

## Letter to the Editor

### **Remarks about the Study of Predictors of Quality of Life in Hemodialysis Patients**

*To the Editor,*

We read with great interest the article by Bayoumi et al recently published in your most valuable journal titled "Predictors of quality of life in hemodialysis patients."<sup>1</sup> This cross-sectional study focused its message on drawing the attention of factors predicting the quality of life (QoL) scores among 100 hemodialysis (HD) patients.<sup>1</sup>

It is of interest that Bayoumi et al showed reduced QoL scores in male patients;<sup>1</sup> however, we have shown in a study on 6930 HD patients<sup>2</sup> that the mean score of all domains, including SF-36 (8 items) and kidney disease component summary (KDCCS, 11 items), was higher in male patients, which is consistent with other studies.<sup>3,4</sup> It seems likely that healthy behaviors and outlooks also vary in different countries between males and females. In addition, some factors including perception of social support, religious conviction and spirituality that persuade health outlook are different too. Moreover, previous studies<sup>5,6</sup> have shown that females with chronic kidney disease (CKD) have lower handgrip force, lower exercise tolerance, greater arm fat region and less muscle area than males. Therefore, questions hooked on physical strength may be scored with different values in both genders. On the other hand, Zender and coworkers<sup>7</sup> have reported that the prevalence and the severity of psychological disorders were much higher in females when compared with males;

hence, these disorders can lead to a lower QoL in female patients.

Bayoumi and his colleagues showed that the lower QoL scores were significantly correlated with lower level of education.<sup>1</sup> We have also found that the higher educational level was significantly associated with better scores on all domains except the quality of social interactions, which was abruptly decreased in patients with academic education. In addition, dialysis staff encouragement and patients' satisfaction decreased with high educational level, as was shown in the HEMO study.<sup>8</sup> It seems that it was related to a high-expectation level in educated patients.

The mean age of the patients in the current study<sup>1</sup> was younger than our patients ( $47.5 \pm 13.8$  vs.  $54.4 \pm 17.1$  years, respectively). We had also evaluated 19 different studies from various regions and found that the mean age of the patients in each study was dissimilar.<sup>2</sup> Although a study has shown that the prevalence of end-stage renal disease varies widely between different ethnic groups,<sup>9</sup> these different results may be due to the small size of patients in the present study.<sup>1</sup>

Finally, gender differences of QoL in HD patients may be related to various factors such as geographic areas, ethnicity, sample size, etc.

**Conflict of Interest:** None.

Dr. Behzad Einollahi,  
Dr. Mohsen Motalebi

Nephrology and Urology Research Center,  
Baqiyatallah University of Medical Sciences,  
Tehran, IR Iran  
Email: dr.motalebi@gmail.com

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### *Authors Reply*

Reply from the authors is awaited.