DOI 10.18471/rbe.v32.24935
Original Article

QUALITY OF LIFE OF MEN AND WOMEN ON HEMODIALYSIS

QUALIDADE DE VIDA DE HOMENS E MULHERES EM HEMODIÁLISE

CALIDAD DE VIDA DE HOMBRES Y MUJERES EN HEMODIÁLISIS

Naftali Duarte do Bonfim Gomes[1]
Natália Pessoa da Rocha Leal[2]
Cláudia Jeane Lopes Pimenta[3]
Kaisy Pereira Martins[4]
Gerlania Rodrigues Salviano Ferreira[1]
Kátia Neyla de Freitas Macedo Costa[5]

How to cite this article: Gomes NDB, Leal NPR, Pimenta CJL, Martins KP, Ferreira GRS, Costa KNFM. Qualidade de vida de homens e mulheres em hemodiálise Rev baiana enferm. 2018;32:e24935.

Objective: to evaluate the quality of life of people undergoing hemodialysis. Method: a descriptive, cross-sectional study with a quantitative approach, performed with 40 participants at a referral hospital in João Pessoa, Paraíba, Brazil, between March and April 2016. Data were collected through interviews using a semi-structured instrument and the WHOQOL-BREF. Results: in both sexes the quality of life resulted in a worse score for the "Physical" domain and a better score for the "Social Relationships" domain. Hemodialysis significantly interferes with quality of life, especially in the basic activities of daily living. Conclusion: the average total quality of life of people undergoing hemodialysis was higher among men.

Descriptors: Chronic kidney disease. Renal dialysis. Quality of life.

Objetivo: avaliar a qualidade de vida de pessoas que realizam hemodiálise. Método: estudo descritivo, transversal, com abordagem quantitativa, realizado com 40 participantes em um hospital de referência de João Pessoa, Paraíba, Brasil, entre os meses de março e abril de 2016. A coleta de dados ocorreu mediante entrevista, utilizando um instrumento semiestruturado e o WHOQOL-BREF. Resultados: a qualidade de vida resultou, para ambos os sexos, em um pior escore médio para o domínio "Físico" e um melhor escore para o domínio "Relações Sociais". A hemodiálise interfere consideravelmente na qualidade de vida, principalmente nas atividades básicas de vida diária. Conclusão: a média total da qualidade de vida de pessoas que realizam hemodiálise foi maior entre os homens.

Descritores: Doença renal crônica. Diálise renal. Qualidade de vida.

Objetivo: evaluar la calidad de vida de personas que realizan hemodiálisis. Método: estudio descriptivo, transversal, con enfoque cuantitativo, llevado a cabo con 40 participantes en hospital de referencia de João Pessoa, Paraíba, Brasil, entre marzo y abril de 2016. Recolección de datos ocurrió mediante entrevista, utilizándose instrumento semiestructurado y el WHOQOL-BREF. Resultados: la calidad de vida resultó, para ambos los sexos, en peor puntaje promedio para el dominio "Físico" y mejor puntaje para el dominio "Relaciones Sociales". La hemodiálisis interfiere

[1] Nurses. João Pessoa, Paraíba, Brazil.
[2] Nurse. MSc in Nursing. ICU Specialist Nurse. João Pessoa, Paraíba, Brazil.
[3] Nurse. MSc in Nursing. João Pessoa, Paraíba, Brazil. claudinhajeane8@hotmail.com
[4] Nurse. MSc in Nursing. ICU Specialist. João Pessoa, Paraíba, Brazil.
[5] PhD in Nursing. Professor of the Post-Graduate Nursing Program, Universidade Federal da Paraíba. João Pessoa, Paraíba, Brazil.

considerablemente en la calidad de vida, principalmente en las actividades básicas de vida diaria. Conclusión: el promedio total de la calidad de vida de personas que realizan hemodiálisis fue mayor entre los hombres.

Descriptores: Enfermedad renal crónica. Diálisis renal. Calidad de vida.

Introduction

Chronic Kidney Disease (CKD) is a disorder that affects all organs and systems, causing various clinical manifestations, such as anorexia, uremia, hypertension, hypertriglyceridemia, bleeding tendency, coagulation disorders, oliguria, edema, mental confusion, among others[1]. It is classified as worldwide public health problem[2] due to the growing number of people being diagnosed with this disease over the years.

