

LETTER

Level of Depression and Anxiety on Quality of Life Among Patients Undergoing Hemodialysis [Letter]

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Dear editor

We have read the cross-sectional study conducted by Sameeha Alshelleh et al¹ with great interest. We appreciate the author for sharing her experience for the promotion of psychological health among the patients of Hemodialysis. However, we would like to convey our perspective on this study.

Spirituality is one of the fundamental roots of mental well-being. It provides the inner peace and feeling of well being which help the patient to cope with the burden of disease. Studies have shown that strong belief among the hemodialysis patient is correlated with decreased perception of illness burden and increased perception of social support. So religious feelings should be added to this research as they are originally discussed under the domain of WHO-QOL BREF to assess the level of depression among the patients.

The psychological health of a patient also markedly depends upon the intellectual power of a human. Having good intellect is one of the 8 dimensions of mental well-being³ Assessment of patient intellect through different innovative ways could give a powerful impact to this study.

The authors declare their research to be translated into Arabic and the findings retranslated back to English, this can potentially create a concept called loss in translation, or interpretation bias; the translator or the questioner portrays the questions in such a manner which reflects his own understanding of the survey rather than the patient's own understanding level. This can affect the more meaningful association of true literacy with quality of life, depression and anxiety.

In the discussion, it has been highlighted that higher levels of depression and GAD have been observed more among females than male. However, women under the selected age group of this research are more or less near to her menopausal age. Menopause itself has a positive relation with depression and GAD.⁴ This could be one of the explanations of higher incidence of depression and GAD among females. It also should be asked if the female patients are on their periods, as depression is common during menses.

Lastly, the patients were only asked for any previous history of diagnosed psychological disorders, this inclusion criteria misses out many undiagnosed psychological and mood disorders very common in countries with low awareness, a research focusing on depression and anxiety co-relations needs a more rigorous psychological screening method to rule out previously undetected mood and psychological disorders.

Disclosure

The authors report no conflicts of interest in this communication.

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