



Quality of life following organ transplantation

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❖ ABSTRACT

The thing of organ transplantation isn't only to insure the survival of individualities with end- stage heart, lung, liver, order, pancreas, and small bowel conditions, but also to offer cases the health they enjoyed before the complaint, achieving a good balance between the functional efficacy of the graft and the case's cerebral and physical integrity. Quality of life(QoL) assessments are used to estimate the physical, cerebral, and social disciplines of health, seen as distinct areas that are told by a person's gests , beliefs, prospects, and comprehensions, arising as a new medical index in transplantation drug too.

❖ KEYWORDS

Quality of life, Transplantation,Work.

❖ Introduction

Organ transplantation is a procedure that can save and protract the life of individualities with end- stage heart, lung, liver, order, pancreas and small bowel conditions. bettered surgical ways and new immunosuppressive medicines have led to transplantation being performed in adding figures of cases with excellent results in terms of survival. The increase in the number of transplanted cases has given rise to a new socio- medical community of transplanted people, characterized by specific psychopathological and clinical features. Clinically, transplanted people may have medical complications because of their immunosuppressive remedy, both in the short term(hypertension, diabetes, renal failure, hypertrichosis, gingival hyperplasia,etc.) and in the long term(habitual allograft dysfunction, rush of former organ complaint, de novo neoplasia). In the cerebral sphere, transplanted people show changes in their connections with their families and the medical staff, both because of their lengthy habitual complaint and because of the transplant surgery, endured as a ritual of death and revitalization to a new life. recovering fleshly integrity is frequently complex because people have difficulty in accepting the new organ as part of the own body and not as a separate identity. Returning to physical exertion, social connections and work after transplant surgery may also be associated with psychopathological torture. The thing of transplantation isn't only to insure their survival, but also to offer cases much the same state of health as they enjoyed before the complaint, achieving a balance between the functional efficacy of

the graft and case's cerebral and physical integrity. That's why a change has been seen in the evaluation of medical intervention in the field of organ transplantation, as in other medical fields. preliminarily used parameters, similar as clinical judgment, biochemical and necessary tests and survival rates, have been integrated with new pointers assessing the relationship between the costs(both mortal and profitable) and benefits of any intervention in terms of quality of life(QoL). The question isn't only whether and how long a case will survive, but also how any treatment may affect the case's QoL. Quality of life .

❖ Definition

The term QoL was first used about 50 years ago in the USA in relation to socio-economic research in the field of 'well-being', identified as the satisfaction of people's needs . It became central to debates on issues as diverse as the adequacy of governmental protection of the environment, the thoroughness of international development plans , and the ethically acceptable termination of medical treatment for incapacitated neonates, comatose accident victims and other people on life support systems.

In the medical field, interest in QoL has steadily increased since 1948, when the World Health Organization defined health as being not only the absence of disease and infirmity, but also the presence of physical, mental and social well-being . The term QoL refers to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences, beliefs, expectations, and perceptions . This definition reflects two fundamental concepts: (i) that health has multiple dimensions (physical, mental and social) and (ii) that health is more than the absence of disease. There has been an increasing consensus regarding the centrality of a patient's feelings in the assessment of health status. The conventional outcomes considered as important endpoints by clinicians need to be integrated with patients' opinions of their health, reflecting how they really feel, and how much their disease affects their way of life. As expectations regarding health and the ability to cope with limitations and disability can greatly affect a person's perception of health and satisfaction with life, two people with the same objective health status may have a very different QoL.

❖ Quality of life and transplantation

In transplantation medicine, as in other medical fields, the traditional 'biomedical model' of health based on molecular biology, genetics, physiology and biochemistry is being integrated with the 'social science model' of health, based on psychosocial and economic grounds . The high cost of transplantation, at a time when health-care expenditure is under severe scrutiny, induces its proponents to defend the procedure on the strength of both 'lives saved' and 'QoL gained' . Interest in QoL as an outcome variable of transplantation surgery has prompted an increasing number of publications, from 117 between 1989 and 1993 to 3500 by the end of 2005 (<http://www.ncbi.nlm.nih.gov>).