There is a rapid increase in the number of patients with CKD in Brazil, corresponding to 42,695 in the year 2000 and doubling in the following decade, with a total of 92,091 patients in 2010[3-4]. The treatment for CKD is performed through Renal Replacement Therapies (RRT), which has therapeutic use rate of around 7% per year, being higher than the population growth rate. Hemodialysis, peritoneal dialysis and renal transplantation are among the different types of RRT[1,4].

Data from the Brazilian Society of Nephrology (SBN) census indicate that, in 2012, there were 97,586 individuals with CKD, and only one third of these started treatment, and in 91.6% of cases, hemodialysis was the chosen treatment[3-4] .The state of Paraíba has nine hemodialysis centers connected to the Unified Health System (SUS), three of these centers are located in the Municipality of João Pessoa and serve on average of 360 patients per month. Besides these three services, there are two others that are offered by private healthcare plans[5].

RRT has increased patient survival, however it has negative impacts which result in great weakness and causes damage to the cardiorespiratory and musculoskeletal systems. In addition, both CKD and RRT can cause physical and emotional changes that significantly affect patients' day to day lives[6].

The hemodialysis patient presents impairment in several aspects related to physical and mental health, well-being, social interaction, functionality and independence, causing, in most cases, limitations in the performance of the Activities of Daily Life (ADLs), due to the changes imposed by the disease itself and also by the treatment [2,6], which negatively interferes with their quality of life[1,7-8].

In this sense, quality of life is related to the physical, psychosocial health and functional capacity of the individual in order to perform their daily activities. Thus, changes that occur in social interaction, in the family nucleus, in the maintenance of work and even in body image, influence the patient, and can affect treatment adherence and disease prognosis[7].

This aspect becomes even more relevant when the gender perspectives are analyzed, since CKD and its treatment generate different impacts on the quality of life of men and women. In the male population, the fragility imposed by the disease and the constant need for care can trigger negative feelings that can influence their daily life and social life, above all by the vulnerability of the male role[9] caused by the non-redistribution of power in the home, whereby the woman assumes the role of financial and material provider of the family[10].

On the other hand, for women, CKD and hemodialysis can interfere with the culturally instituted female role in society, especially in relation to the care of the home and family, which can result in negatively impacting their quality of life and their individual and social identity[9]. Gender stereotypes rooted in society empower attitudes based on beliefs and values regarding the role of men and women, influencing health practices and exposing individuals to risk situations[11].

Thus, although the different impacts of CKD and hemodialysis treatment on the health and quality of life of patients are mentioned in the literature, it is observed that studies which approach this subject remain incipient, especially when comparing the repercussions for men and women.

Therefore, it is important that health professionals, especially nurses, understand the losses, difficulties and changes that occur in their lives, as well as to understand the complexity related to each patient's experience, assessing their physical, emotional and cognitive conditions, in order to develop individualized care plans so that patients may satisfactorily cope with the disease. Thus, the adversities resulting from CKD and its treatment can be transformed into positive responses, which may provide improvements to the quality of life[2].

Thus, the present study aims to evaluate the quality of life of people undergoing hemodialysis.

Method

This is a descriptive, cross-sectional and quantitative study performed at a referral hospital in the city of João Pessoa, Paraíba, Brazil. The population consisted of men and women who underwent hemodialysis in this service, with a total of 240 individuals. The sample size was defined using the calculation for finite populations with known proportion, based on a margin of error of 5.0% (Error = 0.05), a degree of reliability of 95.0% ($\alpha = 0.05$, yielding $Z0.05 / 2 = 1.96$) and p ratio = 92.0%. A sample of 40 participants was obtained.

Inclusion criteria were defined as being 18 years of age or older and undergoing hemodialysis treatment. Patients undergoing hemodialysis due to acute renal failure were excluded.

