

# MENTAL AND PSYCHOSOCIAL HEALTH OF LIVING KIDNEY DONORS IN TRIBHUVAN UNIVERSITY TEACHING HOSPITAL, NEPAL: GRATITUDE, CONTENTMENT AND APPREHENSION

Nishan Bhurtyal <sup>1</sup>, Dibya Singh Shah<sup>2</sup>, Mahesh Raj Sigdel<sup>3</sup>, Mukunda Prasad Kafle<sup>4</sup>, Midhan Shrestha<sup>5</sup>, Rabin Nepali<sup>5</sup>, Niraj Dhakal<sup>5</sup>  
(1-5) Tribhuwan University Teaching Hospital, Kathmandu Nepal

## INTRODUCTION

Renal transplantation is the gold standard treatment of end stage renal disease (ESRD).  
Living kidney donation is the main source of organ for renal transplantation in the country.  
Living kidney donation has complex ethical, moral, social and medical issues.  
It is mandatory to assure that it does not increase the risk to donor’s physical, psychological and mental health as a consequence of nephrectomy.  
Post donation follow up is usually focused in surgical and medical outcomes of transplantation.  
However, their psychosocial and mental health after kidney donation is not usually evaluated which may impact the donors quality of life

## METHODOLOGY

A cross-sectional observational study of Living kidney donors (LKD) at Department of nephrology and transplantation, Tribhuvan university teaching hospital (TUTH). Participants were provided with 3 sets of questionnaires.  
**Short form 36 questionnaire (SF 36)** : the health-related quality of life (HRQoL) in various domains of psychosocial health.  
**Hospital anxiety and depression scale (HADS)** was used to screen for anxiety and depression.  
**A self-constructed questionnaire** regarding various aspects pertinent to kidney donation was provided to respondents to evaluate their experience and attitude towards renal transplantation  
Patients pre donation and post donation characteristics were recorded for age, gender, marital status, relationship with the recipient, duration from transplantation, age at transplantation, education status, occupation, income, graft state and recipient status  
Statistical analysis was performed with SPSS version 22.  
. Mean and standard deviation and Chi-square test was used for categorical variables.  
Independent T- test was used for continuous variables for comparing the mean. The level of significance was maintained at 5% with p < 0.05 considered statistically significant

## RESULTS

**Participants characteristics:**  
**147** eligible living kidney donors participated in study **102** females/ **45** Females,  
Mean age at donation **48.17 ± 11.6** years (Male **49.33** female **42.03** years)  
Mean Post donation period : **51.85** months ( range **6-164** months)  
**Donation experience**  
**123** donors satisfied with their experience, Only **3** unsatisfied with experience  
**97** (66%) donors able to return to work after 3 months post donation  
**47** donors ( **32%**) developed emotional and psychological issues post donation, **17** claimed to have taken medication for the same  
**99** donors claimed to be not burdened financially by donation,  
**16** responded as would have been able to earn more if not donated  
**Future Risk**  
Only 10 donors expressed regret over decision to donate  
**68** donors were worried of developing renal failure in future ( donors above 60 years and with longer post donation period more)  
**Advocacy for transplantation**  
**129** donors(88%) would advocate other for living kidney donation  
**79** donors claimed to have donated even if cadaveric transplantation was easily accessible in country, **22** claimed they would not have donated  
**Anxiety and Depression**  
**41** donors had anxiety and **9** donors were screened for depressive symptoms  
Female donors, parental donors, elder donors, non earners, unemployed higher anxiety scores, Non earners scored higher in depression scale  
**Quality of Life (SF 36)**  
Average scores **similar or better** than general norm in most domains  
Female donors scored significantly lower in physical health and vitality  
Elderly donors had lower scores in bodily pain, physical functioning, general health