❖ QoL AND HEART TRANSPLANTATION

Heart transplantation has a more dramatic impact on life expectancy and QoL than when other organs are involved because the heart is seen as the keeper of life and the focus of feelings. A significant overall improvement in QoL is perceived immediately after the operation, as demonstrated by numerous studies in the last 10 years. Recent data confirmed better long-term QoL after transplantation too. Fisher et al¹⁵ showed that this was evident not only in the physical domain (home management, mobility, ambulation, eating behavior, body care and movement, sleep, and rest) and the social dimension (social interaction, recreation, and pastimes), but also in the psychological dimension (depression and emotion). The improvement was stable up to 5 years after surgery and was not correlated with age, rejection episodes, preoperative medical parameters, or medication. These good results in terms of QoL have been confirmed in a group of 69 patients surviving up to 13 years after transplantation, all of them in fairly good physical health and with a QoL similar to that of the general population of equivalent familial, social, and occupational status.

❖ QoL AND LUNG TRANSPLANTATION

Information on this topic is recent and based on a relatively small number of patients with a short follow-up. Current studies confirm that successful lung transplantation largely reverses the energy and physical mobility deficiencies reported by transplantation candidates and these improvements persist for at least several years after transplantation surgery. In a group of 108 adult German-speaking lung transplant recipients, 75% were very satisfied with the outcome of transplantation surgery and 92% would opt for the procedure again; the side effects of immunosuppression proved to be a major factor influencing their QoL.

❖ QoL AND KIDNEY AND PANCREAS TRANSPLANTATION

Overall QoL significantly improves after kidney transplantation. Particular attention has been focused on QoL in patients who had undergone dialysis because dialysis represents an alternative to kidney transplantation, which is not always a life-saving procedure (as it is in the case of the heart or liver). In a group of 68 patients evaluated while on the waiting list and again 6 and 12 months after transplantation, Hathaway et al. showed a significant improvement in all QoL domains. This improvement occurred early (within the first 6 months after surgery) and remained stable during the follow-up. When predictors were analyzed, 3 parameters influenced 20–54% of the variability in QoL, ie, number of hospital admissions (representing early morbidity after transplantation), work (representing economic autonomy), and social support. QoL also improves significantly in patients who have combined kidney and pancreas transplantation for diabetes and end-stage renal disease. Successful pancreas transplantation were shown to stabilize or improve neuropathy and prevent any recurrence of diabetic nephropathy in simultaneous kidney grafts. Although many patients developed medical complications (due to long-term diabetes-related complications and immunosuppressive therapy), more positive health perceptions, improved social interactions, and greater vitality and energy were significantly associated with successful pancreas kidney transplantation.

❖ QoL AND LIVER TRANSPLANTATION

The first studies on QoL after liver transplantation were performed using generic tools on small groups of patients with a short follow-up, but overall QoL appeared to improve after transplantation. Methodologically better results emerged from longitudinal studies providing a dynamic assessment of QoL changes before and after transplantation in the same group of recipients. The first longitudinal study was conducted by Tarter et al, who evaluated changes in QoL in patients studied when listed for liver transplantation and then at least 2 years after surgery, who were compared with 35 healthy controls. Overall, QoL improved significantly after surgery in all domains, but only the physical domain reached levels similar to those of the control population, whereas the psycho-physical domains remained lower. Liver disease etiology (viral, metabolic, cholestatic, or neoplastic) does influence QoL after transplantation. Hepatitis virus (HCV) recurrence after liver transplantation is reportedly the major determinant of both clinical and psychological outcome after surgery; patients with recurrent HCV had a lower QoL than either those who underwent transplantation for other liver disease etiologies or those who underwent transplantation for HCV-related cirrhosis who experienced no HCV recurrence in the graft. Psychological distress was apparent early and affected the scores for depression, anxiety, paranoid ideation, and psychoticism. Patients who underwent transplantation for alcohol-related cirrhosis (an indication often questioned because of the risk of recidivism) reported a QoL just as high as patients who underwent transplantation for other etiologies, with lower levels of anxiety and depression.

❖ QoL AND INTESTINAL TRANSPLANTATION

Intestinal transplantation has become a standard treatment for intestinal failure in patients with life-threatening complications of total parenteral nutrition, but QoL evaluation in this setting is still scanty. The most relevant report comes from Sudan et al, who evaluated 29 pediatric intestinal transplant recipients (mean, 5 years after surgery, mean age, 11 years) who perceived their physical and psychosocial functioning as being the same as for normal school children; their parents, however, perceived their children as having a worse general health and physical functioning after intestinal transplantation than their peers.

❖ CONCLUSIONS

Despite good results in terms of survival, improvements in QoL after transplantation are often lower than expected, however, due to problems persisting for some patients in their physical, psychological, and social functioning. However, organ transplantation is associated with a significant improvement in the recipient's overall QoL. New strategies are needed to educate patients on the waiting list and after organ transplantation to enable patients to resume a more fulfilling life after their transplantation.

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