Data were collected through an interview performed between March and April 2016. A semi-structured instrument was used with information on sociodemographic characteristics and the presence of comorbidities associated with CKD, and quality of life was assessed through the WHOQOL-BREF instrument. This instrument is composed of 26 questions, two of which are about general quality of life and the other 24 represent each of the facets that make up the instrument. The first question concerns the general quality of life; the second, satisfaction with one's own health. The other issues, analyzed by a Likert Scale, are divided into four domains: physical ability, psychological ability, social relationships and environment. Each domain has questions ranging from one to five points. The higher the score, the better the perception of quality of life, with the exception of items 3, 4 and 26, which have an inverse score[12].

The final score of general quality of life, satisfaction with health and domains is obtained by adding the subjects' answers to each item, where the closer to 100, the higher the quality of life[12]. The Facets are analyzed according to the following classification: "needs improvement" when the score is from 1 to 2.9; "Regular/Normal" when the score is from 3 to 3.9; "Good" with a score of 4 to 4.9; and "very good" when it is a score equal to 5[12]. Data were analyzed using descriptive statistics, using the Statistical Package for Social Science (SPSS).

The research complied with the ethical principles of Resolution n. 466/2012 of the National Health Council, previously approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under Opinion n. 1,459,768, dated March 21st, 2016.

Results

The sample consisted of 40 individuals of both sexes, aged between 20 and 74. 52. 5% of the study participants were female. In both sexes, there was a prevalence of people with more than 9 years of schooling, retirees and with monthly income R$880 and R$2640. Regarding marital status, 68.4% of the men were married and 66.7% of the women lived without their spouses. All participants reported having a comorbidity associated with CKD, with systemic arterial hypertension (SH) being the most frequent comorbidity for both sexes (Table 1).

Table 1 – Characterization of the study participants by sex, according to sociodemographic and clinical data. João Pessoa, Paraíba, Brazil – 2016 (N = 40)

Variables	Sex			
	Male		Female	
	n	%	n	%
Total per group	**19**	**47.5**	**21**	**52.5**
Age group				
Adult	14	737	18	85.7
Elderly	5	26.3	3	14.3
Marital status				
Single	4	21.1	10	47.6
Married	13	68.4	7	33.3
Divorced	1	5.3	1	4.8
Widowed	1	5.3	3	14.3
Schooling				
Illiterate	-	-	2	9.5
Less than 6 years of study	5	26.3	4	19.0
6 years of study	4	21.1	3	14.3
9 years of study	3	15.8	6	28.6
More than 9 years of study	7	36.8	6	28.6
Professional status				
Retired	17	89.5	19	90.5
Unemployed	1	5.3	2	9.5
Self-Employed	1	5.3	-	-
Monthly income				
Less than R$880 *	1	5.3	3	14.3
Between R$880 and R$2640	18	94.7	18	85.7
Associated comorbidity†				
Systemic Arterial Hypertension	17	89.5	17	81.0
Diabetes *Mellitus*	7	36.8	5	23.8
Total	**19**	**100.0**	**21**	**100.0**

Source: Created by the autors.

Note: Conventional signal used:
- Numerical data equal to zero not resulting from rounding up.

* Salary from 2016: R$ 880.00.
† Some individuals presented more than one comorbidity associated with CKD.

The men presented higher averages of quality of life. The domain "Social relationships" obtained the highest score for both sexes; the male sex obtained 64.9, and the female sex obtained 62.7. The "Physical" domain had the lowest score, also in both sexes, with values 46.8 for men and 44.2 for women.

As for the facets of each domain, it is verified that in the "Physical" domain, the "Medication or treatment dependence" facet obtained the best average, while" Ability to work" had the lowest score for both sexes. In the "Psychological" domain, for both men and women, two facets had the highest equal scores: in the male sex, "Body image and appearance" and "Spirituality / religion / personal beliefs" prevailed; in the female sex, "Self-esteem" and "Spirituality / religion / personal beliefs". The "Negative feelings" facet presented the lowest score for both sexes.

In the "Social Relationships" domain, there was a similarity between the sexes in relation to the best and worst averages, in "Social support" and "Sexual activity", respectively. The last WHOQOL-BREF domain is "Environment", which has eight facets. Among these, men obtained higher averages in "Health and social care: availability and quality", and lower

averages in "Participation in recreation / leisure opportunities"; the women obtained higher scores in "Home environment" and "Physical environment: pollution / noise / traffic / climate", and lower scores in "Participation in recreation / leisure opportunities" (Table 2).

