crucial aspect of holistic, patient-centered care of this group to diagnose and treat.

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