## CONCLUSIONS

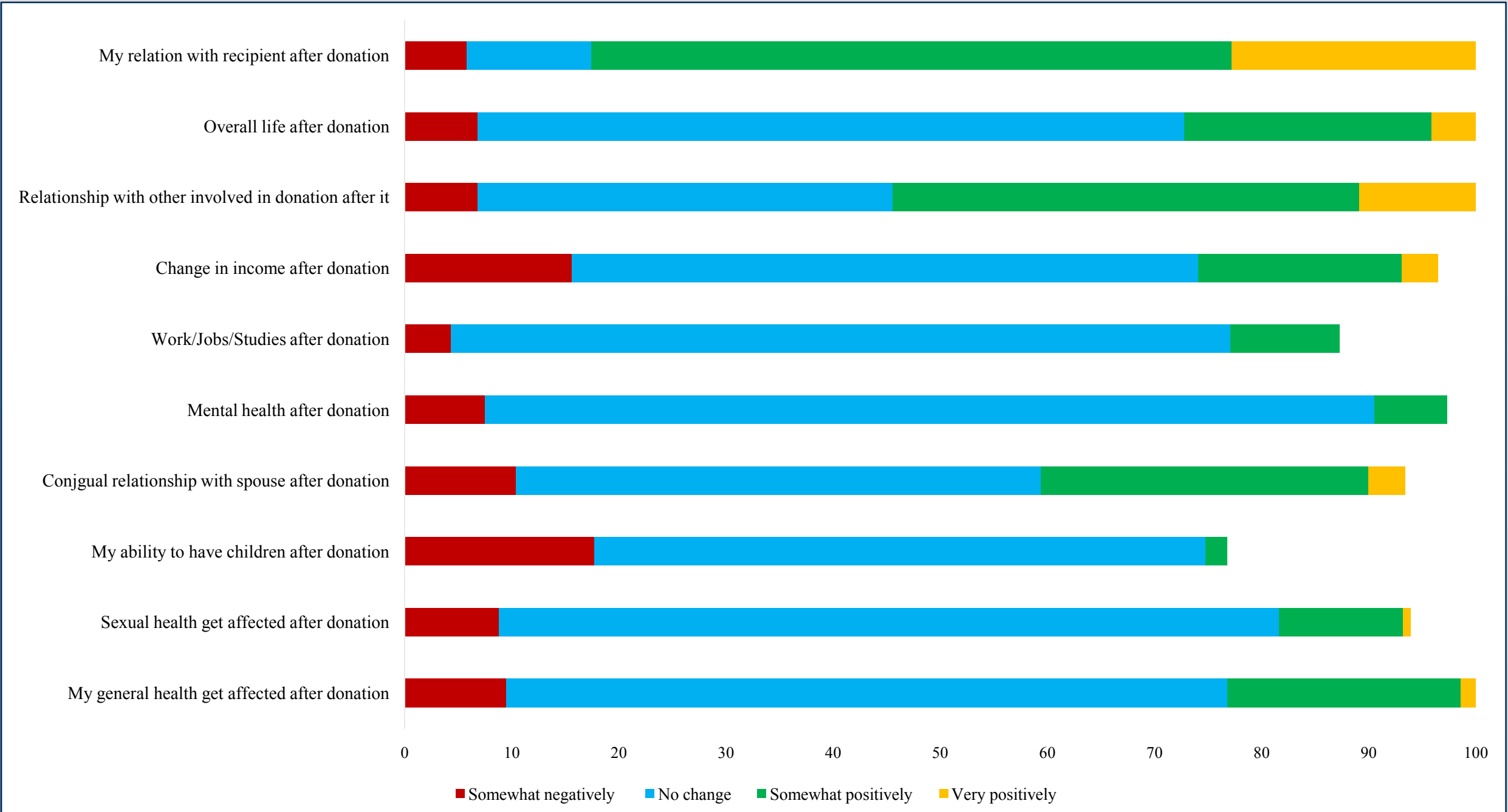
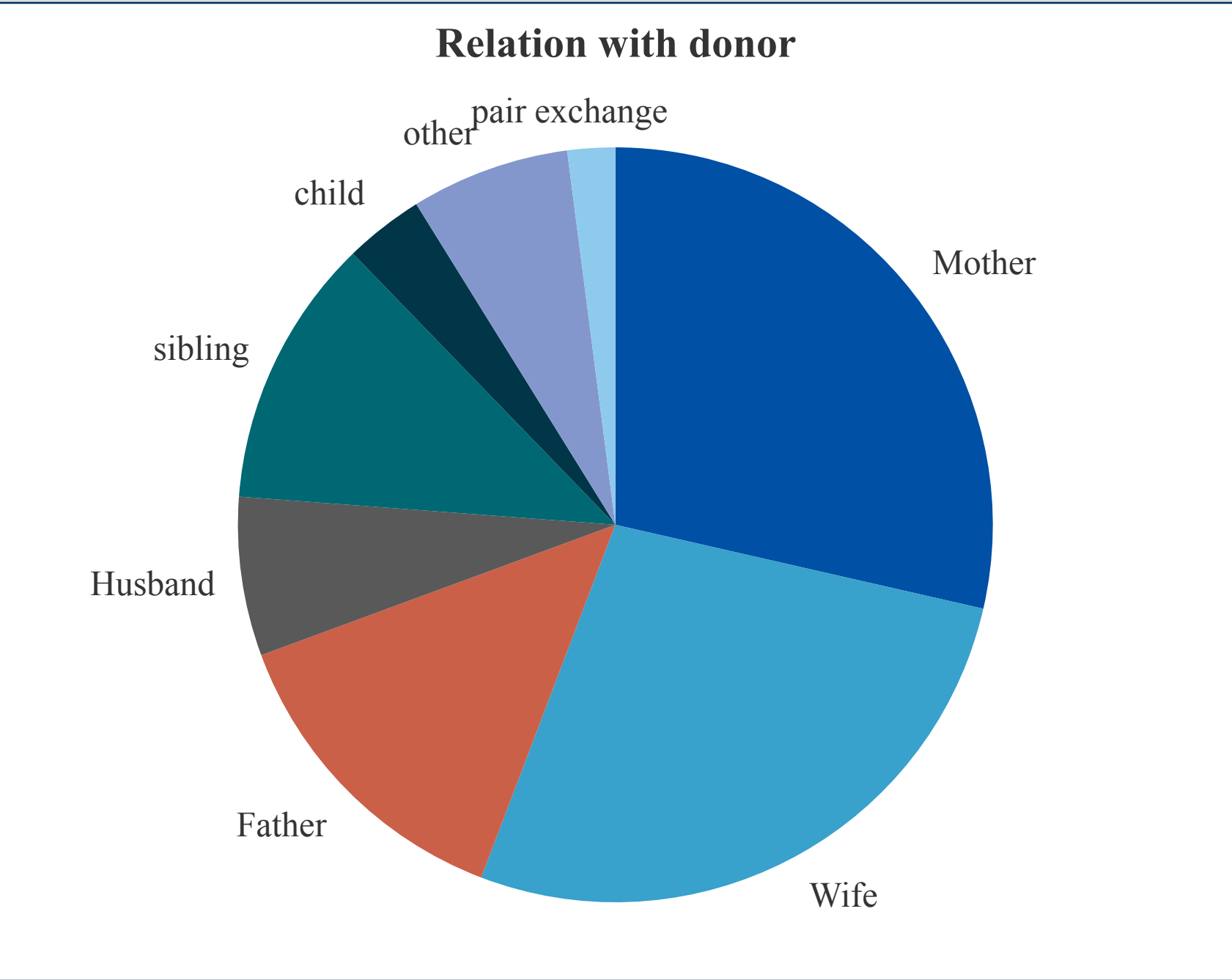
Over all Living kidney donors had good quality of life , psychosocial and mental health. There was low level of regret of donation, and high voluntary willing donation  
Some donors had factors related to feeling of regret, ambivalence, anxiety and financial diffidence as a consequence of donation, that requires diligent attention.  
A thorough compassionate evaluation pre donation and comprehensive post donation follow up evaluating various aspects of health should be mandatory of all Living Kidney Donor.

## FUTURE DIRECTIONS

Legislation regarding increasing the donor pool for living kidney donation  
Accelerate the process of cadaveric transplantation, and create an organized structure for it to be a viable treatment option

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Donor Motivation, recipient relation



Post donation experience of respondents