Table 2 – Mean and SD of participant distribution by sex, according to WHOQOL-BREF domains and facets. João Pessoa, Paraíba, Brazil – 2016 (N = 40)

Domains	Male	Female
	Mean (Standard Deviation)	Mean (Standard Deviation)
Physical	**46.8 (10.2)**	**44.2 (11.2)**
Pain and discomfort	2.63 (0.83)	3.00 (0.89)
Energy and Fatigue	2.84 (0.90)	2.76 (0.89)
Sleep and rest	3.11 (0.99)	2.95 (1.07)
Mobility	3.26 (0.93)	3.43 (0.81)
Activities of Daily Life	3.05 (0.97)	2.81 (0.87)
Medication or trreatment dependency	4.00 (0.00)	4.10 (0.30)
Ability to Work	2.47 (0.84)	2.52 (0.81)
Psychological	**59.6 (10.3)**	**57.9 (12.5)**
Positive feelings	3.11 (0.99)	3.24 (0.99)
Think, Learn, memory and concentration	3.05 (1.18)	3.24 (1.09)
Self-esteem	3.21 (0.79)	3.57 (0.93)
Body Image and appearance	3.63 (0.76)	3.00 (0.89)
Negative feelings	2.32 (0.82)	2.71 (1.06)
Spirituality/religion/personal beliefs	363 (0.68)	3.57 (0.81)
Social Relationships	**64.9 (8.6)**	**62.7 (15.0)**
Personal relationships	3.84 (0.37)	3.67 (0.8)
Social support	3.95 (023)	3.71 (0.78)
Sexual activity	3.00 (1.00)	3.14 (0.85)
Environment	**59.5 (79)**	**55.8 (9.8)**
Physical safety and protection	3.37 (0.83)	3.33 (0.86)
Home environment	3.79 (0.63)	3.90 (0.44)
Financial resources	2.89 (0.94)	2.48 (0.75)
Health and social care availability and quality	3.95 (0.23)	3.62 (0.67)
Opportunities to acquire new information and abilities	2.89 (0.99)	2.52 (0.93)
Participation in recreation/ leisure opportunities	2.68 (1.25)	2.43 (1.29)
Physical environment: pollution /noise/ traffic/ weather	3.84 (0.50)	3.90 (0.30)
Transport	3.63 (0.68)	3.67 (0.73)
Total	**57.7 (6.1)**	**55.2 (7.8)**

Source: Created by the authors.

Discussion

The mean age for the participants undergoing hemodialysis was 48.8 (SD ± 13.50). This result was observed in a study conducted in Saudi Arabia[9] with 100 patients on hemodialysis who had a mean age of 47.5 years (SD of 13.8), and an mean age of 48.09 was found in the Nephrology service of a University Hospital in Brazil[4].

Thus, it can be seen that the people affected by renal problems are at a productive age for the country, directly affecting the social security system as they increase expenses in social programs which include early retirement and

health care services. This condition is allied with the impossibility of increasing family income, because they cannot join the labor market. However, other studies highlight a constant and progressive increase in elderly people with CKD, such as the research carried out in Bogotá[13], Ireland and England[14]. This confirms that aging contributes to the increase in the number of patients undergoing hemodialysis, a fact that may be related to the use of nephrotoxic drugs, polypharmacy[15] and low fluid intake present in these individuals, considering that these two conditions are risk factors for CKD.

In relation to sex, a greater number of women were observed in the present study. Divergent fact is found in the literature, as the predominance of the male population undergoing hemodialysis[13-14,16] is evident. In relation to marital status, most men were married; for the female sex, single women predominated. This can be justified due to the fact that, for women, the new experiences caused by the involvement of CKD are intense, and can affect the whole family relationship[17].

Among the participants from both sexes there is a large number of people with low schooling levels, which causes the low adhesion to healthy lifestyles, the prevention of renal diseases, the early diagnosis and the appropriate treatment[4]. The level of schooling is an important element when related to the understanding of the treatment when it is considered that an educated person has a greater ability to understand how hemodialysis is performed, its purpose and necessary care. This understanding helps in performing self-care and understanding the work performed by the multiprofessional team[18].

