

Letter to the Editor

Reducing Suicidal Ideation in Hemodialysis Patients Treated in Urmia, Iran

To the Editor,

Chronic renal failure occurs imposes heavy financial burden on health-care systems. It requires treatment methods such as hemodialysis (HD), kidney transplantation, or peritoneal dialysis to have a good quality of life for patients although with the risk of several problems such as anemia, infection, hypertension, bleeding, side effects of drugs, and other complications that result due to the disease itself and treatment methods.^{1,2} Dietary restrictions, the likelihood of being labeled as a handicapped person, financial problems, tensions, and many other factors cause psychiatric complications such as depression and anxiety which disrupt patients' quality of life that may lead to suicidal tendencies.^{3,4} Therefore, all health-care providers should be aware of the importance of this situation to protect the patient offering the best care possible.⁵

In a quasi-experimental study, we tried to reduce suicide tendencies of HD patients treated in Urmia, Iran in 2014. One hundred dialysis patients were studied by a demographic questionnaire and Euthanasia Attitude Scale. The last scale has 30 questions about ethical and legal issues of euthanasia with Likert scale answer ranging from strongly disagree to strongly agree. The minimum and maximum extremes were 30 and 120, respectively. A score of between 75 and 120 reveals a high tendency and <75 indicates a low tendency to suicide.⁶ Our training intervention

was a face-to-face method in three sessions of the patient's needs, about disease occurrence, recommendations about appropriate diet, need to exercise and importance of medication adherence according to physician's orders, and their drug side effects. Data of the pretest were gathered, and after the intervention, was recorded again in a posttest and analyzed using IBM SPSS Statistics software version 20.0 (IBM Corp., Armonk, NY, USA) by using descriptive statistics.

The mean age of the patients was 37.4 ± 6.8 years, and (50%) of the patients were females. The mean duration of the disease was 31.7 ± 15.9 months, and all the patients were on three dialysis sessions/week. After training, mean the attitude toward euthanasia among patients was lower than the patients before intervention (82.43 ± 14.37 vs. 52.88 ± 18.64) which was statistically significant ($P = 0.043$). It was revealed that patients with low quality of life or family support, low education level, or financial problems had a more positive attitude toward euthanasia. However, positive attitudes were with increasing years of treatment, severity of illness and gender (male), too ($P < 0.05$).

Thus, we believe that educational intervention about appropriate diet, exercise, and medication adherence may have positive effectiveness on HD patients' attitude toward euthanasia. Further researches are recommended to discover if the demographic characteristics are statistically related to their suicide ideation in HD wards.

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