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Editorial

As nephrologists taking care of patients with end-stage renal disease (ESRD), we tend to concentrate on calculating KT/V , decreasing mortality, the appropriate level of hemoglobin, and the calcium phosphorous product. The "softer" side of dialysis gets short shrift (ie, the patient's quality of life and psychosocial situation, the patient's environment [is their home accessible if they are disabled, do they have adequate food, is their home clean, do they have or need a caregiver, is their home safe?], the patient's support system, and transportation issues). The editors of the current issue, *Mental Health and Quality of Life in Chronic Kidney Disease*, Steven Weisbord, Paul Kimmel, and Janet McGill, address some of these issues. Dr Weisbord describes the interaction between physical and emotional dialysis-related and comorbid symptomatology and quality of life. Dr Kimmel and co-workers analyze depression in ESRD patients and its appropriate treatment and suggest important topics for future research. Dr Scott and colleagues evaluate social support or its lack thereof in patients with ESRD and its impact on quality of life and survival. Dr Unruh and Hess explore health-related quality of life (HRQOL) in dialysis patients and the methodologies used to evaluate HRQOL. They suggest that newer methodologies such as computer adaptive testing may have an important role in future assessment and research in patients with chronic kidney disease.

Dr Wuerth and coworkers describe the psychosocial assessment of patients on chronic peritoneal dialysis and the importance of effective coping mechanisms in maintaining a solid support system. Dr Lew provides a fascinating article that explores gender-specific differences in quality of life and psychosocial support in women with ESRD. Dr Goldstein and co-workers discuss HRQOL in children with chronic kidney disease and differences in assessment compared with adults. Dr Goebels and colleagues describe quality of life after kidney transplantation compared with pretransplant quality of life, other chronically ill populations, and healthy persons. Drs Murtagh, Cohen, and Germain look at discontinuation of dialysis, an important and often inadequately addressed issue, and Dr Holley addresses palliative care in ESRD. Finally, Mary Beth Callahan looks at outcome-driven nephrology social work. I think this is an important collection of articles that hopefully will stimulate nephrology caregivers to think more about quality of life in patients with chronic kidney disease and open additional areas of quality of life research that is outcome driven.

Wendy Weinstock Brown, MD
Editor

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