It was noticed that the income of the participants is quite reduced, with the majority of the interviewees have an income between R$880 and R$2640. This may make it difficult for the patient to adhere to an adequate diet for the particular pathology, which negatively influences the treatment and, consequently, increases the risk of disease complications and hemodialysis[2]. It was also observed that the lower income was related to the high dependence on their retirement, since these individuals need to abandon their work activities, due to the prolonged treatment, and must go the referral service three times a week for the hemodialysis session which is on average three to four hours in duration.

In the perspective discussed here, in relation to the time demand for dialysis treatment and the consequent abandonment of activities, a greater challenge is presented for men, as, over the centuries, work was attributed to the male figure, while the woman was responsible for the household and child care. Despite the changes in family structures and female emancipation in the professional work field, the culture of the man being the head of the family and the provider of the house is still deeply rooted[19]. Thus, the abandonment of the profession negatively affected the identity and personalization of these individuals, especially in relation to their social role[10].

The comorbidity most frequently found was systemic arterial hypertension, which is considered one of the highest risk factors for CKD. This is one of the most difficult causes to be detected because it is a silent disease and often individuals do not know that they have it or do not adhere to treatment correctly because they consider it unnecessary. This, however, will cause slow and progressive renal impairment[20].

Regarding the quality of life, it was noticed that all domains obtained a score between 41 and 70, indicating, according to the scale used in this study, a lack of definition of this aspect. In view of this, it can be seen that chronic illness, prolonged treatment, reduced social contact and physical limitations interfere with the acceptance of the disease, producing negative feelings that influence general well-being[21].

"Social Relationships" obtained the greater score in the domains. This higher average can highlight the support that patients receive from their relatives and friends, thus contributing to better conditions for coping with the disease and its treatment, and consequently, in their personal lives. This result corroborates a study conducted in the state of Bahia, which identified the influence of family support on the quality of

life of an individual, presenting better scores in the social aspect[22].

The family is a fundamental element in the support of the CKD patient and is an important link in the confrontation of the disease and adherence to the treatment. Most often, their influence is decisive for a favorable assessment of the quality of life. In this context, by involving the family in care, the nurse can understand the meanings and feelings stemming from the interactions between their members. This makes it possible to indicate ways that favor the reduction of wear and tear resulting from the chronic situation and contribute to the maintenance of family relationships[17].

Regarding this domain, it was observed that most of the interviewees showed dissatisfaction with the "Sexual life", identified by the low score of this facet. Therefore, authors[2,16] report that the rates of psychological problems, such as anxiety, depression and low self-esteem in patients undergoing dialysis treatment are high, leading to sexual dysfunctions, which affect sexual performance, particularly in men. In addition, renal failure is responsible for decreased libido and other complications.

The reduction of sexual desire has a greater impact on the man, due to the feeling of loss or fragility of his virility, since culturally the masculine role has always been associated with having the disposition for the accomplishment of sexual activities, and are encouraged from an early age to explore the body and discover sensations and pleasures[10]. On the other hand, the woman experiences a reduction of sexual desire as a natural thing, due to the decrease of the hormones during the menopause, which makes this acceptance easier because it is believed to be part of the life cycle[10].

Finally, in the same domain, the "Social Support" facet presented the highest score, but there was a minimal difference between this and the "Personal Relationship" facet. This fact demonstrates that both the social support that these patients receive and the personal relationships have a significant influence on the quality of life of both men and women.

In the "Psychological" domain, the "negative feeling" facet had the lowest score for both sexes, which reveals that the dissatisfaction of each one for themselves is not a generalized characteristic. Facets with higher scores were related to "Body Image and Appearance" for men and "Self-esteem" for women, which could be justified at first because the study participants were predominantly adults and did not become very debilitated as a result of the disease and treatment. In the "Spirituality / religion / personal beliefs" domain, a high score was obtained in both sexes, since "being sick" in itself causes the human being to reflect on himself and the situations that surround him , which can be generated by religious practices and faith[21].

With respect to the domains "Participation in opportunities for recreation / leisure" and "Environment", people from both sexes were dissatisfied. The low income of the patients considerably compromised the leisure practices, justifying the lower score, becoming more of a stress factor and health risk for the individual. In addition, the impact regarding recreation and leisure activities is directly related to the wear and tear caused by the disease and its treatment.

Therefore, it is important that nurses encourage and provide means for hemodialysis patients to engage in recreational and leisure activities, which could be developed through existing support groups in primary health care or specialized services. These activities can include the walks, workshops, sports, dance, crafts, painting, among others, with the purpose of increasing interpersonal relationships.

The damage caused by hemodialysis to the patient's physical condition produces changes in daily activities, eating habits and the ability work. The women's experience in this domain was worse in relation to that of men, as they present greater difficulties in relation to their daily life, as with their responsibility to take care of the home and their children, causing greater physical stress[23]. This justifies the lower score of the "Ability to work" facet in this same domain and the high score of the "Medication or treatment dependence" facet. Given the difficulties

experienced by women, there is a frequent use of self-medication as an alternative to overcome the adversities caused by hemodialysis.

The quality of life of the users who undergo hemodialysis is a complex and multidimensional problem. Therefore, a comprehensive approach to this issue must be carried out, involving a multidisciplinary and interdisciplinary team, implying a characterization of care[7]. Therefore, when thinking about humanization and integrality of care, particularly when it comes to these patients, it is understood that there is a need to improve their living conditions, either through the development of new research, health promotions or public policies that prioritize this public.

In the nursing field, it is essential to understand the aspects that affect the quality of life of men and women with CKD in more depth so that this area of knowledge can contribute to the planning of more specific actions and more effective care, considering that these professionals act as a fundamental pillar in the treatment of patients undergoing renal replacement therapy.

Care should be directed toward meeting the needs of these individuals in a holistic and comprehensive gender perspective that includes their values, beliefs and perceptions. In addition, knowledge of these aspects may provide a more effective way of caring for patients and their families, based on their experiences and needs[7].

The limitations of the study are related to the use of the cross-sectional method, which makes it impossible to identify a cause and effect relationship between the differences regarding the gender perspective and the quality of life of patients on hemodialysis. Faced with the gradual increase in the number of people with CKD, it is important to carry out other studies in places that have a more favorable environment for data collection, such as the patient's residence, in addition to the development of qualitative research, in order to identify the different aspects related to the treatment of hemodialysis, which influence the quality of life of men and women.

Conclusion

The results of the present study allowed to conclude that the general quality of life of men undergoing hemodialysis was better. For both sexes, the Social Relations domain presented the highest scores, while the Physical domain showed the lowest averages. Thus, while caring for hemodialysis patients, health professionals should provide care based on a gender perspective in order to promote the quality of life of these individuals.

Collaborations:

1. conception, design, analysis and interpretation of data: Naftali Duarte do Bonfim Gomes, Natália Pessoa da Rocha Leal, Cláudia Jeane Lopes Pimenta and Gerlania Rodrigues Salviano Ferreira;

2. writing of the article and relevant critical review of the intellectual content: Natália Pessoa da Rocha Leal, Cláudia Jeane Lopes Pimenta and Kaisy Pereira Martins;

3. final approval of the version to be published: Kaisy Pereira Martins and Kátia Neyla de Freitas Macedo Costa.

References

1. Santos ACB, Machado MC, Pereira LR, Abreu JLP, Lyra MB. Association between the level of quality of life and nutritional status in patients undergoing chronic renal hemodialysis. J Bras Nefrol [Internet]. 2013 [cited 2017 Oct 18];35(4):279-88. Available from: http://www.scielo.br/pdf/jbn/v35n4/en_v35n4a08.pdf

2. Frazão CMFQ, Sá JD, Medeiros ABA, Fernandes MICD, Lira ALBC, Lopes MVO. The adaptation problems of patients undergoing hemodialysis: socio-economic and clinical aspects. Rev Latino-Am Enfermagem [Internet]. 2014 [cited 2017 Oct 18];22(6):966-72. Available from: http://www.scielo.br/pdf/rlae/v22n6/0104-1169-rlae-22-06-00966.pdf

3. Sesso RC, Lopes AA, Thomé FS, Lugon JR, Watanabe Y, Santos DR. Report of the brazilian chronic dialysis census 2012. J Bras Nefrol [Internet]. 2014 [cited 2017 Oct 18];36(1):48-53. Available from:

http://www.scielo.br/pdf/jbn/v36n1/en_0101-2800-jbn-36-01-0048.pdf

4. Teixeira FIR, Lopes MLH, Silva GAS, Santos RF. Survival of hemodialysis patients at a university hospital. J Bras Nefrol [Internet]. 2015 [cited 2017 Oct 18];37(1):64-71. Available from: http://www.scielo.br/pdf/jbn/v37n1/en_0101-2800-jbn-37-01-0064.pdf

5. Oliveira Junior HM, Formiga FFC, Alexandre CS. Perfil clínico-epidemiológico dos pacientes em programa crônico de hemodiálise em João Pessoa – PB. J Bras Nefrol [Internet]. 2014 [cited 2017 Oct 18];36(3):367-74. Available from: http://www.scielo.br/pdf/jbn/v36n3/en_0101-2800-jbn-36-03-0367.pdf

6. Fassbinder TRC, Winkelmann ER, Schneider J, Wendland J, Oliveira OB. Capacidade funcional e qualidade de vida de pacientes com doença renal crônica pré-dialítica e em hemodiálise - Um estudo transversal. J Bras Nefrol [Internet]. 2015 [cited 2017 Oct 18];37(1):47-54. Available from: http://www.scielo.br/pdf/jbn/v37n1/en_0101-2800-jbn-37-01-0047.pdf

7. Herbias LH, Soto RA, Figueroa HB, Reinoso LA. Significado de calidad de vida en pacientes con terapia de hemodiálisis: un estudio fenomenológico. Enferm Nefrol [Internet]. 2016 [cited 2017 Oct 18];19(1):37-44. Available from: http://scielo.isciii.es/pdf/enefro/v19n1/05_original4.pdf

8. Pereira RMP, Batista MA, Meira AS, Oliveira MP, Kusumota L. Qualidade de vida de idosos com doença renal crônica em tratamento conservador. Rev Bras Enferm [Internet]. 2017 [cited 2017 Oct 19];70(4):887-95. Available from: http://www.scielo.br/pdf/reben/v70n4/0034-7167-reben-70-04-0851.pdf

9. Bayoumi M, Al Harbi A, Suwaida A, Al Ghnaim M, Al Wakeel J, Mishkiry A. Predictors of quality of life in hemodialysis patients. Saudi J Kidney Dis Transpl [Internet]. 2013 [cited 2017 Oct 18];24(2):254-9. Available from: http://www.sjkdt.org/article.asp?issn=1319-2442;year=2013;volume=24;issue=2;spage=254;epage=259;aulast=Bayoumi

10. Martins AM, Modena CM. Estereótipos de gênero na assistência ao homem com câncer: desafios para a integralidade. Trab Educ Saúde [Internet]. 2016 [cited 2017 Oct 18];14(2):399-420. Available from: http://www.scielo.br/pdf/tes/v14n2/1678-1007-tes-1981-7746-sip00110.pdf

11. Leite JF, Paiva R, Amorim AKMA, Demenstein M, Carvalho L, França A. Sentidos da saúde numa perspectiva de gênero: um estudo com homens da cidade de Natal/RN. Psicol ciênc prof [Internet]. 2016 [cited 2017 Oct 18];36(2):341-53. Available from: http://www.scielo.br/pdf/pcp/v36n2/1982-3703-pcp-36-2-0341.pdf

12. Fleck MPA, Louzada S, Xavier M, Chachamovich E, Vieira G, Santos L, et al. Aplicação da versão em português do instrumento abreviado de avaliação da qualidade de vida "WHOQOL-bref". Rev Saúde Pública [Internet]. 2000 [cited 2017 Oct 18];34(2):178-83. Available from: http://www.scielo.br/pdf/rsp/v34n2/1954.pdf

13. Hernández A, Monguí K, Rojas Y. Descripción de la composición corporal, fuerza muscular y actividad física en pacientes com insuficiencia renal crónica en hemodiálisisen una unidad renal en Bogotá, Colombia. Rev Andal Med Deporte [Internet]. 2018 [cited 2017 Oct 18];11:52-6. Available from: http://www.elsevier.es/es-revista-revista-andaluza-medicina-del-deporte-284-avance-resumen-descripcion-composicion-corporal-fuerza-muscular-S1888754616301058

14. Lowney AC, Myles HT, Bristowe K, Lowney EL, Shepherd K, Murphy M, et al. Understanding what influences the health-related quality of life of hemodialysis patients: a collaborative study in England and Ireland. J Pain Symptom Manage [Internet]. 2015 [cited 2017 Oct 18];50(6):778-85. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26300026

15. Bezerra TA, Brito MAA, Costa KNFM. Characterization of medication use among elderly people attended at a Family Health Care Service. Cogitare Enferm [Internet]. 2016 [cited 2017 Oct 18];21(1):1-11. Available from: http://www.saude.ufpr.br/portal/revistacogitare/wp-content/uploads/sites/28/2016/10/43011-173407-1-PB.pdf

16. Ottaviani AC, Betoni LC, Pavarini SCI, Say KG, Zazzetta MS, Orlandi FS. Association between anxiety and depression and quality of life of chronic renal patients on hemodialysis. Texto Contexto Enferm [Internet]. 2016 [cited 2017 Oct 18];25(3):1-8. Available from: http://www.scielo.br/pdf/tce/v25n3/0104-0707-tce-25-03-00650015.pdf

17. Oliveira VA, Schwartz E, Soares MC, Santos BP, Garcia RP, Lise F. Relações familiares de mulheres em hemodiálise. Rev Atenção Saúde [Internet]. 2016 [cited 2017 Oct 18];14(47):36-42.

Available from: http://seer.uscs.edu.br/index.php/revista_ciencias_saude/article/view/3283/pdf

18. Ribeiro CDS, Alencar CSM, Feitosa MCD, Mesquita MASB. Percepção do portador de doença renal crônica sobre o tratamento hemodialítico. R Interd [Internet]. 2013 [cited 2017 Oct 18];6(3):36-44. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/91/pdf_59

19. Santos LAC, Faria L. Ensaio de leitura: intersecções e correlações no mundo do trabalho e do cuidado (Brasil/França). Sociol Antropol [Internet]. 2017 [cited 2017 Oct 18];7(3):939-57. Available from: http://www.scielo.br/pdf/sant/v7n3/2238-3875-sant-07-03-0939.pdf

20. Sousa MNA, Medeiros RC, Costa TS, Moraes JC, Diniz MB. Comorbidades de pacientes renais crônicos e complicações associadas ao tratamento hemodialítico. FIEP BULLETIN [Internet]. 2015 [cited 2017 Oct 18];85(spec 1):1-6. Available from: http://www.fiepbulletin.net/index.php/fiepbulletin/article/view/85.a1.130/10547

21. Guedes KD, Guedes HM. Qualidade de vida do paciente portador de insuficiência renal crônica. Ciênc Saúde [Internet]. 2012 [cited 2017 Oct 18];5(1):48-53. Available from: http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/view/9734/7746

22. Sorte ETB, Modesto AP. Qualidade de vida de pessoas com doença renal crônica: uma revisão integrativa. Rev Saúde Desenv [Internet]. 2014 [cited 2017 Oct 18];6(3):154-66. Available from: https://www.uninter.com/revistasaude/index.php/saudeDesenvolvimento/article/view%E2%80%A8File/335/229

23. Caveião C, Visentim A, Hey AP, Sales WB, Ferreira ML, Passos RL. Qualidade de vida em mulheres com doença renal crônica submetida à hemodiálise. Cad Esc Saúde [Internet]. 2014 [cited 2017 Oct 18];11:20-33. Available from: http://portaldeperiodicos.unibrasil.com.br/index.php/cadernossaude/article/view/2399/1969

Received: December 1, 2017

Approved: April 9, 2018

Published: July 10, 2018